STUDY RESULTS

Accessibility. Walkability. Diversity. Affordability. Liveability.



Shamrock Gateway to Elderhood(s) on the Eastside



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EXECUTIVE SUMMARY

The Shamrock Gateway Study provides an opportunity to look at one area of Charlotte as a potential "age hub" that could then be scaled up to contribute to Charlotte becoming a World Health Organization (WHO) Age-Friendly City/County. The eastside is one of the most culturally, racially, and economically diverse areas of Charlotte and this study reflects that richness.

The Foundation for the Carolinas (FFTC) has identified the topic of aging as an emerging issue for its civic leadership work. To this end, it convened a group of stakeholders including City and County staff leaders, who have met several times to discuss ways that various entities can work together to make Charlotte a more age-friendly community. Aldersgate has been at the table, and together with the FFTC's Community Foundation Opportunity Fund, underwrote this study of Aldersgate's eastside "elderhoods."

The Shamrock Gateway Study used domains identified by the World Health Organization to explore possibilities on the Eastside, with an Action Plan that has emerged out of the study. This plan is already being implemented to address 333 areas of greatest need identified in the Senior Community Engagement and Needs Assessment, and Focus Groups, conducted earlier in 2015. The domains used for this study are:

- A. Options for Affordable and Creative Housing
- B. Civic Participation and Employment
- C. Social Participation, Respect, and Social Inclusion
- D. Transportation and Walkability
- E. Communication and Information
- F. Community Support and Health Services
- G. Outdoor Spaces and Buildings

Approaches to improve quality of life for the aging population in the Shamrock Drive Corridor, defined for this study as the area bound by North Davidson Street, The Plaza, North Sharon Amity Road and Central Avenue, were explored through the Shamrock Gateway Study. Specific attention was paid to neighborhoods and organizations existing within the study zone. National approaches to "aging in community" were examined for inclusion in future planning for the Shamrock Gateway. The demographic shift in Charlotte mirrors the rest of the country. The United States has a growing older population. U.S. Census Data indicates that twenty-one percent of Mecklenburg County's residents are in the "boomer" age range (50 - 68). Charlotte's 65 and older population is projected to almost double by 2030 to 250,000.

A total of sixty-three respondents participated in the needs assessment, three focus groups, and individual interviews. The group included Eastside residents in the boomer age range (50 - 68) and older; local neighborhood leaders, business owners and other stake-holders; representatives of service organizations for older adults; city and county neighborhood development employees; and spokespersons for creative and innovative approaches to "aging in community." Other community members and partners have been involved in collaborative endeavors reflected in this study.

Three areas of greatest needs of boomers and elders in Mecklenburg County mirrored those on the Eastside and were identified by key informants as the most prevalent: providing caregiving services to aging parents; inability to navigate the health care system; food access and insecurity.

BACKGROUND TO SHAMROCK GATEWAY

The Foundation for the Carolinas (FFTC) has identified the topic of aging as an emerging issue for its civic leadership work. To this end, it convened a group of stakeholders, including City and County staff leaders, who have met several times to discuss ways that various entities can work together to make Charlotte a more age-friendly community. Aldersgate has been at the table, and together with the FFTC's Charlotte Mecklenburg Community Foundation Opportunity Fund, underwrote a study of Aldersgate's eastside neighbors, The Shamrock Gateway Study. The study provides an opportunity to look at one area of Charlotte as a potential "age hub" that could then be scaled up to move Charlotte towards becoming a World Health Organization (WHO) Age-Friendly City/County. The eastside is one of the most culturally, racially, and economically diverse areas of Charlotte, and this study reflects that richness.

Opportunities to improve quality of life for the aging population in the Shamrock Drive Corridor, defined for this study as the area bound by North Davidson Street, The Plaza, North Sharon Amity Road and Central Avenue, were explored through the Shamrock Gateway Study. