

Planning for the Growth of the Older Adult Population in Howard County

Creating an Age-Friendly Community

A Report from the Howard County
Department of Citizen Services
2015



Howard County, Maryland
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Appendices are available online at:

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- A. Current Office on Aging Programs and Services
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Full report is also available online at:

www.howardcountymd.gov/AgingMasterPlan



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THIS REPORT, *Planning for the Growth of the Older Adult Population in Howard County: Creating an Age-Friendly Community* is the culmination of a year-long effort that engaged more than 1,600 community members from the public, private and non-profit sectors, as well as the faith community. It also involved countless hours of collecting, synthesizing and analyzing information to inform the priorities and recommendations you will see in the following pages.

What has emerged is a vision of Howard County as an age-friendly community where older adults comfortably age in place and residents of all ages have the resources they need to grow, thrive and live with dignity.

We are proud of the services already offered by our County's Office on Aging and the dedicated staff who work diligently every day on behalf of older adults in our community. The Office is recognized as a leader throughout the state and nation in creating and providing innovative programs and services.

It is also clear that every sector of our community must be engaged if we are to successfully address the complex issues that must be tackled. The Office on Aging is committed to working with our public and private partners, as well as interested residents, to make the vision described in this report a reality.

In the words of an African proverb: "If you want to go fast, go alone. If you want to go far, go together." We are excited to embark on this journey alongside you, as we continue our commitment to make Howard County a truly age-friendly community and one of the very best places for anyone to live.

We hope you will join us in this effort. If you are interested in getting involved in the work ahead, please contact the Office on Aging at 410-313-6410 or aging@howardcountymd.gov.

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Executive Summary



A seismic demographic shift is now taking place across the country. The U.S. Census Bureau report, *An Aging Nation*, shows that the population of adults 65 years and older will increase by 85% between the years 2012 and 2040. This increase reflects longevity gains across the population over the past 100 years and the aging of the largest generation in the nation's history, the Baby Boomers, born between 1946 and 1964.

Howard County, too, will experience unprecedented growth in the number and percentage of older adults in its population. The proportion of residents aged 65 and older will increase from 10.12% in 2010 to 21.63% in 2035. Many in this cohort will suffer one or more chronic health issues and, perhaps, the financial stresses of fixed-income living. Overall, it is a societal transformation that will affect everyone living in Howard County.

This report grew out of a senior center master planning project funded by Howard County Government. The project quickly expanded to encompass a broader view of the issues that must be addressed over the next twenty years to meet the needs of the county's growing older adult population.

Executive Summary

While a number of important resources are already in place, including Howard County’s Office on Aging, the current service structure is not sufficient to address the projected growth. Community leaders in all sectors must consider the changes required to ensure that Howard County is prepared to meet the needs of the growing population of older adults and the people who care for them.

The process of creating this report included review of national practices and past Howard County studies related to aging, an online survey and focus groups of community members, development of scenarios to help define a “preferred future” for the county, and the engagement of a wide range of stakeholders from government, nonprofit, business and faith organizations.

What emerged was a vision for a “preferred future” of Howard County as an age-friendly community. Planning participants recognized that achieving this vision would benefit residents of all ages and abilities, and suggested that this should not be solely an “aging plan,” but also a plan to achieve a high quality of life throughout the lifespan.

Six priorities were identified to achieve this preferred future, along with focus areas for initial action. The priorities are to:

- Provide advocacy, services and a safety net for vulnerable adults.
- Promote the physical, emotional and financial well-being of caregivers, as well as those for whom they care.
- Ensure that diverse housing options are available for Howard County residents to age in the community and to function as independently as possible.
- Provide affordable, accessible, reliable, safe, convenient, cost-effective mobility options to get people where and when they want and need to go.
- Optimize opportunities for a healthy quality of life for all residents that integrate physical, behavioral and spiritual well-being, in a manner that supports personal choice.
- Prepare residents for the implications of the new demographic reality at both the personal and community level.

These priorities, of course, are not new. Rather, they affirm and build upon the work of previous studies, both in Howard County and across the nation. What is new is the concept of creating a vibrant collaborative framework as a means of accomplishing these goals. This approach recognizes that the efforts of individual organizations acting independently will be insufficient to the task of creating the preferred future. What is needed is an intentional approach

to building a deeper level of collaboration that integrates the work of all the partners within the service delivery system.

This report creates a well-grounded vision of Howard County currently and proposes exciting implementation strategies to prepare for the next twenty years. The County is known as a jurisdiction containing many resources, so why is this report important? The reality is that the current scope of services is not sufficient to address the projected growth of older adults. In addition, many resources need to be better aligned and new ones developed so we can achieve an age-friendly community at both the personal and organizational levels.

The priorities are broad and descriptions are provided for activities and initiatives to start the improvement process. Some are simple, short term initiatives that can be taken by a single organization. Others are complex, requiring long term collaboration among numerous organizational partners and individuals. These complex goals will need systems change in order to accomplish the goals over time. In addition, the report suggests key elements of planning to support this process. Whether it is the collective impact model or a new variation of community organization, the outcome will be the same: a better future for older adults and family or community caregivers.

With leadership provided by the Department of Citizen Services and the Office on Aging, the Advisory Committee, Work Groups and Commission on Aging will be convened to lay out strategies specific to each priority. In addition, individuals, organizations, and businesses in the community will be engaged in this effort to create an environment that ensures an age-friendly community that is relevant across the lifespan of Howard County citizens.

Introduction



A seismic demographic shift is now taking place across the country. The U.S. Census Bureau report, *An Aging Nation*, shows that the population 65 years and older will increase by 85% between the years 2012 and 2040. This increase reflects both the consequence of longevity gains across the population over the past 100 years and the aging of the largest generation in the nation's history, the Baby Boomers, born between 1946 and 1964.

Howard County, too, will experience this unprecedented growth in the number of older adults. In 2010, 10.12% of Howard County residents were aged 65 or older. By 2025, this figure will rise to 17.49%. By 2035, it will reach 21.63%, based on calculations using data from Maryland State Department of Planning population projections. Not only will there be considerably greater numbers of older adults, there will also be more older adults in sheer numbers with at least one chronic health issue to address and, perhaps, the financial stress of fixed-income living. Such a societal transformation will affect everyone living in Howard County. Community leaders in all sectors must consider the changes required to ensure that Howard County is prepared to meet the needs of this growing population and the people who care for them.

Howard County Government initially took the step of funding a facility master plan that could guide the design and development of the county's senior centers over the next twenty years. The project quickly expanded into a planning effort that encompassed a broader view of the issues that must be addressed over the next twenty years to meet the needs of a growing older-adult population.

A number of important resources are in place. Howard County's Office on Aging (OOA), for example, is a state and national leader in providing older adult services. It responds creatively and effectively to emerging community needs. The OOA pioneered an Aging in Place program that enhances home safety while reducing the cost of in-home services. It also developed a Senior Center Plus program, which offers support for older adults with cognitive and/or physical impairments, and the Kindred Spirits Social Club for adults with early stage memory disorders. OOA was first in the State to launch an Aging and Disability Resource Center (Maryland Access Point, or MAP) and it has been at the forefront in providing evidence-based health and wellness programs. *(See Appendix A for a full description of OOA programs and services.)*

The current scope of services in Howard County is not sufficient to address the projected growth in the number of older adults.

Howard County also has excellent non-profit and for-profit service providers for older adults. Some, such as Neighbor Ride (a volunteer-based transportation service for those aged 60 and older), serve only older adults. Others, such as Howard Community College, serve a broad range of residents and provide certain services specifically for older adults. Still others, such as the Community Action Council, serve all ages while providing critical support for older adults.

With so many resources already available, why is this planning effort needed? Quite simply, the current scope of services in Howard County is not sufficient to address the projected growth in the number of older adults. Equally important, the level of service coordination, information sharing and partnership must be enhanced to successfully serve older adults and their caregivers in the coming decades.

As work on this project progressed, county leaders recognized that meeting the needs of this fast growing demographic will require a concerted effort by the entire community. The magnitude of the demographic shift, the extended timeframe covered by this report and the complexity of the issues that need to be addressed make it clear that a new approach to the planning and delivery of services for older adults is needed.

A New Approach

This planning project was commissioned by the Department of Citizen Services (DCS), the human services arm of County Government, of which the OOA is an integral part. It was led by Ellicott City architectural firm KGRW & Associates, which assembled a team of experts in the fields of aging, research and futures thinking to complement their expertise in designing facilities for older adults.

The KGRW team reviewed many plans for aging developed in other communities across the country. Most of these plans reflect a traditional approach to planning that focuses on what is currently known or can be easily predicted and measured based on the tools in use today. They devote less attention to areas where uncertainty is high (such as knowing what societal changes will take place over the next twenty years) or where achievement of the desired goals requires active collaboration by many stakeholders.

Howard County took the concept of planning many steps further. The result was a far-reaching and thoughtful process undertaken by a broad consortium of aging and facilities experts, public- and private-sector leaders, community residents and County officials, all of whom lent ideas and expertise to the task of assessing the past, understanding the present, imagining the future and defining what it will take to realize that future.

As is fitting for a forward-looking community like Howard County, this planning project breaks the traditional mode of most such efforts in several ways:

- **It uses scenarios to explore future possibilities** outside the range of mainstream expectation. Looking back on the past, immense and sometimes unimaginable changes have taken place. The rise of the Internet and the many ways it has changed society is an excellent example; similar changes will surely take place over the next 20 years. While the future is inherently uncertain, scenarios provide the chance to explore possibilities and plausible outcomes, opportunities and challenges.
- **It focuses on the development of a “preferred future”** for Howard County as an age-friendly community and identifies the priorities that need to be addressed to achieve that future.
- **It calls the entire community to action.** While the OOA will play a key role, many organizations – public and private – will also need to join the effort. The key to success will be in engaging all residents and stakeholders in the process, now and in the years to come, to bring the “preferred future” into being.

- **It identifies a framework for continued planning, collaboration and implementation** that will make Howard County a truly age-friendly community. This includes a structure for engaging stakeholders, coordinating the efforts of multiple organizations, tracking progress and determining budget priorities.

Howard County is unique in many respects, not least of which is the fact that its largest city, Columbia, was explicitly conceptualized, designed and built with the future in mind. The county's spirit and energy are assets that few communities share. This report offers guidance for harnessing those forces to create a "preferred future" that benefits not just older adults, but the entire community. It serves as an invitation to all residents and organizations to engage in the many activities required to prepare for the demographic shift taking place and to ensure that Howard County remains a desirable place to live throughout the lifespan.

Legislative and Public Policy Background

IN THE POST-WORLD WAR II PERIOD, service providers, advocates, researchers and government officials recognized that the increasing older adult population presented new challenges for communities and health and human service systems. The Older Americans Act, passed by Congress in 1965, was the beginning of a federal response that, over time, established a national network of state and local entities with the mission of developing community-based service systems designed to support older adults in their own homes and communities.

Howard County became part of this movement in the 1970s, when the Older Howard Countians Act was enacted and became part of the County Code (Title 12 Health and Social Services Subtitle 5). The Older Howard Countians Act established a county Office on Aging (now part of the Department of Citizen Services), with responsibility for:

- Developing an annual plan for a system of services for the aged
- Administering services under the plan
- Coordinating services for the aged in Howard County
- Making policy recommendations to the County Executive and Council
- Applying for federal and State funds for services and programs

Howard County law also enables the OOA to be designated an area agency on aging, which under the Older Americans Act and related state law, authorizes it to be the local entity charged with planning and developing community services for older adults in Howard County. As an area agency on aging, the OOA is eligible to receive and administer certain allocations of federal and state funds.

The mission of area agencies on aging encompasses a wide variety of services, including information and referral, meals, health promotion and education, in-home services and advocacy for residents of long-term care facilities, as well as the flexibility to respond to specific needs and issues in its service area.

Since the 1970's Maryland's area agencies on aging have become primarily a public service system for older adults. With a few exceptions, most are units of local government, with services financed by public funds and provided by employees of local government. As a result, when the public identifies service needs for older adults, it often assumes that the response will come from the local office on aging or local government.

While this assumption may have been appropriate for specific aging-related issues in the past, it will not suffice for the scale of the demographic shift now taking place.

Demographic Change in Howard County

Planning for the needs of the growing number of older adults in Howard County requires a clear understanding not only of the size of the demographic shift, but also of the significance of changes in diversity, generational attitudes and greater longevity.

Growing Number of Older Adults

Over the next two decades, Howard County residents will become significantly older. Between 2010 and 2035 Howard County's total population will grow from 287,085 to 363,499, an increase of 26.6%. During the same period, the county's population aged 50 years and older will grow from 87,237 to 140,175, an increase of 60.7%, more than double that of the growth rate for the total population. The percentage of the population that is more than 50 years old will increase from 30.39% in 2010 to 38.56% in 2035. (Unless otherwise noted, 2013 Maryland Department of Planning population projections are the source for all demographic data in this section.)

AGE	2010		2020		2035	
0 to 49 years	199,848	70%	213,578	69%	223,324	61%
50 to 74 years	75,808	26%	99,233	30%	100,638	28%
75 years and older	11,429	4%	19,438	6%	39,537	11%
Total	287,085	100%	332,249	100%	363,499	100%

Figure 1: Howard County Census by age groups, 2010 to 2035.

	PERCENT GROWTH	NUMBER OF ADDITIONAL RESIDENTS	AVERAGE NUMBER OF ADDITIONAL RESIDENTS PER YEAR
0 to 19 years of age	9.5%	7,663	307
20 to 49 years of age	15.9%	15,813	633
50+ years of age	60.7%	52,938	2,118
50 to 74 years of age	32.8%	24,830	993
75+ years of age	245.9%	28,108	1,124
Total	27.6%	79,267	2,642

Figure 2: Number of additional Howard County residents per year, by age group.

Projections indicate that the population of adults over 75 will see the greatest growth. As of July 2010, Howard County adults aged 50 to 74 numbered 75,808 or 26% of the population. Residents over 75 numbered 11,429 or 4% of the population. Looking forward from 2010 to 2035, the number of adults aged 50 to 74 will increase by just 2% to become 28% of the population. Those over age 75, however, will increase by a full 7% to become 11% of the population. That means 28,108 more residents over the age of 75 will be living in Howard County in 2035.

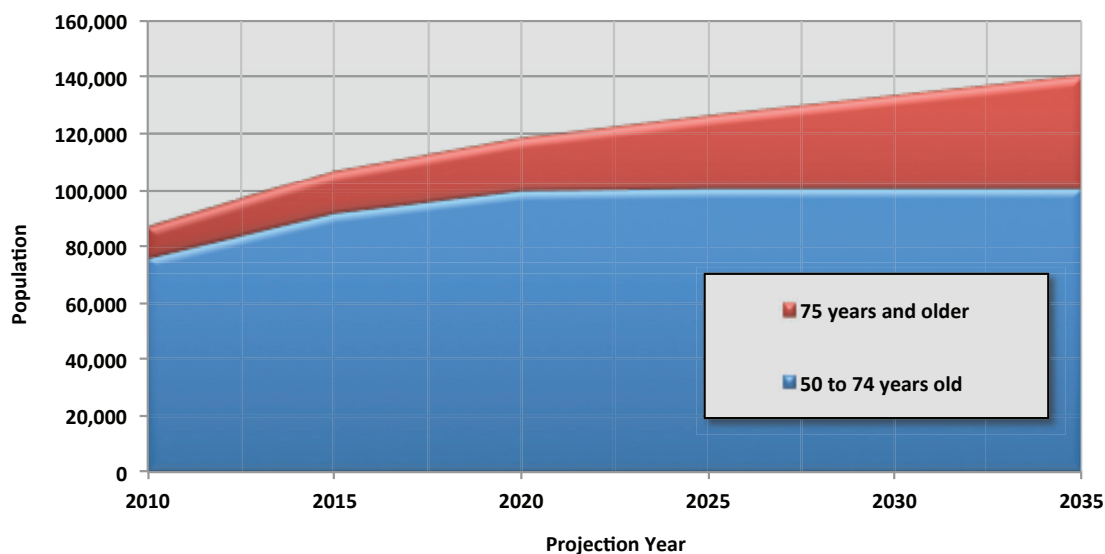


Figure 3: Howard County population projections for ages 50+, from 2010 – 2035.

This 75 and older demographic is an essential threshold for planning. Studies indicate that 75 years of age for the Boomer generation, born 1946-1964, may be functionally comparable to 65 years of age for the previous Silent Generation, born 1929-1945. For Boomers, the need for and participation in community-based programs is likely to be greatest at age 75 and beyond, when older adults typically require additional services. Given the expected growth in this population moving forward, the implications for the OOA and other service providers are vast.

Diversity

Howard County's 50+ population in 2035 will also become significantly more diverse. In 2010, 72% of the 50+ population was white, with 28% minorities. By 2035, minorities will be 51.45% of the county's 50+ population. In terms of languages spoken, the current predominance of foreign-born Korean residents among the older adult population may give way to increasing numbers of Spanish-speaking residents.

Demographic Change in Howard County

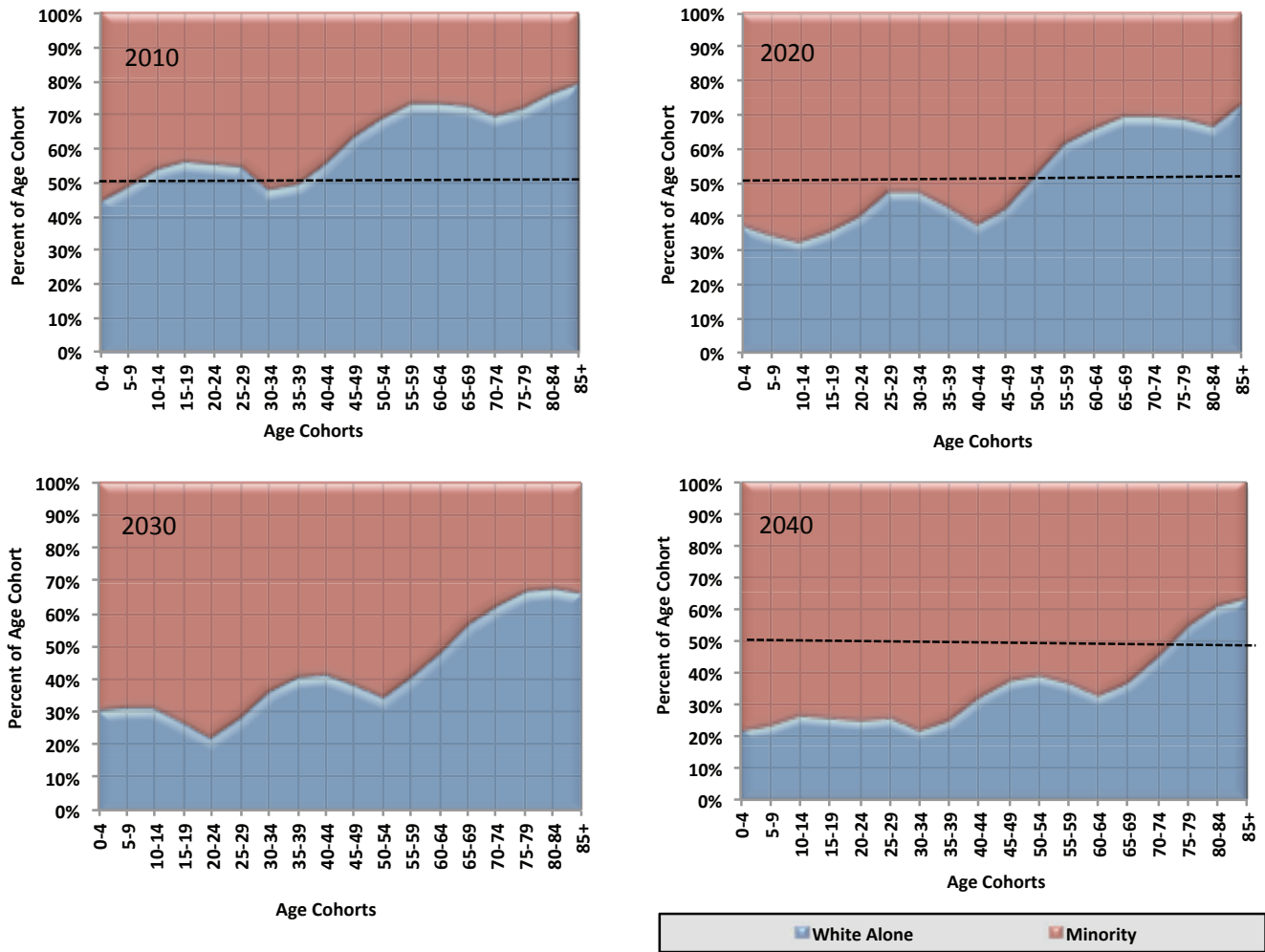


Figure 4: Changing percentages of minority population in Howard County; 2010-2040.

Economic Status

Howard County is one of the most affluent counties in the nation, with a median household income of \$107,821 in 2012, more than double the national average of \$53,046. Those 65 and older, however, are more likely than their younger counterparts aged 45 to 64 to have household income below the median. This may be due in part to retirement income being lower than employment income. (See Figure 5.)

Of concern is that 51% of Howard County homeowners over age 65 still carry a mortgage, compared to 35% nationally. When coupled with other debt, such as credit cards and their children's student loans, this may mean that significant numbers of older adults will not have the financial resources they need to see them through their retirement years.

Demographic Change in Howard County

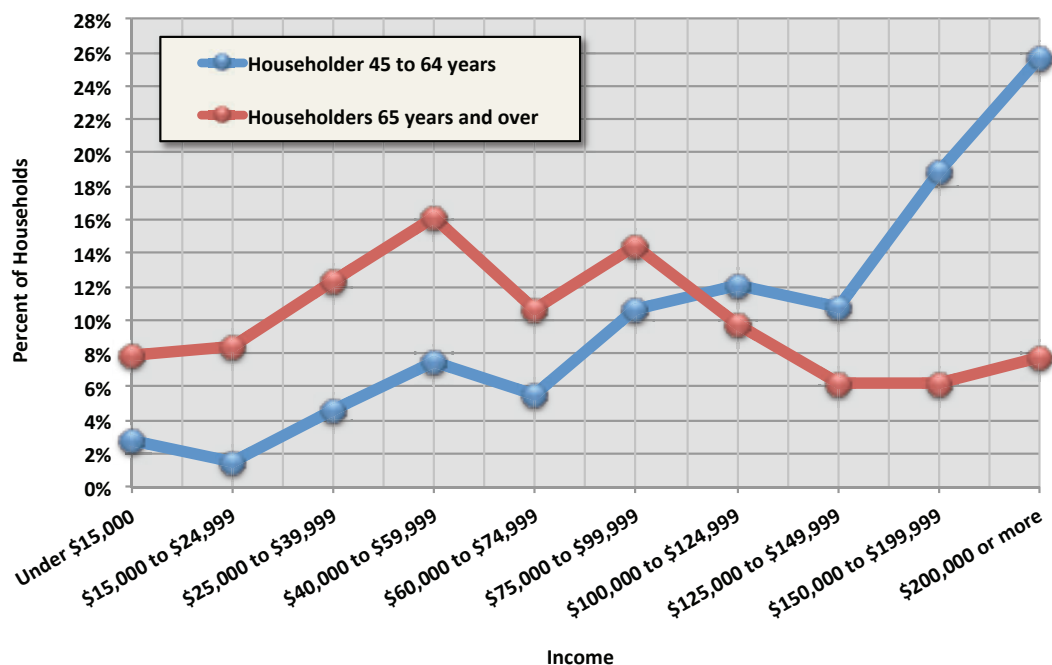


Figure 5: Income comparison between those 45-64 and 65+ in Howard County.

Longevity and Chronic Illness

Increased life expectancy over the past few generations is one of the major achievements of medical science. The implications of this are significant, as older adults today are able to remain in the workforce, volunteer and stay active far beyond the traditional retirement age. This continued engagement not only benefits the community, it can have a positive impact on older adults' mental and physical health.

Older adults who practice healthy behaviors, take advantage of clinical preventive services and continue to engage with family and friends are more likely to remain healthy, live independently and incur fewer health-related costs. An essential component to keeping older adults healthy is preventing chronic disease and reducing associated complications. Initiatives such as “life care” and evidence-based wellness programs can create opportunities for individuals to live the healthiest lives possible.

Older adults who practice healthy behaviors, take advantage of clinical preventive services and continue to engage with family and friends are more likely to remain healthy, live independently and incur fewer health-related costs.

Demographic Change in Howard County

A significant part of the older population, however, will need increasing support from the rest of the community. The Centers for Disease Control and Prevention (CDC) cited in 2011 that about 80% of older adults have one chronic condition and 50% have at least two. Commonly, these conditions are aggravated by the increasing rate of obesity, a contributor to diabetes, heart disease, back problems and other maladies. Older adults may become more dependent on others for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Activities of daily living are basic functions required to maintain independence, including feeding, bathing, dressing, toileting, etc. Instrumental activities of daily living are tasks that must be accomplished in order to meet the requirements of daily living; these include meal preparation, transportation, medication management and administration, money management, telephone use, etc.

At 80 years of age and older, the risk for disease and disability increases more dramatically. Research shows that after age 80, individuals need significantly more help with both ADLs and IADLs. In 2014 the National Institutes of Health/National Institute on Aging published *Older Americans with a Disability: 2008–2012*. The report covers six types of disability that might commonly be experienced by an older adult, including impairment to hearing, vision, cognition, walking, self-care and independent living. The most common type of disability was difficulty in walking or climbing stairs, which was reported by two-thirds of those with a disability. With this diminished physical capability there is a higher risk of developing a mental health issue such as depression. This compounds the physical issues and may require the individual to have even greater care needs.

As the population ages, the prevalence of Alzheimer's disease and related forms of dementia also increases. The Alzheimer's Association estimates that about 11% of people 65 and over have Alzheimer's disease. Among those aged 85 and over, the Association estimates that 38% have the disease (Source: *The Alzheimer's Association 2014 Alzheimer's Disease Facts and Figures*). Given that Howard County's 85 and over population will increase by 253% between 2010 and 2035, rising from 6,606 to 23,334 people, caring for residents with Alzheimer's disease and related forms of dementia will become a major challenge.

The large increase in the number of older adults age 85+, along with the greater need for support services among that cohort, has profound implications. The community must prepare to provide strategic long term services and supports, including a coordinated network of formal care providers to support the existing informal system of caregivers.

Generational Shifts in Attitudes

The older adult population in Howard County will undergo another significant transformation in the next 15 to 20 years as the current generation of older adults, the Silent Generation, gives way to the aging Boomer generation. There are key attitudinal and mindset differences between these generations that must inform any planning for the future.

Each generation in living memory has reinvented the final stage of life. The G.I. Generation, born 1909 – 1928, took an early idea of “retirement” as a way station for people too worn out to work and refashioned it into a two-decades-long span of leisure. Retirement became a reward for a lifetime of labor: a time for activity, travel and security. The G.I.s gave rise to Sun City and other older-adults-only communities. They enshrined health care for the elderly as a right. They campaigned against stereotypes of the elderly as frail and infirm. They formed advocacy associations for all who joined them in retirement. They even changed the language: “old people” became “senior citizens.”

Boomers are the first generation to reach age 65 and know with some degree of confidence they will live another thirty years, maybe more.

Members of the next generation of older adults, the Silent Generation, largely accepted the broad outlines of aging bequeathed by the G.I.s, but they have changed the style. They are healthier and more active than any generation before them, and rebel against the idea of passively growing old. Bored by age-segregated communities, many empty-nesters of the Silent Generation are partial to urban condos near restaurants, museums and nightlife where they can mix with young people.

Today, with 10,000 Boomers reaching age 65 every day, the Boomer generation has begun entering retirement. With its prodigious size and sense of entitlement, Boomers have transformed American institutions at every stage in their passage through life. There is every reason to believe they will institute a transformative approach to growing old similar to the transformations engendered in their approaches to civil rights, the Vietnam War, the sexual revolution, Women’s Liberation, the work ethic, the pursuit of material gratification and entrepreneurial risk taking.

Boomers are the first generation to reach age 65 and know with some degree of confidence they will live another thirty years, maybe more. They want to maintain their physical fitness, mental acuity and active social lives. And, as they get closer to the final passage, death, they want to explore the spiritual dimensions of existence, whether through organized religion or personal quest.

Demographic Change in Howard County

With so much time ahead of them, they are redefining what it means to be “old.” In a recent study conducted by The Boomer Project, Boomers said that middle age starts at age 48 on average, while “old age” doesn’t begin until 73 – eight years past the traditional retirement age.

Boomers are acutely aware that they have not accumulated enough money to live the active lifestyles they’ve enjoyed most of their lives, much less to age in place or protect themselves from the risk of runaway medical expenses and long-term care. Prodded by the collapse in their net worth, many Boomers are postponing retirement. In 1950, the average retirement age was 70. By 1990, it had bottomed out at 62. In the past few years, it has started moving back up.

One thing is certain about the future of aging: in many ways, Boomers will do it differently. But how? There are at least two possible options. One is for Boomers to transform everything about aging in American society. The other is to transform themselves and their own expectations about growing older. The first is externally focused and the second is internal. Whether Boomers will pick up the external, social causes they fought for a half century ago or turn inward in search of spiritual fulfillment is not possible to predict. Only time will tell.

Demographic Megatrends

The growth of the 50+ population has the potential to bring many benefits to Howard County, as they continue to engage in the life of the community. Older adults are often the backbone of community organizations and civic life, providing experience and wisdom along with their time.

The aging demographics of Howard County present multidimensional challenges for planners and forecasters. Three megatrends in particular will shape the context in which Howard County prepares for the future. These megatrends affect most communities in the United States.

Growing Dependence on Others

As noted earlier, the number of older adults in Howard County needing support and care from others will grow significantly over the next twenty years. In particular, a large proportion of the 80+ age group will require help from paid and family caregivers. This growth in caregiving demand will have significant implications for Howard County’s economy, family structures and quality of life.

If researchers make significant advances in dementia treatment and care or in developing protocols that address some of the leading causes of frailty in

Demographic Change in Howard County

older adults, Howard County and other communities may have fewer older adults depending on others for care. If, however, chronic disabling conditions increase among Howard County's older adults, the number of elderly who cannot live independently may also increase, putting further pressure on families and community resources.

Growing Diversity

The majority of Howard County's 50+ population will be non-white by 2035. This change in the county's older adult population has profound implications for service systems. The new majority will include many residents for whom English is not the primary language and who may have varied cultural attitudes toward services and the status of older family members. The county's public and private aging-services organizations will have to adapt to the growing diversity of the county's older adults and develop competence in working with varied cultures.

As Howard County plans for its growing older adult population, it must monitor the financial and health status of its residents in mid-life today.

Growing Financial and Health Pressures

The traditional retirement model is based on people's ability to build financial assets (homes, pensions, investments, Social Security) throughout their working lives that can be used to sustain them during retirement. The model also assumes that most people are in good health in their middle decades and envisions that the majority will enter their 60s free from chronic disease, with minimal or declining debt burdens and growing assets.

Many analysts have noted that this traditional model is at risk across the U.S. Significant numbers of people in their 50s have not been able to save for retirement, carry significant debt and have less earning potential than their counterparts enjoyed twenty years ago. If this trend continues, many older adults, including those in Howard County, may face tight finances in the coming decades and require increased public resources. In addition, growing incidences of chronic disease, in part due to unhealthy lifestyles, could increase financial and capacity stress on the healthcare system.

As Howard County plans for its growing older adult population, it must monitor the financial and health status of its residents in mid-life today. If the overall economy improves, and the benefits of the improvement accrue to most residents, more people will be financially prepared for retirement. If residents adopt healthier lifestyles now, they will enter their older years with fewer medical problems. The financial and physical health of residents in their 40s and 50s today is likely a strong indicator of how many older adults will need help and support in 2035.

Gathering Information

The project team employed a variety of information gathering techniques to further ground the planning effort. These included a review of national best practices, an assessment of past studies performed in Howard County related to aging, an on-line survey and focus groups to hear directly from current Howard County residents, and the engagement of stakeholders from a wide range of community organizations. In addition, the project utilized a scenario approach to consider what the future might look like. These efforts are described below.

National Best Practices

In counties, cities and towns all over America communities are thinking ahead and planning for a future in which their population will be older. Indeed, the concern about the impact of aging on communities is international in scope. A rich literature exists, documenting how different communities are grappling with the implications.

The most prominent theme in this literature is recognition of the importance of moving beyond traditional concepts of programs and services for older adults. The emerging approach is to look at communities and their relationship with older residents more holistically. The result is a new movement to create communities more supportive of all residents as they age. Various titles “livable communities for all ages,” or “age-friendly” or “senior-friendly,” this movement combines community planning, public health concepts and traditional health and human services in new configurations. The underlying theory behind age-friendly communities is that the physical and social infrastructure of communities must change if older adults are to live their lives independently and contribute to civic life in their neighborhoods.

Prominent among those developing such concepts are the World Health Organization (*Global Age-friendly Cities: A Guide, 2007*), the Center for Home Care Policy and Research, Visiting Nurse Service of New York (*The AdvantAge Initiative*), the National Association of Area Agencies on Aging (n4a) and Partners for Livable Communities (*A Blueprint for Action: Developing a Livable Community for All Ages, 2007*). While each of these organizations has its own conceptual framework, common themes emerged:

Access to Service and Resource Information Older adults and their caregivers must be able to find helpful services within their own communities. Especially important are organizations skilled at guiding older adults through service systems and making information such as eligibility criteria easy to understand.

Basic Needs Age-friendly communities must offer a safety net to ensure that no one goes hungry, is homeless or is subject to abuse or exploitation.

Housing Age-friendly communities must offer housing that is affordable and accessible for residents with disabilities, including those who use wheelchairs. Home repair and modification services need to be readily available for older homeowners and the community must include a sufficient supply of housing with support services, such as assisted living, for older adults who cannot live alone. Affordable housing for caregivers and service providers is also a major concern.

Zoning and Land Use Planning Many age-friendly community design concepts are linked to the new urbanism, which emphasizes walkable, pedestrian-friendly environments, public spaces that promote social connection, etc., attributes with obvious value for older adults. Aging advocates also suggest zoning that permits accessory housing, such as added apartments or small houses, to accommodate older family members.

Transportation Age-friendly communities must offer multimodal transportation options, including public transit that is convenient and affordable, paratransit or door-to-door dispatched service and service provided by volunteers. An age-friendly transit service includes lift- or ramp-equipped vehicles that comply with Americans with Disabilities Act accessibility requirements.

Health and Supportive Services In order to serve aging populations well, communities must provide sufficient primary care practitioners; health and supportive services for in-home care; preventative health programs for screening, exercise and wellness; and innovative technology, particularly for in-home health care.

Culture and Lifelong Learning In age-friendly communities, lifelong learning and cultural activities are affordable and accessible.

Public Safety Police, fire and emergency responder personnel must be trained in older adult issues and coordinate services with health care and community organizations.

Civic Engagement and Volunteer Opportunities Age-friendly communities offer a wide range of meaningful volunteer opportunities, encouraging older adults

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to participate in civic life, including service on government advisory boards and committees.

Employment In age-friendly communities, employers provide employment opportunities for older workers who wish to remain in the workforce and support family caregivers with flexible work and leave policies.

Previous Howard County Studies

Over the past 15 years, a number of Howard County studies, plans and reports have addressed the issue of aging. Some were specific to older adults; others included aging as part of a larger community assessment, such as *PlanHoward 2030*, produced by the County Department of Planning and Zoning.

The discovery phase of this project incorporated an analysis of these efforts completed by the Department of Citizen Services in 2013. Past recommendations addressed the following themes:

Health The reports and plans called for special attention to fall prevention, elder abuse and neglect, caregiver needs and preventative healthcare. They also recommended education and outreach to inform target populations about resources, including those addressing chronic disease, inadequate insurance and behavioral health issues.

Housing Previous recommendations, including those in the Senior Housing Master Plan, emphasized development of more affordable housing, creation of a greater variety of housing options, including new housing that incorporates universal design principles, and an increase in private sector home repair and improvement services for seniors.

Transportation The reports and studies covered the full gamut of transportation issues, including access to public transportation, support for safe driving by older drivers, infrastructure improvements to create more walkable communities and development of transportation alternatives, such as volunteer programs like Neighbor Ride.

Services and Facilities Previous recommendations addressed the accessibility of public parks, senior and community centers, and gymnasiums/fitness spaces for older adults, with services to be developed in numbers proportionate to the population.

Social Services and Programs The reports and studies recommended a wide mix of programs designed to fill gaps in the current system and respond to emerging needs, including support for non-English speaking and Limited

English Proficient residents, increased programs to combat crime and fraud directed at older adults, educational programs to prepare residents for their retirement years and mechanisms to make in-home services affordable.

Economic/Employment Recommendations included more financial education programs and tax incentives for older adults and caregivers.

Social Connection and Civic Engagement Previous reports and studies supported more opportunities for volunteering, intergenerational programming, private sector discounts and initiatives for community safety.

The most recent effort to address the issues presented by an aging Howard County was the Columbia Association's *Communities for a Lifetime*, completed in May 2014. Among the priorities identified were: transportation, helping seniors stay in their homes, social/cultural and education activities and health promotion and services.

The issues identified in these previous efforts are remarkably consistent over time and with national trends, especially in the areas of housing, transportation and aging in the community. While much good work has been undertaken in Howard County over the years, many needs in the community remain unmet. Review of these earlier plans and studies reveals common characteristics that have impeded progress.

For the most part, these plans did not include a viable mechanism or structure through which to implement the recommendations.

- In the absence of a structure for implementation, responsibility for implementation was often not clear or fell on County Government by default. County Government, however, is not necessarily equipped to fulfill the wide range of expectations or recommendations.
- Limitations on or lack of resources (funding, staff, volunteers, etc.) were not acknowledged. This is typical of most traditional planning efforts that produce a list of action steps, without the necessary commitment of resources to carry them out. Securing such commitment requires its own effort, beyond the planning stage.
- Previous planning efforts did not set metrics for tracking the progress made on action items or build in a system of accountability for achieving the desired results.

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The resulting inability to fully implement previous plans underscores that a different approach is required to turn planning into successful action. This is in keeping with the growing recognition across the nation that complex issues such as the creation of age-friendly communities cannot be solved by any individual stakeholder. A community-wide, collaborative effort that can address issues at a system-wide level – not only at the level of individual organizations – is essential.

These conclusions led the planning group to struggle with what became one of the defining questions of this project: What must be different about this report to avoid it being yet another plan released with fanfare, only to be relegated to the shelf?

Community Input

Current input was obtained from the community through three different means: a widely publicized on-line survey, focus groups and the engagement of two groups of key stakeholders.

On-line Survey

With national trends and past Howard County studies in mind, the KGRW team conducted a quantitative research study among county residents. More than 1,200 adults participated in an on-line survey in May and June of 2014.

The purpose of the survey was to collect input and perspective from a wide range of stakeholders in Howard County about potential services, programs and facilities that can support the needs and wants of older residents. It was designed to capture how adults think, feel and use existing resources; what their needs, expectations, attitudes and behaviors are now; and how those might change over time.

The survey required respondents to be current residents of Howard County, aged 45 and older, who said they plan to live in the county for the foreseeable future.

The survey required respondents to be current residents of Howard County, aged 45 and older, who said they plan to live in the county for the foreseeable future. While some 45 to 60 year olds may have objected to being part of an “older adult” survey, their perspectives were important when considering what services will be needed twenty years from now. In the end, 29% of respondents were aged 69 and older, 61% were 50-68 and 10% were 45-49.

It is important to note that survey respondents did not necessarily reflect the full spectrum of county residents. Their mean household income, for instance, was \$118,000, compared to \$107,000 for all Howard County

households. In terms of education, 50% had a graduate or professional degree, compared to 30% of the general population.

Survey respondents reported a high quality of life in Howard County. On a five-point scale, 87 percent rated their own quality of life as “good” or “excellent.” Income appears to influence how highly respondents rated their quality of life. Of those with income of \$100,000 or more, 94% reported their quality of life as “good” or “excellent,” compared to 80% of those with incomes under \$100,000.

However, the respondents did not think everyone else in the county had an equally high quality of life. Those aged 69 and older, for instance, rated the quality of life of older adults in general about eight points lower than they rated their own. This perception that older adults (other than themselves) have a lower quality of life is a common finding in research conducted by the Boomer Project, which believes it reflects a mindset that views aging as a problem, rather than seeing it as “the promise of living longer lives.”

Asked about life in Howard County as an older adult, respondents rated “availability of healthcare services you need” as the top priority, followed by “remaining in your home as you grow older,” “recreational activities available to you,” “transportation options to make it possible to easily get around” and “opportunities for social engagement and interaction.”

However, when asked about the ability of organizations to deliver or perform services in areas important to older residents, some significant gaps appeared. The largest gaps – transportation options, remaining in your home, and having opportunities to participate in intergenerational activities – have major implications for the county. These are top concerns today and can be expected to continue to be top concerns for older adults in the future.

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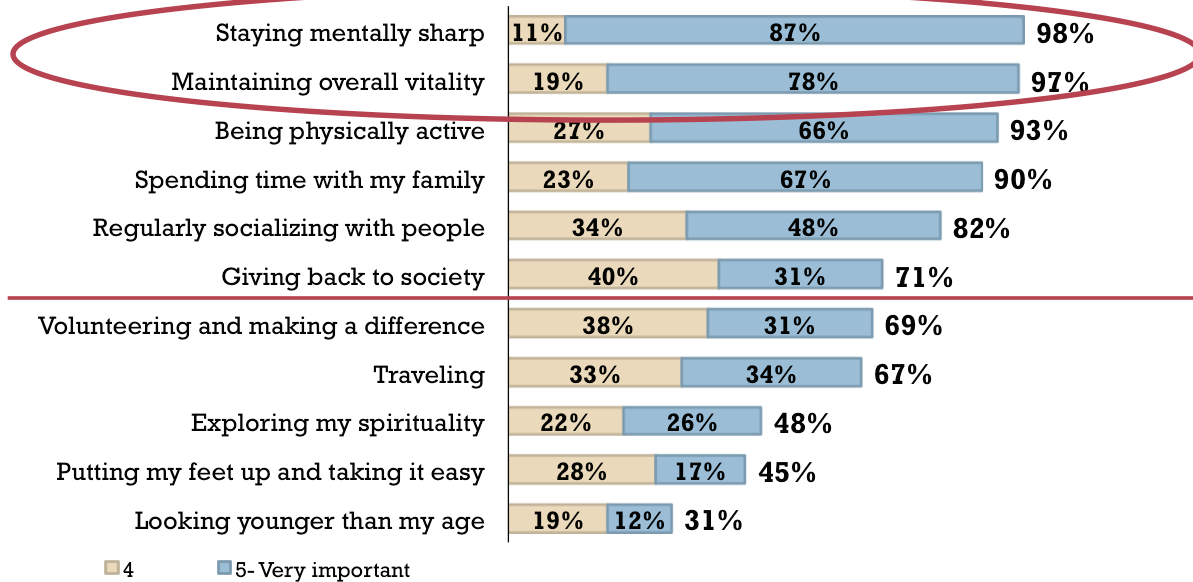
SCORES OF “4” AND “5” ON 5-POINT SCALE	IMPORTANCE	PERFORMANCE	GAP
Availability of the healthcare services you need in Howard County	96%	76%	-20
Remaining in your home as you grow older	84%	37%	-47
Recreational activities available to you in Howard County	81%	69%	-12
Transportation options to make it possible to easily get around in Howard County	79%	28%	-51
Opportunities for social engagement and interaction in Howard County	74%	58%	-16
The educational opportunities available to you in Howard County	65%	73%	+8
Opportunities for you to volunteer in Howard County	62%	66%	+4
Activities that encourage and support intergenerational interaction in Howard County	53%	26%	-27
Employment opportunities in Howard County	45%	27%	-18

Figure 6: Survey findings on importance vs. performance in key areas of concern to older adults.

Survey respondents indicated that they plan to remain “active” as they grow older and seek things to do and activities in which they can continue to participate. When asked how their activities might evolve over the next ten or more years, most respondents said they would either participate at the same level, or increase participation. When asked what other kinds of activities they would like to see offered, the list was long and varied, but most responses were around “things to do.” Exploring the longer view, virtually every respondent indicated that “staying mentally sharp” and “maintaining overall vitality” is important or very important to them. (See Figure 7.)

This interest in engaging in activities puts more emphasis on the need to be able to move around “on demand” across the county. The respondents expressing greatest need for help with transportation were those with incomes under \$100,000, aged 69 and over, or living in Elkridge/Laurel.

+ Mental sharpness and maintaining vitality are top priorities



Q9. As you grow older, thinking 10, 15 even 20 years into the future, tell us how important each of the following are to you personally. Please use a scale of 1 to 5, where “1” means “Not at all Important” and “5” means “Very Important.”



Figure 7: Survey findings on the top priorities for older adults.

Interestingly, when asked to identify transportation options available in Howard County, 45% of older adult respondents were unaware that “special transportation for the elderly” exists and 38% did not know if there was “special transportation for the disabled.” There is a clear need for improved communication about existing transportation options in Howard County.

Three in five respondents considered themselves to be prepared to navigate the issues related to growing older. There were significant differences between the generations, with 75% of those aged 69 and older thinking they are prepared, compared to only 55% of those aged 45 – 68. This points to an opportunity to provide the younger cohort with the tools and information they need to prepare for their future.

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Finally, a new life stage for many older adults will see them providing care for an older relative or friend. Almost three in ten respondents provided care in the previous month, with women and those aged 45 – 68 most likely to be caregivers. *(For complete results of the Community On-Line Survey, see Appendix C.)*

Focus Groups

A series of focus groups were also conducted with key audiences under-represented in the on-line survey, primarily lower- and middle-income and ethnic communities. Seven focus groups were held in October 2014, with more than 70 participants, in total.

The groups addressed the same issues covered in the online survey, discussing housing arrangements, transportation use, recreational and leisure activities, and thoughts about the future of growing older in Howard County.

Participants shared a wide range of opinions and perspectives. For example, when asked about future living arrangements, one participant said, “I don’t worry about 20 years from now.” Another in the same session said, “I think about it often. My home will need modifications.” Overall, participants seemed more concerned about current needs than long-term planning. This could reflect individual finances, which are perhaps more focused on short-term obligations.

When asked about living in Howard County today, participants talked about current living arrangements and increased housing expense. They said there are not enough affordable options for senior living. While some live in older adult communities or buildings and enjoy the camaraderie developed among members of these communities, they do not feel they have a wide range of housing choices. Few, if any, reported living with their adult children and none said they want to eventually live with them. The participants prefer living independently, in full control of their lives without burdening their children.

When asked about the future when they may no longer be able to live alone, few had concrete plans. Most said they will deal with it when the time comes. There was interest in different types of housing, where resources could be shared. There was also interest in getting assistance during transitions, such as moving out of a single-family home or into a senior-living apartment, which several identified as difficult and confusing.

Most participants still drive, but also admit they have already made accommodations for their age, such as not driving at night, in bad weather

or during rush hour. Many participants use Howard County transit options, but find them unreliable. Bus routes do not always go where they live or want to go and the frequency of buses is insufficient. A few mentioned the RTA Mobility on-demand transit service for seniors, but the fare and the need to schedule two days in advance are deterrents.

Overall, participants thought there should be more County transportation options, along with community-based solutions like ride-sharing programs, neighborhood rides and new services like Uber. As one participant said, “Transportation means control.” Another said, “I understand my limitations and I am slowing down, but that doesn’t mean I’ve stopped living.” For older adults, maintaining “control” over their lives is the essence of living independently.

For older adults, maintaining “control” over their lives is the essence of living independently.

Almost all focus group participants, like the survey respondents, reported getting out and about and engaging socially in Howard County. They understand the benefits of activity. Many attend activities at senior centers and also go to libraries, churches, the community college, other community facilities and a wide variety of locations throughout the region. Those who currently live in age-restricted buildings or communities also participate in on-site events and activities, when available. Overall, these older adults prefer to engage in activities with people of all ages, not just other seniors. They said doing so “keeps me young.”

Focus group participants raised concerns about being isolated as they grow older, with transportation and living independently at home top concerns. When the day comes that they can no longer drive or live independently, they fear being stranded or limited in mobility and access to social activities. This must be reflected in any long-range plan for older adults in Howard County. Given that some lower-income residents do not have long-range plans in place, there is a serious need for community-based support in advance of the increased number of older adults.

Stakeholder Engagement

Two planning groups were created to involve a wide range of community stakeholders in this project. Both top-level policy makers and professionals with program expertise needed to be engaged in this planning effort for it to be successful.

The Advisory Committee included leaders of key organizations and sectors in the community. The larger Working Group included both leaders and program

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staff from an even wider range of community organizations, who brought hands-on knowledge of the needs of older adults in Howard County.

Both groups participated in a back-and-forth process to develop the scenarios described in the next section, develop a vision for a “preferred future” for aging in Howard County and identify key priorities for action. Both groups also engaged in vibrant discussions of how efforts to address the priorities could best be “governed” to assure successful implementation.

Scenarios for Imagining the Future

The unprecedented demographic shift that will take place over the next 20 years, along with the recognition that past planning efforts have not yielded the needed results, led to the use of a scenario approach to envision the future of aging in Howard County.

Scenarios are particularly well suited to planning efforts such as this one, where the timeframe under consideration is long or where many factors will come together to shape the outcome.

Scenarios are stories about what could happen in the future. They set up a series of premises that invite exploration of a broader range of opportunities and challenges than can be predicted by considering past or current events alone. Scenarios are particularly well suited to planning efforts such as this one, where the timeframe under consideration is long or where many factors will come together to shape the outcome.

Four scenarios were developed for this project. These included an *expectable* future that extrapolates existing trends and expectations; a *challenging* future that presents a set of plausible issues and outcomes; and two *aspirational* futures characterized by visionary action leading to surprising success.

Development of these scenarios drew from information gathered in the discovery phase of this project, as well as input from the members of the Working Group and original research conducted by the KGRW team. The research was organized according to the following “drivers,” which are key factors likely to play a significant role in shaping the future of older adults in Howard County:

- Generational attitudes on aging
- Demographics of Howard County
- Health, wellness and long-term care
- Technological supports for aging in place
- Howard County economy
- Housing
- Transportation
- Local government/governance

The KGRW team scanned trends and emerging developments in each of these topic areas and also solicited input from the Working Group regarding the expectable, challenging and aspirational outcomes of these drivers in the year 2035. Based on this research, the team wrote preliminary forecasts, which were used in individual interviews of Advisory Committee members to access their best thinking about the future. Based on these interviews, the team refined the forecasts as an input to scenario development.

The process produced four scenarios describing the potential future of aging in Howard County:

- **A Haven in the Suburbs** An *expectable* future in which Howard County maintains its high quality of life and provides an expanded offering to older adults that evolves to meet the needs and preferences of the Boomer generation.
- **Aging in a Hard Place** A *challenging* future in which economic recession and cuts in federal employment swell the ranks of vulnerable older adults and reduce the funding available to meet their needs.
- **A Village on a Cloud** An *aspirational* future in which high-tech entrepreneurship and a focus on strengthening community come together to create a new infrastructure for 21st century living, with new tools for older adults.
- **Keepers of the Meaning** An *aspirational* future in which policymakers detach physical and mental decline from the construct of chronological age, prompting a reorganization of social structures all across the lifespan.

The following matrix permits side-by-side comparison of the scenarios across a range of relevant dimensions. (*The full narrative description of each scenario is included in Appendix D.*)

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Scenario Matrix

This matrix compares the four scenarios across key dimensions at three levels: the “macro environment,” the county and the Office on Aging.

	EXPECTABLE FUTURE	CHALLENGING FUTURE	ASPIRATIONAL FUTURES	
	Scenario 1 A Haven in the Suburbs	Scenario 2 Aging in a Hard Place	Scenario 3 A Village on a Cloud	Scenario 4 Keepers of the Meaning
MACRO ENVIRONMENT				
National Economy	<ul style="list-style-type: none"> • Periodic national recessions (Howard County is largely protected due to proximity to Baltimore and Washington) • “Sharing economy” grows, but remains marginal 	<ul style="list-style-type: none"> • Severe economic recession • Many jobs lost to automation and intelligent systems • Federal spending cuts yield large reductions in federal employment 	<ul style="list-style-type: none"> • Steady economic growth driven by advances in technology • Private sector innovates to meet the needs of the growing older adult market 	<ul style="list-style-type: none"> • Economy grows while policy reforms address social and economic inequities • Informal “sharing economy” strengthens community bonds
National Government	<ul style="list-style-type: none"> • Politics at all levels becomes less polarized and more pragmatic 	<ul style="list-style-type: none"> • Political polarization at national level 	<ul style="list-style-type: none"> • Governments at all levels use technology to increase citizen engagement 	<ul style="list-style-type: none"> • Major rethink of social structures, often instigated by Boomers
Social Security Reform	<ul style="list-style-type: none"> • Means testing • More sophisticated phased eligibility structure 	<ul style="list-style-type: none"> • No reform • Benefits cut by one-quarter in late 2020s 	<ul style="list-style-type: none"> • Individualized, risk-adjusted distribution scheme • Payments increase over time 	<ul style="list-style-type: none"> • Converted into social safety net for all ages • Includes “negative income tax,” or minimum guaranteed income
Medicare Reform	<ul style="list-style-type: none"> • Means testing • Cuts in reimbursements and coverage 	<ul style="list-style-type: none"> • No reform • Program overwhelmed by growing older adult population 	<ul style="list-style-type: none"> • Reforms incentivize use of knowledge technology to ensure high quality and high value 	<ul style="list-style-type: none"> • Converted into social safety net for all ages • Emphasis on health throughout the life course

	EXPECTABLE FUTURE	CHALLENGING FUTURE	ASPIRATIONAL FUTURES	
	Scenario 1 A Haven in the Suburbs	Scenario 2 Aging in a Hard Place	Scenario 3 A Village on a Cloud	Scenario 4 Keepers of the Meaning
MACRO ENVIRONMENT				
Health, Health Care, and Long-Term Care	<ul style="list-style-type: none"> Health care system reform and medical advances slowly improve population health Expanding alternatives to institutional long-term care 	<ul style="list-style-type: none"> Health care system bifurcates between rich and poor Many cannot afford quality long-term care High burden of family caregiving 	<ul style="list-style-type: none"> New technologies promote health and wellbeing for all ages Community-based alternatives to long-term care prove effective 	<ul style="list-style-type: none"> Health care system promotes making health the default throughout the life course Older adults are most often cared for within the family
Technology Supports for Aging in Place	<ul style="list-style-type: none"> Older adults benefit from in-home monitoring, caregiving robots, and enhanced tools for communicating with loved ones “Internet of Things” merges real and virtual worlds 	<ul style="list-style-type: none"> Affluent older adults can afford high-tech products Products for poor and middle class vary widely in quality and safety Dependence on technology makes older adults vulnerable to Internet “brownouts” 	<ul style="list-style-type: none"> Partnership between Village and private sector creates online platform for data sharing among older adults Private sector offers older adults a spectacular array of products for aging in place 	<ul style="list-style-type: none"> Older adults use smart devices to monitor and improve their health and wellbeing Communications technologies bring people together
Boomer Generation	<ul style="list-style-type: none"> Boomers start “encore” careers that offer a chance to learn something new or make a difference in their communities 	<ul style="list-style-type: none"> Boomers fight hard to preserve entitlements Caught in a “catch-22”: either dependent on younger workers or taking jobs from them 	<ul style="list-style-type: none"> Boomers continue to contribute to the economy and to their communities 	<ul style="list-style-type: none"> Boomers take a leadership role in redesigning social structures around the life course

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	EXPECTABLE FUTURE	CHALLENGING FUTURE	ASPIRATIONAL FUTURES	
	Scenario 1 A Haven in the Suburbs	Scenario 2 Aging in a Hard Place	Scenario 3 A Village on a Cloud	Scenario 4 Keepers of the Meaning
HOWARD COUNTY				
Housing	<ul style="list-style-type: none"> • New condos increase population density and provide walkable communities • Persistent lack of affordable housing 	<ul style="list-style-type: none"> • Shortage of affordable housing increases cost of home, health and long-term care • Many neighborhoods in Columbia decay 	<ul style="list-style-type: none"> • New developments embrace universal design and inclusionary zoning • Multiple housing options available across a wide range of income levels 	<ul style="list-style-type: none"> • Government builds walkable communities • Affordable housing expands as county comes to appreciate low-income populations
Transportation	<ul style="list-style-type: none"> • Howard Transit upgrades service to attract “riders of choice” • Bus rapid transit service launched in 2020s • Para transit service expands for older adults with disabilities 	<ul style="list-style-type: none"> • Gas prices rise significantly • Bus service curtailed to reduce liability for para transit under ADA • Senior shuttles and Neighbor Ride are expanded, but cannot meet need 	<ul style="list-style-type: none"> • Transit network of autonomous electric vehicles operates on dedicated lanes envisioned by James Rouse • Private cars continue to operate on county roads 	<ul style="list-style-type: none"> • Howard Transit upgrades equipment and expands service significantly • Walkable communities relieve stress on transit system
Local Governance and Government	<ul style="list-style-type: none"> • Widespread desire to meet needs of older adults, but not at expense of younger generations 	<ul style="list-style-type: none"> • Recurrent discord between older adults and young families • County officials beholden to priorities of national and state agencies 	<ul style="list-style-type: none"> • 311 phone system, real-time county simulation • Highly effective collaboration among public, private and nonprofit sectors 	<ul style="list-style-type: none"> • Effective community collaboration around shared vision in areas like health and education
Attitudes on Poverty in Howard County	<ul style="list-style-type: none"> • Low-income populations seen as key to service sectors, but little is done to help them stay in county • Poverty remains invisible for most residents 	<ul style="list-style-type: none"> • Fear of poverty, strain on human services, and stigma of FARM-eligible schoolchildren lead many residents to resent low-income populations 	<ul style="list-style-type: none"> • Economic vitality supports expansion of services to low-income populations • “Rising tide lifts all boats” 	<ul style="list-style-type: none"> • Residents come to see relationship between rich and poor as a key indicator of community wellbeing • Residents realize that the poverty line is higher in Howard County

	EXPECTABLE FUTURE	CHALLENGING FUTURE	ASPIRATIONAL FUTURES	
	Scenario 1 A Haven in the Suburbs	Scenario 2 Aging in a Hard Place	Scenario 3 A Village on a Cloud	Scenario 4 Keepers of the Meaning
OFFICE ON AGING				
Population of Concern	<ul style="list-style-type: none"> Residents over 65 or in some cases over 50 Vulnerable older adults 	<ul style="list-style-type: none"> Indigent, disabled and socially isolated adults over 65 	<ul style="list-style-type: none"> Residents over 65 Older adults with physical and mental disabilities 	<ul style="list-style-type: none"> All ages Special attention to needs of people with disabilities
Evolution of Senior Centers	<ul style="list-style-type: none"> “Senior” dropped from the name to attract Boomers Programs focus on maintaining vitality Centers adapt to local preferences 	<ul style="list-style-type: none"> Health, wellness, and educational programming reduced Programs focus on indigent, disabled and socially isolated 	<ul style="list-style-type: none"> Senior Center Plus programs expand significantly 	<ul style="list-style-type: none"> Senior centers become “vitality centers” in late 2010s to match Boomer preferences Evolve into “community vitality centers” as age becomes less significant as a differentiator

The Preferred Future



The intent of the scenario process was not to choose one of the four as the “preferred future,” but rather to elicit deep thinking and conversation about the elements of each that resonated with participants. The vision of the preferred future for Howard County that emerged was of an age-friendly community that enables residents of all ages to enjoy the highest quality of life possible. Below are key characteristics of the preferred future envisioned by project participants and the priorities that emerged through this process and call for further action.

Key Characteristics

There will be improved synergy, communication and collaboration among county-wide partners in the public, private and nonprofit sectors. These parties will engage in regular multi-stakeholder conversations at all levels of their organizations and the collaborative environment will be supported by a business environment in which the private sector is willing to invest in new business models to meet the needs of older adults.

Howard County will serve as a model for the rest of the country for its ability to meet the needs of its most vulnerable residents. Delivery of these services will benefit from a combined data platform that will be created to bring together data from electronic medical records and case management systems used by all agencies. This platform will allow service providers to better address the needs of their clients and will allow leaders to track the county's performance against an established set of metrics of community wellbeing. The platform will also provide a real-time inventory of capacities and needs within the county so that all community assets can be brought to bear, including the capacities of those who are receiving services.

Services for older adults and their caregivers will be colocated physically or virtually where appropriate, but will in general be distributed throughout the community, with centralized access. The available services will include respite care and other caregiver supports, along with opportunities for lifelong learning, recreation and social interaction. These services and activities may take place in what is today called a senior center or in other settings, such as online or in-home. The County and its nonprofit partners will provide services according to a sliding-scale fee structure based on need and ability to pay.

By 2035, the county's health care system will evolve into what one participant called "Howard County Life Care," a multi-stakeholder system that defines a healthy way of life across the lifespan in all domains, not just in health care. This life care system will draw upon all sectors of the county and will proactively address issues related to health, creating opportunities for all residents to live the healthiest life possible. The county will build up the health-care workforce and other relevant workforces to support better health throughout the community.

A wide range of housing options will be available that are high-density, multigenerational, use principles of universal design, are mixed-use and mixed-income, and for which zoning rules require connectivity to convenient, scheduled and accessible transit options. Innovative housing arrangements to meet the needs of older adults across the income spectrum may include rent controls for caregivers and health care workers, affordable housing for caregivers embedded within age-friendly condo developments and a house-sharing model where a tenant pays no or reduced rent in exchange for providing services for others in the home.

In 2035, the vast majority of county residents will be able to plan for their own later years, in large part because they have learned financial planning and other relevant skills throughout their lives. Training in these areas will be provided in many languages and delivered in ways that are culturally appropriate across the county's diverse population. At the same time,

The Preferred Future

important public conversations on issues relevant to aging will take place throughout the community. For example, a public conversation about the concept of aging-in-place will educate many older adults about opportunities to stay in their communities, even while moving to more age-friendly residences. This and other public conversations will create a populace more prepared for healthy aging than previous generations.

The preferred future provides an aspirational vision of the county as a place that supports the ability of older adults to age successfully. Participants felt strongly that this was within Howard County's reach. The critical question is, of course, what needs to be done to achieve that vision?

Community-Wide Priorities

The planning process identified six priorities essential to securing the preferred future. They provide a picture of what must be done to become the age-friendly community desired by older adult residents and envisioned by planning participants.

The descriptions below offer guidance on a wide range of activities and initiatives related to each priority. Some are simple, short-term projects that can be undertaken by a single organization. Others are complex, requiring long-term collaboration among numerous partners – and often significant systems change and/or funding.

Some stakeholders are identified, but it must be noted that these are not comprehensive lists. Rather, they are intended to suggest the spectrum of organizations or sectors that should be included.

For each priority, “focus areas” offer recommendations for initial starting points for taking action. Given the 20-year timeframe addressed by this report, an ongoing openness to emerging and even as-yet-unknown opportunities in each area will be critical. Planning efforts will need to be highly adaptive in order to accommodate these new opportunities, what is learned during implementation of different strategies and on-going changes in the economic and political climate. At every step, the preferred future of an age-friendly community must serve as True North to guide decisions and resource allocations.

Priority 1: Provide advocacy, services and a safety net for vulnerable adults.

The OOA, as an aging and disability resource center, serves not only older adults but also younger adults with disabilities. So it is not surprising that when addressing the issue of vulnerability, Howard

County looks at the entire adult population and not just older adults. The Code of Maryland Regulations (COMAR) defines “vulnerable adult” as an adult who lacks the physical or mental capacity to provide for his or her activities of daily living.

Vulnerable adults, by virtue of their dependence on others, are at risk for abuse, neglect or exploitation. Some may self-neglect. They may have become isolated from their communities. They are especially vulnerable during community-wide emergencies and disasters. The growing number of vulnerable older adults with limited English proficiency is an additional concern.

Researchers have not developed reliable estimates of the number of older adults who could be considered vulnerable, but with advanced age the incidence of chronic illness, physical and cognitive disability increases, therefore increasing an individual’s chance

Vulnerable adults, by virtue of their dependence on others, are at risk for abuse, neglect or exploitation.

of becoming dependent on others for daily care. As the number of the oldest old grows in Howard County, incidents of neglect, exploitation and abuse have the potential to increase significantly. With the 80 and older population in Howard County more than tripling between 2010 and 2035, a corresponding rise in elder abuse and neglect cases will likely present more challenges for social service and law enforcement agencies. In addition, Howard County may see increases in the number of older adults who live alone and suffer from self-neglect and behavioral health disorders, such as hoarding.

Devising an effective strategy to provide support for vulnerable adults is challenging for several reasons:

- Since many victims of neglect, abuse and exploitation are isolated, either in institutions or in their own homes, their plight may be invisible to the larger community until it is too late.
- Public agencies are cognizant that competent older adults have the right to make decisions about their own lives. Taking away that right to self-determination is a serious legal proceeding and must be exercised only in extreme situations. Howard County residents must understand that everyone, including individuals with behavioral health disorders, has the right to self-determination. The answers are not quick or easy and often require a coordinated response from a number of individuals and agencies.
- The public agencies that address the needs of the vulnerable elderly often have limited resources and face legal and organizational barriers when they seek to work together.

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- Research shows that most abusers and exploiters of the elderly tend to be people they know, including family members and caregivers. In our emerging cyber culture, however, these traditional abusers have been joined by a growing number of scam artists, who often employ sophisticated schemes to prey upon isolated older adults.

While the task is difficult, the needs of vulnerable older adults must be addressed. Components of a community strategy identified during this planning process include:

- Interagency collaboration, such as the Vulnerable Adults Committee, which can coordinate responses to vulnerable individuals with complex needs.
- Development of protocols that map and define how agencies respond to cases of exploitation, abuse and neglect, so that interagency responses can be more effective.
- An ongoing community education campaign, informing the public about issues surrounding legal competency, the rights of individuals and measures older adults can take to protect themselves against fraud and exploitation.
- Outreach to limited-English speaking populations to ensure they can be linked to resources when needed.
- Plans for taking necessary measures to protect vulnerable adults during community-wide emergencies.

Howard County currently provides for vulnerable adults through the OOA's Long Term Care Ombudsman Program, Senior Care Program, Community First Choice, Caregiver's Support Program and others; a designated Senior Liaison in the Police Department; the Adult Protective Services Program of the Howard County Department of Social Services; and the Vulnerable Adults Committee. These efforts must be continued as there will be an increased need for services and support for vulnerable older adults. In addition, the Vulnerable Adult Committee should be formalized to strengthen its effectiveness.

Focus Areas

- Expand community education and outreach on elder abuse and individual rights for self-determination.
- Develop and promote a range of self-care resources for caregivers, including a screening tool to identify those who may be struggling with anger or depression.
- Enhance the coordination among those agencies with a role to play in the welfare of vulnerable adults, including in times of emergency.

Priority 2: Promote the physical, emotional and financial well-being of caregivers as well as those for whom they care.

As noted earlier in this report, the key demographic that is most likely to need support is the population aged 80 years and older, which is projected to almost quadruple between 2010 and 2035 in Howard County. It is clear that caregivers – both family and professional – will play an ever more crucial role in the lives of older adults.

For the near future, most of the burden of caring for frail elderly will be borne by family caregivers in Howard County, as elsewhere in the United States. The caregiver role is often thrust abruptly and unexpectedly on family members, with little or no time to prepare. The demands of caregiving can take a huge toll on the health and wellness of the caregiver. Adequate resources are needed to provide the support family caregivers require to effectively fill this critical role while maintaining their own well-being.

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Family caregivers need a manageable and user-friendly directory of existing services, whether online, in print or both. They also need assistance navigating the healthcare system, including help identifying the questions to ask healthcare providers and others providing care to their loved one. Family caregivers are sometimes ignored by healthcare providers and are not involved sufficiently in developing care plans. Information could be compiled in a family binder, perhaps electronic, about the person receiving care, including lifestyle, pet and plant requirements, entertainment and leisure preferences, hobbies, etc.

The need for education and evidence-based programming for family caregivers is becoming critical. Direct care workers often receive some formal training, while family caregivers generally are left to figure it out on their own. Programming should include subjects such as caregiver self-care and such practical topics as nutrition, medication management and patient transfer from bed to chair, along with the use of assistive devices and other technologies. Other important topics should include care transitions between home, hospitals, rehabilitation, skilled and sub-acute nursing, and other facilities; financial, legal and personal planning related to caregiving; and end-of-life planning, including advance directives. Whenever possible, this education should take place in a venue convenient for the caregiver, including in the home. Creating an effective education model based on existing best practices could be a collaborative effort between service providers and Howard Community College.

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Another important educational component for older adults should address grandparents raising grandchildren. This education needs to include legal and financial matters, physical and mental health, parenting concerns, health insurance coverage, respite services, financial assistance and other supports.

Education is also required for those working in the healthcare system. Healthcare providers must better understand the caregiver's role in the health of individual patients. Most unpaid caregiving falls on women and often includes caring for multiple generations – elderly parents and young children – at the same time.

In addition, adult day care and caregiver respite services must be strengthened. Existing services provided by the OOA, along with non-profit and faith-based organizations, should be expanded. For example, the hours of the OOA's Senior Center Plus and Kindred Spirits programs could be extended to a full workday or beyond. Other areas that require improvements include transportation planning and support (also addressed in Priority 4 below), assessment and mediation of claims of caregiver neglect, services for patients with Alzheimer's or dementia, and dedicated counseling for caregivers during periods of personal or family crisis.

At the same time, the county must prepare for an increased demand for direct care workers. An AARP Public Policy Institute report states the number of family caregivers available for older Americans will drop dramatically in coming years. Today there are more than seven potential caregivers, aged 45-64, for every person aged 80 and older. In 20 years there will be four. Looking even further out, between 2030 and 2050 the number drops to just under three. This means more people will have to rely on fewer family caregivers, including family members, partners or close friends.

One of the major challenges will be to identify effective ways to recruit, educate and retain skilled workers in a community with a high cost of living like Howard County. If workers who are traditionally low-paid cannot afford to live in the county, transportation options must be available to bring them in and out from surrounding jurisdictions. Work on the housing and transportation priorities must take the needs of this critical and growing workforce into consideration.

New technologies and community-based approaches should be leveraged to support both family and direct-care workers. This must be accomplished in ways that create a community-based support network for caregivers; enhance and expand training for caregivers; strengthen access to information (building on Maryland Access Point); and respect both the caregiver and the care recipient.

Efforts in this area need to involve caregivers and their advocates, along with people and organizations with relevant expertise, such as therapeutic recreation, mental health and occupational therapy. More broadly, these efforts must engage healthcare providers, regulatory agencies, schools, the faith-based community, respite providers, employers, human resources departments and the media.

Focus Areas

- Develop an expanded, coordinated network of resources and supports for caregivers to include needs assessment, care management and respite care.
- Expand training opportunities for caregivers that can be available in multiple formats to best suit the individual caregiver.
- Develop strategies to enhance the recruitment, education and retention of direct care workers, including options for housing and transportation.

Priority 3: Ensure that diverse housing options are available for Howard County residents to age in the community and to function as independently as possible.

This issue was seen as a primary means of sustaining and enhancing quality of life for older adults. New housing options should be cost-effective, equitable and inclusive; offer flexible design; and account for the needs of different ethnic groups.

In *PlanHoward 2030*, the County's latest General Plan, the County recognized the need for a variety of housing options to support the County's older population. These included promotion of affordable alternatives for those wishing to downsize, promotion of housing built according to universal design principles, support for retro fitting and increased housing that includes support options.

Participants believed that incremental responses to the housing challenge in Howard County will not be sufficient to prepare the county for the growth of the older adult population. Instead, they propose a major reassessment of the housing options that are or will be available in the coming years. In particular, new housing options should be developed that are population-dense, age-friendly, mixed-use (e.g., walkable communities that combine residential and commercial development), multigenerational and affordable for those struggling to make ends meet.

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Many people and organizations must be involved in the effort, including regulating and zoning authorities; the Columbia Villages and other homeowners associations; builders and developers; designers, landscape and building architects; caregivers and their advocates; and older adults from all socioeconomic levels.

New housing options should be developed that are population-dense, age-friendly, mixed-use (e.g., walkable communities that combine residential and commercial development), multigenerational and affordable for those struggling to make ends meet.

Increasing the amount of housing that is more accessible will benefit not only older adults, but also those with disabilities. In planning such housing, the community must look at “visit-ability” and universal design principles. Visit-ability provides basic levels of accessibility to allow people with physical disabilities to visit the house, but not enough to live there and function independently. Universal design refers to the design of products and environments for use by all people, including those with disabilities, without the need for adaptation. Examples of universal design include no-step entries, one-story housing, wide hallways and easily reached controls and switches. Legislation mandating universal design or visit-ability, or at least new incentives to encourage builders and developers to incorporate universal design principles, needs to be explored.

Retrofitting the county’s existing housing stock will also be required to achieve this goal. Home improvement or handyman programs to assist older homeowners and tenants with home repairs and upgrades could be created to support this. Retrofitting could be supported by better promotion of the county’s livable home tax credit and by making rental properties eligible for the credit. Where retrofitting is not feasible or desired, relocation assistance through relocation planners and transition coordinators could be offered.

New affordable housing options will be required for the considerable number of workers needed to support a larger older adult population. Beyond long-term direct care workers, these include police, firefighters and social service providers. Among the ideas that emerged was to establish “inclusionary zoning” regulations in Columbia, where they do not currently exist, that would require a certain proportion of housing for each of several income levels. Expansion of the County’s Moderate Income Housing Units (MIHU) program would also increase the stock of affordable housing.

There was wide recognition among participants of the need to expand subsidized housing, both the housing stock and the supply of vouchers. New subsidized housing stock should address needs beyond conventional older adult facilities, including those of older adults who are homeless. Vouchers were seen as a critical part of this effort, while the challenge of funding was also acknowledged. Steps should be taken to make information about housing options more streamlined and accessible.

The need for greater creativity in addressing the types of housing permitted and adopted in Howard County was also identified. Among the many opportunities to promote affordability, social connection and support by caregivers are housing units that are separate but part of a family home, group homes, senior apartments, communal living arrangements, mixed-use buildings with combined residential and commercial spaces, transitional or emergency housing options and affordable housing designed for mentally or chronically ill older adults. In some parts of the county, adopting and expanding housing types may require modification of covenants and restrictions enforced by Columbia Association and other Home Owners' Associations (HOAs).

Focus Areas

- Encourage innovative design and technology that supports aging in place, including new housing models that incorporate support services.
- Explore affordable housing options through zoning changes, federal and State support, loan guarantees, subsidies and tax credits.
- Provide education to the public about aging in the community, including home modification and financing options.

Priority 4: Provide affordable, accessible, reliable, safe, convenient, cost-effective mobility options to get people where and when they want and need to go.

This priority goes hand-in-hand with the housing reassessment described above. In the meantime, however, expanded options for public transportation should be developed. This must be accomplished in environmentally sustainable ways and should provide for door-to-door transportation with no gaps in infrastructure, such as missing sidewalks or crosswalks. Many expressed the aspiration not just to meet, but rather to exceed the requirements of the Americans with Disabilities Act.

According to *PlanHoward 2030*, about 90% of work, shopping and school transportation in Howard County occurs by car. Responses to this report's community survey are consistent with the finding: 96% of respondents were licensed drivers, with no perceived limitations on their driving capabilities, such as not being able to drive at night. *PlanHoward 2030*, however, envisioned a future in which transportation becomes multimodal, with people using public transportation, walking and cycling in addition to cars.

Accomplishing this will require collaboration among many parties, including the County Office of Transportation, Regional Transportation Agency (RTA), Department of Public Works, Department of Planning and Zoning, the

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Columbia Association, service organizations like Neighbor Ride, the Village in Howard, residents themselves and new transit players like Uber and Lyft. Many relevant initiatives are now underway, including Howard County's Bike and Pedestrian Plans and the Columbia Association's 20-Year Plan, which need to be coordinated as part of a comprehensive effort.

This must be accomplished in environmentally sustainable ways and should provide for door-to-door transportation with no gaps in infrastructure, such as missing sidewalks or crosswalks.

An obvious way to strengthen transportation options in the short term is to expand public bus service, including routes and service hours, and to improve the rider experience by providing such amenities as shelters at all bus stops. Another suggestion is for the RTA to connect with Baltimore and Washington metro systems during non-peak hours and implement a multi-day pass similar to the SmarTrip® system used by the

Washington Metropolitan Area Transit System. This system employs a fare card with an embedded computer chip to record the balance of value on the card. An incentive program, such as one in which every tenth ride is free, may also increase ridership.

In addition, RTA should review its bus routes to ensure that service reaches community assets that are critical for older adults, such as Howard County General Hospital, the OOA, senior centers and other social service outlets. The County could expand RTA Mobility, its paratransit service that dispatches vehicles to pick up passengers who cannot access regular bus routes. Paratransit services could also provide door-to-door rather than curb-to-curb service. The community could more broadly establish a network of public and private shuttles to supplement RTA services. An example of this type of transport is the Columbia Association Senior Events Shuttle. The shuttle is free and offers curb-to-curb evening and weekend transportation to cultural events throughout Howard County for groups of four or more adults aged 60 and older.

County stakeholders should also improve the coordination of and access to transportation services. For example, "mobility managers" could help residents use a variety of transportation modes, working one-on-one with riders or planning system-wide coordination. Travel training would help residents who have difficulty navigating public systems. Ways to provide additional physical and emotional support to riders should be explored. Information about transportation options needs to be readily available to the public, along with the opportunity to ask questions and voice concerns about current transportation services. Residents could be encouraged to offer their input on transportation issues through the Paratransit Committee, Transportation Advocates and Public Transportation Board meetings.

As the county continues to diversify its transportation options, increased marketing and education related to the available services is needed. A user-friendly website that allows access to existing information and resources, along with travel training, could help increase ridership. Transportation service information should be provided in multiple languages in announcements and transit maps, and in video and audio content.

Discussion of the transportation priority was far-ranging. While self-driving cars were the greatest prompt to the imagination and would be a major improvement for older adults if widely available and affordable, other trends offer more near-term opportunities. For example, Howard County could seek a collaborative-consumption transit provider, such as Zipcar and Car2Go. Driver training and rehabilitation programs, such as those offered by AARP, could help older drivers refresh skills and learn to compensate for age-related changes in vision, hearing or reaction time.

Focus Areas

- Improve access to and frequency of bus routes, including improvements to bus stops, better marketing of bus services (such as schedules in multiple languages) and travel training.
- Increase the efficiency of paratransit services, including emerging transportation options.
- Increase the supply of volunteer transportation programs, including those utilizing incentives, such as the time-bank model.
- Increase the number of driver support programs offered in the county, such as the AARP Mature Driver Course.

Priority 5: Optimize opportunities for a healthy quality of life for all residents that integrate physical, behavioral and spiritual well-being in a manner that supports personal choice.

In the community survey, 96% of respondents ranked “availability of the health care services you need in Howard County ” as “very important,” the highest rating score of any single issue. A strong health care system is a vital component of an age-friendly Howard County. As the number of older residents increases, the county’s health system will face unparalleled challenges.

The goal is to optimize healthy behaviors for all residents regardless of age in a manner that is consumer-driven, cost-effective and evidence-based. Such efforts must preserve the dignity of individuals and be rooted as far as possible in the broader community. This priority is not viewed as the exclusive domain

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of older adults, but rather as the imperative to promote healthy lifestyles early on and to focus on illness prevention throughout the lifespan.

This will require greater collaboration across traditional boundaries than has existed in the past. Participants noted that the health care system is going through a major transformation and that health care providers are now incentivized to promote healthy living (e.g., through capitated health care payments) to a greater extent than they have been in the past.

This priority is not viewed as the exclusive domain of older adults, but rather as the imperative to promote healthy lifestyles early on and to focus on illness prevention throughout the life span.

Two statewide shifts brought context to the discussion. First, Maryland's new All-Payer Hospital System Modernization initiative, an innovative model approved in 2014 by the Centers for Medicare and Medicaid Services (CMS), is changing the way hospitals are reimbursed by creating incentives for them to coordinate services with community-based health

and social service systems. This change, along with reforms generated by the Affordable Care Act, is creating the possibility of a more integrated, outcome-based healthcare system, which could be especially beneficial for older adults. Second, the advance of "big data" analytics and other technologies creates greater awareness – for healthcare providers and individuals – of the consequences of lifestyle and healthcare decisions.

As this priority extends far beyond health care as currently conceived in 2014, participants identified a wide range of people and organizations who must be involved going forward. These include Howard County General Hospital and other healthcare providers, of course, but also schools, restaurants, businesses (both as employers and as participants in the broader ecosystem of health choices), consumers and their advocates, caregivers, the media, health insurers, complementary and alternative medicine providers, Howard Community College (both for workforce development and for health as a component of general education) and multiple County departments (e.g., Health, Citizen Services, Recreation and Parks). National organizations could be tapped for knowledge and resources, such as the American Public Health Association (APHA), the Society of Behavioral Medicine (SBM), AARP and the Patient Centered Outcomes Research Institute (PCORI).

A key activity for this priority will be to improve the public's health literacy by providing information in ways they can and want to receive it. Health communication is an area of significant innovation, particularly in the realms of social media, gaming and other technologies. It's not unusual for friends to motivate each other to exercise more regularly or improve their health

choices through social media outlets and apps. Even among populations with higher rates of chronic disease, public health practitioners are creating new ways to encourage healthy choices. Strides forward that have been made elsewhere should be further investigated and innovations that hold the greatest promise adopted.

Mental health, specifically among older adults, is an additional area of importance for this priority. Assessing the need for increased mental health services for older adults, their caregivers and other family members will be essential. As the population of older adults expands, many households will experience the emotional and financial stress of caring for them. It will be necessary to promote cross-training among mental health, behavioral health and aging services providers. The Behavioral Health Task Force recommendations, released in March, 2015, should be reviewed closely for their relevance to older adults.

More than any other priority discussed in this report, healthcare issues will require fundamental changes throughout the county as the population ages. Given the flux in the larger national healthcare environment, only a few of these changes can be anticipated by current trends. Others will be wholly new. This said, there are a number of existing initiatives in the county that should be continued and where possible expanded, including free and low-cost exercise options that promote mobility throughout the life span; improvement in food options, such as farmers markets and the Roving Radish (a local low-cost healthy meal delivery service funded by the Horizon Foundation, United Way of Central Maryland and others); expanded opportunities for social interaction among older adults; and expanded “healthy living” education in the schools.

In addition, larger systems-level changes need to be addressed consistently over time in ways that respond to changing technologies and other conditions. These include improving the healthfulness of the physical environment and infrastructure, also addressed by housing and transportation priorities.

Access, care coordination and preventative health within the healthcare system must be encouraged and new models, such as a “hub and spoke,” where more intensive, specialized care is delivered by “hubs” while preventative, primary care is delivered by the “spokes,” need further exploration. Multiple sectors, including government, the business community and nonprofits, must be involved in the exploration of alternative models and their potential application to Howard County.

In discussing the emerging technology component in healthcare, the need to create a county-wide health information network that would combine data

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currently used by social service agencies, healthcare providers and others working in health-related fields was identified. As “big data” applications become more sophisticated, they will more quickly recognize social, infrastructural and behavioral patterns that predict ill health and suggest healthier alternatives. Other communities and organizations are doing similar work. Given its affluence, proximity to leading research organizations and penchant for innovation, Howard County could assume a leadership role in developing such a network.

Focus Areas

- Expand current and identify potential new models for health and wellness activities targeted toward older adults.
- Expand behavioral health services for older Howard County residents.
- Conduct a behavioral health awareness campaign.
- Expand efforts to reduce hospital re-admissions by Medicare recipients by strengthening collaboration between hospitals serving Howard County residents, community-based organizations and long-term care facilities.

Priority 6: Prepare residents for the implications of the “new demographic reality” at both the personal and community level.

Preparing residents for the longevity revolution and its implications is a critical component of making Howard County an age-friendly community. On-going education for people of all ages and extensive public dialog is essential to that preparation.

Topics such as financial planning, long-term care and aging in place can no longer only be the concern of older adults or professionals in the aging field. The public must also become engaged in these conversations. First, individuals will need knowledge and skills in these areas so they can better prepare for their own, longer lives. Second, there is a need for community-wide conversations on these topics to engage people across the entire age spectrum in looking at the issues of aging in new ways.

A “lifelong learning curriculum” is called for, to broadly disseminate what is already known by experts on aging. Younger generations need to be engaged, not just because they may share a home with an older adult or be thrust into the role of caregiver, but also in order to plan early on for a much longer lifespan. This education should include legal and financial knowledge for all age groups, an understanding of legal rights that change as people age, retirement planning and more. Educational programs could

also help develop emotional resilience and offer coping mechanisms for life's challenges, such as divorce, job loss, domestic violence and abuse, illness and death. For older adults, many of whom may wish to postpone retirement, programs that support new job skills, retooling for the new economy and new technology knowledge would be beneficial. Throughout, the emphasis should be on self-empowerment and providing the information necessary for good decision-making. The goal of civic education must be to help people grow and develop at every age and level of ability.

A “lifelong learning curriculum” is called for, to broadly disseminate what is already known by experts on aging.

New, community-wide public conversations also need to take place. Widespread public dialog will help ensure that the populace as a whole understands the impact of aging on both the individual and public policy levels.

There are many avenues within the county for reaching residents, including senior and community centers, libraries and wellness facilities. Membership organizations of service providers, such as the Association of Community Services and Coalition of Geriatric Services, can serve as conduits to reach people being served. Technologies like social media offer greater opportunity for residents to receive, respond and contribute to messages from experts. The Inter County Broadband Network can be utilized to wire-in major players and facilitate information sharing. Older methods of public address, such as billboards and public service announcements in the media, also remain important. Combining the expertise of professionals with the energy that comes from public engagement, a lively public dialog on issues of community-wide importance can be created.

Education and outreach efforts must be approached with sensitivity to cultural diversity and consideration must be given to the diversity of languages spoken by county residents. This can pose a challenge to service providers, yet it is also an opportunity to bridge cultures in a common effort.

All generations, socioeconomic groups, races and ethnicities need to be part of the civic education and public conversations around these important issues. Those with critical expertise, such as financial planning, health, caregiving and aging must all be involved. Howard Community College could be engaged for curriculum development and the Howard County Public School System could develop a course on financial and retirement planning for high school juniors and seniors. County Government and the media can also be key players in both educational programming for individuals and the community-wide dialog.

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Focus Areas

- Develop a lifelong learning curriculum to address issues such as health and wellness, financial and retirement planning, and coping skills.
- Develop a sustainable strategy to use electronic, print and social media to communicate consistent information for adults to plan for the future; involve public, business and non-profit stakeholders in its development and implementation.
- Promote a public dialog that can encourage and support families in having conversations related to aging, such as personal decision-making for advance directives.

A New Level of Collaboration

A key take-away from this planning effort is the need for deeper, on-going collaboration among stakeholders to realize progress on these priorities. This reflects the growing recognition that individual agencies, acting alone, do not have the capacity to solve such complex challenges. It will require a system-wide approach.

Research for this project identified an evolution now under way in terms of how communities are organizing themselves to effect change. Both the Advisory Committee and the Working Group discussed this evolution in order to identify how Howard County can best move forward to create the types of systems change needed to implement the priorities described above.

Research for this project identified an evolution now under way in terms of how communities are organizing themselves to effect change.

Members of both groups expressed considerable interest in utilizing a “coordinated collaboration” model. One leading example of this is Collective Impact. This model creates a structure through which many disparate efforts by many different stakeholders can be effectively aligned in order to achieve a shared goal. Key elements of Collective Impact are having a common agenda or goal, shared

metrics, mutually reinforcing activities among participating organizations, continuous communication and backbone support. It is worth noting that any collaborative model, including Collective Impact, provides a means to an end; it is not the end itself, nor is this level of structured engagement necessary for every undertaking.

Participants offered the following input on how a collaborative model might be applied:

- The initiative should connect relevant initiatives that are already underway, such as efforts by Howard County General Hospital to improve population health, the OOA to enable residents to age in community and the Board to Promote Self-Sufficiency to reduce the incidence of poverty. This would reduce the duplication of effort that participants realized was occurring, spark greater synergies and efficiencies, and ensure that new ideas spread more rapidly.
- The initiative cannot be conceived only as a project on aging or for the sole benefit of older adults. Defining the initiative that way would reduce the interest of stakeholders outside of what is explicitly considered the aging community, whose support could contribute to more innovative strategies and their speedier, more widespread adoption. Also, such a definition would set up a false dichotomy between serving the interests of older adults and serving the interests of the community as a whole. In fact, issues of aging affect everyone in the community, both now (e.g., through a relationship with a parent or grandparent) and in the future (e.g., as they themselves age). Noting that for decades Howard County has been known for its high quality of life, participants suggested defining the initiative in terms of *achieving a high quality of life throughout the lifespan*. This would make explicit that the standard should be applied across the entire population, ensuring adequate attention to the needs of older adults without deviating from values the county has embraced in the past.
- Resources need to be allocated to support these new collaborative efforts. Of particular concern was having the infrastructure, or backbone support, necessary to provide the underlying coordination that will be critical for the success of any collaborative effort.

It was clear from the discussions that making Howard County an age-friendly community will require closer alignment between multiple organizations and initiatives than currently exists. How to achieve this dovetails with the question raised earlier about how to best ensure that priorities identified in this report are, indeed, implemented.

THE PATH FORWARD: Implications for the Office on Aging

The findings and recommendations in this report carry special significance for the OOA, its programs, services and facilities. *(For review of existing OOA services and programs, see Appendix A.)* Looking forward, the following issues are of particular note.

Population Served

The OOA must continue its efforts to reach out to and serve the growing diversity of older adults in Howard County. This requires addressing language and cultural barriers in a community that has foreign-born residents from around the world.

Compared with the county's overall 50+ population, the OOA's clients and participants are more likely to be female. This is in keeping with national trends, which show that males participate in aging service programs in numbers much lower than their proportion of the population. This gender disparity and its implications for overall population health needs to be addressed.

The growing number of family caregivers must be considered in program development. In its capacity as a trusted resource for information and assistance, the OOA will continue to play a valuable role for those needing support services. The potential demand for support and respite services will require a clear definition of its future role in this area.

The OOA has already expanded its services beyond the older adult population to include younger adults with disabilities. In particular, Maryland Access Point (MAP) and community-based, long-term services and supports serve this younger population. This expansion is consistent with policy direction at the federal and State level, but has important implications for the future design and direction of the OOA.

Eligibility Standards

Some OOA programs, such as the community-based, long-term care services and supports, have income and assets standards. Almost all of OOA's community-based, long-term care services are subject to federal and State regulations. These services are increasingly financed by Medicaid and reflect the financial and medical restrictions of that program. In an affluent jurisdiction like Howard County, a growing number of adults need services, but do not meet Medicaid eligibility. Meeting the needs of this "gray area" population will be a challenge.

Business Models

The growing demand for services will require the OOA to pursue revenue-generating business models to support continued program enhancements. All fee-for-service models should include provisions for a sliding scale to ensure that low-income older adults are not denied access to needed services.

Role of Senior Centers

The role, configuration and even the name of Howard County's senior centers must continue to evolve to meet the changing needs and attitudes of older adults. The findings in this report point to some key changes to consider in planning for the senior centers of the future. These include:

- Embed existing OOA services, such as MAP, in the centers to make those resources more accessible.
- Collocate other older adult services within the centers, making them convenient one-stop locations for residents.
- Include Senior Center Plus and/or Kindred Spirits programs to benefit both participants and their caregivers.
- Continue to expand hours of operation to meet needs of the younger cohort of older adults.
- Increase the amount of multi-generational programming provided.
- Re-name and brand the centers, to better attract those who have not yet availed themselves of the benefits of participation.

(For more detailed recommendations regarding the future growth and development of senior centers, see Appendix E, Facilities Master Plan.)

The OOA has embraced this vision for its senior centers. It is working closely with the County's Department of Technology and Communications Services to give all existing centers the capability to support expanded programming and services. As outlined in Appendix E, Facilities Master Plan, it seeks to garner the support needed for the development of new and expanded centers that can incorporate a greater array of services. To ensure that the centers are state of the art, it will begin the process of obtaining national accreditation from the National Institute of Senior Centers (NISC), a constituent unit of the National Council on Aging (NCOA).

In addition to developing the “senior centers of the future,” OOA's plans for the next eighteen months include:

- Play a key role in the community-wide work needed to make Howard County an age-friendly community, as described in this report.

The Path Forward: Implications for the Office on Aging

- Implement a new evidence-based caregiver support program, Powerful Tools for Caregivers, that will be the first of its kind in Maryland.
- Continue to work with Stanford University to expand the number of languages in which evidence-based programs are offered.
- Expand the scope of its elder abuse awareness campaign to address concerns for the county's most vulnerable residents.
- Develop a fee-based, on-line training program based on its highly successful Aging in Place program to share information with geriatric professionals, caregivers and older adults.
- Work with partner organizations to expand capacity to provide free temporary loans of durable medical equipment within the county.
- Explore possible partnerships with disability organizations that provide transportation services for their clients.

Long term, the OOA is well positioned to continue its leadership role in planning and coordinating older adult services. It is held in high esteem throughout Maryland and its staff is highly qualified, responsive to client needs and passionate about their work. Its senior centers and services provide a strong physical and programmatic infrastructure upon which to build.

The OOA is already on the right track. Its challenge will be to get there faster to meet the growing demand for services. It alone cannot do everything that needs to be done, however, and its work cannot occur in a vacuum. The community as a whole must be engaged in order for the county to become an age-friendly community.

The next section of this report provides recommendations for building a framework to support the level of community engagement and collaboration needed to achieve that goal.

THE PATH FORWARD:

A Community-Wide Call to Action



As noted earlier, much good work has been accomplished in Howard County through the efforts of myriad organizations and yet it has not been enough to make substantial progress toward the goals outlined in past plans. This affirms that the traditional planning process is only minimally effective for achieving large-scale change.

As community organizer Paul Born states in his book, *Community Conversations*, “The issues facing communities and those at risk – the unemployed, disabled persons, single parents, and senior citizens, to name a few – are complex. Yet the system that serves those in need yields simplistic solutions. Services such as counseling, income support, and housing are calibrated to solve single issues. They are sorely lacking in the face of personal and community problems that are *multifaceted, adaptive, and interconnected*.” [Emphasis added.]

The issues that Howard County must address to become an age-friendly community are clearly multifaceted and interconnected. Throughout this planning effort, participants were clear that making sufficient progress in a timely manner to meet the needs of a growing older adult population will require the work of the entire community and a systems-wide

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approach. They recognized that the efforts of individual organizations acting independently will be insufficient to the task. An intentional approach to building a deeper level of collaboration that integrates the work of all the partners within the service delivery system is required.

Throughout this planning effort, participants were clear that making sufficient progress in a timely manner to meet the needs of a growing older adult population will require the work of the entire community and a systems-wide approach.

The approach must also be highly adaptive. A typical project of this kind would produce a series of action steps with a timeline for completion. Without the commitment of all needed stakeholders and dedicated resources – which are beyond the scope of this project to guarantee – such recommendations give a false sense of promise regarding the outcome. Much will change in the environment as soon as any plan is completed, making some action steps irrelevant and missing new opportunities as they emerge.

Achieving the preferred future envisioned in this report calls for a fundamental change in approach, one that provides a framework for the collaboration required for large scale, systems-level change. Fortunately, there is a growing body of work from communities taking on the challenge of heretofore intractable issues that provides a rich resource of lessons learned. Closer to home, the Department of Citizen Services has gained insights into what works to build strong collaborations through the launch of the Board to Promote Self-Sufficiency, its management of the MultiService Center, development of the Coordinated System of Homeless Services and co-facilitation of the Early Childhood Advisory Council. This combined knowledge and experience has informed the recommendations below.

Taken together, the recommendations provide a roadmap for how to operationalize over the short-term and organize for long-term action and impact. What emerges is a framework to support the high degree of collaboration required for this type of community-wide effort, one which also fosters innovative approaches and the accountability needed to ensure that progress is made in a timely manner. It engages stakeholders, identifies solutions for which resources are available or can most readily be obtained, and provides opportunities to utilize existing resources differently.

Systems-wide change takes time; it is necessary to “go slow in order to move fast.” By focusing over the next twelve to eighteen months on building an infrastructure that can support this new approach, the county will build the foundation for lasting, long-term success.

Creating a Framework for Change

The following recommendations are inter-related. Each contributes to the success of this approach by bringing all available resources to bear on the challenge of meeting the needs of Howard County's growing older adult population. They are based on an assumption that there will be a commitment of time, energy and resources to this effort.

Recommendation 1: Actively engage the community in the vision of becoming an age-friendly county.

It will not be enough for the findings and recommendations of this report to be made public. Organizers must find ways to continue to solicit public input, to hear people's concerns and ideas, and to provide ongoing opportunities for residents to be involved in meaningful ways. Their engagement and support for the work to be done will be critical.

By the same token, the findings and recommendations in this report have meaning for every organization and sector in the county. Each must consider the implications for its programs and services. Though a wide range of organizations were involved in the planning process, many more will need to be engaged.

There is a significant difference between "buying in" to someone else's vision and "ownership" of that vision. Taking the time to build a sense of ownership among the widest range of stakeholders possible will build the foundation needed to make progress in a timely manner. To sell short the importance of this recommendation is to invite failure.

County Government will need to take the initial lead in developing public engagement, but must make every effort to involve other stakeholders to keep this a community-wide effort. Outreach plans must evolve as the work progresses.

Recommendation 2: Convene workgroups to begin work on each of the priorities identified in this report.

The membership of the workgroups must include a wide range of stakeholders, including non-traditional partners and not just the usual suspects, to broaden both the range of thinking and the level of community engagement. Older adults, as service users, must also be included.

Groups should initially focus on understanding the gaps, duplications, inefficiencies and opportunities in the county's current service delivery

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systems and analyze existing resources. This will further inform the specific strategies to be undertaken.

To be effective, the workgroups will also need to develop a common understanding of the issues they will address, with members coming to agreement on primary focus areas. Too often, there is an assumption that everyone has the same understanding of a goal or strategy, only to realize too late that efforts are not aligned or worse, are at cross purposes. Checking to see if participants share a common understanding is an important step in this process.

This does not mean that every organization will undertake the same activities. Instead, everyone's efforts must be aligned and contribute to making progress toward shared goals. In the most successful collaborative efforts, each organization makes use of its core competency, trusting other activities to those agencies that have the relevant expertise. This brings the added benefit of avoiding mission creep, which is all too common among organizations trying to do it all on their own.

The focus of the workgroups will likely evolve over time. This may be because goals were met, more has been learned about what does (and doesn't) work or funding or political priorities have changed. The membership of the groups must also evolve to ensure that the "right eyes" remain on the issues being addressed.

The Department of Citizen Services has committed to convening these groups initially, with the expectation that leadership for each will evolve out of the membership. Any existing groups that could be used for this purpose should be considered to avoid creating duplicative efforts.

Recommendation 3: Establish a coordinating body in the County Code to ensure that the diverse efforts being undertaken across priorities are integrated and aligned.

Howard County should reestablish an Interagency Aging Committee (IAC) to serve as an on-going vehicle to support comprehensive planning and enhanced coordination of service delivery. This group should include key public agencies (such as the OOA, the Health Department, Social Services, Housing, Transportation and Citizen Services), non-profits (such as the Hospital and Columbia Association), representatives from the business and faith communities and older adults. Its role would be analogous to that of the Local Children's Board regarding child well-being and the Board to Promote Self-Sufficiency regarding poverty reduction.

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A functioning IAC was in place many years ago; it stopped meeting when the leadership of several primary member agencies changed. To strengthen the role, accountability and sustainability of this group, two initial steps must be taken:

- Establish the IAC and its membership in County Code. Legislating its creation will require action by the County Executive and County Council.
- Require that the IAC submit an annual report to the County Executive, County Council and community, to include an update on key community measures regarding the status of older adults, activities undertaken during the course of the year and recommended priorities for the coming year.

The workgroups described in Recommendation 2 should either be subgroups of the IAC or in some way connected to it. IAC members should be engaged in the work of the groups to ensure that the efforts of each are integrated into the comprehensive community effort.

Initiatives conceived or piloted through the IAC should eventually find a permanent home in an organization with a mission closely aligned with the project and the capacity to operationalize it.

Recommendation 4: Establish key community indicators to measure the county's progress in achieving its goals for older adults.

Determining which indicators will be most useful in tracking progress is not an easy task. These questions should be considered when developing metrics for a plan of this type:

- Is the metric associated with the goal of becoming an age-friendly community or one of the priorities?
- Does the metric measure something meaningful?
- Can the data required by the metric be collected in a cost-effective manner? (Ideally it is already being collected by an organization for another purpose.)
- If it is not being collected, will collecting it be expensive and/or will the process of collecting it create barriers between those collecting it and the people supplying it? (This last consideration should be weighed in every data collection effort involving clients of programs or services.)

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Community stakeholders must agree on the indicators related to their area of focus. Coming to consensus on the choice of indicators will engender robust discussion that deepens participants' understanding of the issues and the goals to be achieved. Following are proposed metrics for consideration:

Vulnerable Adults

- number of reported and substantiated (as needing protective services) cases of abuse in persons 60+
- number of people trained to identify signs of abuse and exploitation

Caregivers

- number of caregiver training programs and counseling sessions provided
- number of paid direct care workers serving Howard County residents

Housing

- number of subsidized housing rental units serving older adults
- number of livable-home tax credits granted annually
- number of new housing units that meet universal design standards

Transportation

- number of older adults using RTA's fixed routes
- number of passenger trips provided by non-profit transportation services such as Neighbor Ride and the Columbia Association
- number of older adult driver education/rehabilitation classes provided in Howard County
- percent of bus stops that meet or exceed the Americans with Disabilities Act (ADA) standards

Health Care

- percent aged 50+ who engage in physical activity
- percent aged 50+ reporting physical health not good
- percent aged 50+ reporting mental health not good
- number of patients 65 and over re-admitted to Howard County General within 30 days

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Civic Education

- number of lifelong learning programs offered in Howard County
- number of resource guides or similar information published in languages other than English
- percent of older adults admitted to hospital with advance care directives already in place

There must be a mechanism for all stakeholders to stay abreast of the progress being made. The Results Scorecard, already used by the Department of Citizen Services and all of its Offices, would be an ideal platform upon which to maintain data for each indicator. This web-based software program tracks data, shows trends, provides the story behind the data and links to relevant research findings. The Department has the capacity to manage data on community indicators and post the Scorecard on its website so that it is easily available to the community.

Recommendation 5: Develop common methods of data collection.

The IAC, workgroups and the individual organizations that are part of the system of service delivery must have good information on which to base policy, budget and planning decisions.

Agencies serving older adults should collect data in as similar a fashion as possible, keeping in mind that funder or regulatory requirements may impede this. For example, in collecting demographic information, agencies might adopt a common approach, such as capturing age by date of birth, so that data can more easily be combined for analysis. Achieving consensus on these details is no small matter.

Efforts should also be made to develop a common reporting system, such as the one used by agencies serving the homeless population. If this isn't possible because of funder or other regulatory requirements, agencies must develop the ability to let different data systems communicate with each other so that information can be shared.

Data has no value if it isn't utilized. Processes must be developed to share information among stakeholders and regularly evaluate its meaning. At the systems level, the IAC and its workgroups should engage in this evaluation, but it also has implications for individual organizations.

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Recommendation 6: Create a learning community around the issues of age-friendly communities, collaboration and systems change.

The approach called for in this report will be a new way of doing business for many organizations. Even those that have engaged in other collaborations will need to learn how to work with new partners. As such, there will be a need for peer-to-peer information sharing, training and technical assistance.

Building trusting relationships among participants will be crucial. To promote both a high level of collaboration and innovative ideas, an environment of trust must be created so that new solutions can emerge. Stakeholders need to be comfortable taking well-reasoned risks, knowing that not every effort will be successful. There will still have been value in the attempt, if the knowledge gained is shared so that all partners can benefit from the experience. The IAC can play an integral role in fostering an environment in which trust and learning flourish.

Learning about best practices will be extremely helpful, but the door also needs to be left open for innovation. Partnerships with area universities offer opportunities for support in this area.

Another required element involves looking at and building the capacity of existing organizations. Many human service organizations struggle to build the infrastructure needed to support high-impact service delivery. This must be taken into consideration and addressed if they are to effectively contribute to making Howard County an age-friendly community. Howard County could continue its support for capacity building among human service nonprofits through the Community Service Partnership program and encourage other local funders to also provide support for agencies looking to enhance their organizational effectiveness.

Recommendation 7: Provide the “backbone” or infrastructure support essential to managing this effort.

The work done in communities that have successfully utilized the Collective Impact model demonstrates the importance of having what is termed “backbone” support. It is a crucial ingredient in turning talk into action.

Members of the IAC and its workgroups can and should be expected to be active participants in the work being undertaken. But it is also true that they have agencies and programs to run; this work will not be their entire focus. The backbone provides the support to ensure that plans are carried out.

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As the County's area agency on aging, the OOA can be expected to provide the backbone support for much – though not all – of the work called for in this report. The IAC should evaluate, on a case-by-case basis, which agencies are best situated to provide this support as initiatives are developed.

Given its existing capacity, the OOA will be able to provide only limited support without additional resources. Adding at least one staff person would move efforts forward more quickly. This will require funding for a new position, which should be made a priority. Other organizations that take on this role for major initiatives may also need additional funding.

Recommendation 8: Track – and celebrate – the process changes that are made within the organizations and systems serving older adults.

While most focus will be on progress made on the community indicators identified in Recommendation 4, thought should also be given to how process changes will be captured. This includes such things as memorandums of understanding created, changes to an agency's operations (i.e., eligibility criteria or translation of materials into multiple languages), new data points gathered and the number of partner agencies. These activities are the building blocks for strengthening the service delivery system.

In addition, it will be important to take the time to celebrate progress made. Publicizing process improvements will not only recognize the efforts of the agencies making changes, but also spur others to begin transforming their operations. This should be the responsibility of the IAC and each of its work groups.

THE RECOMMENDATIONS above provide guidance for creating a structure that can support the essential work described in the priorities section of this report. Much of this framework can be accomplished or be well underway over the next eighteen months. During this development phase, the workgroups should be charged with developing actionable plans to address those focus areas that hold the most promise for impact.

With this structure in place, along with action plans generated by the organizations that will carry them out, the county will be well positioned to make good progress toward the goal of becoming an age-friendly community.

Conclusion

The priorities outlined here are not new. As noted, they have been captured in past studies conducted in Howard County and in work done at the national level. Building on the previous work, three observations resulting from this planning process provide new insight into creating an effective path forward.

- First, an undertaking of this magnitude requires **systems-level change** to achieve the desired outcomes in the community.
- Second, community leaders will need **flexibility** to respond to environmental changes and opportunities, rather than adhering to a fixed, step-by-step action plan.
- Third, the community must understand that the scope of the demographic shift now underway makes it essential to **accelerate progress** toward the larger goal of maintaining a high quality of life for all county residents across the lifespan.

What has emerged from this planning process is not only a vision of an age-friendly Howard County, but a framework for a collaborative approach that can support the work that needs to be done to make the vision a reality.

Creating the preferred future will, no doubt, evolve as more residents and organizations reflect upon the information provided in this report and engage in the next steps of implementation. It has been clear from the start of this effort that achieving the vision of an age-friendly community would require something more than a simple timeline of tasks for the Department of Citizen Services or the OOA to achieve. The broader community must engage in creating this future.

The framework outlined above points the way. By focusing over the short term on operationalizing a structure that can support the high degree of collaboration needed, it creates the foundation for effective, long-term action and, ultimately, success.

With Howard County's wealth of resources, actively engaged population and emphasis on innovation, there is no question that becoming an age-friendly community is within reach.

Acknowledgements

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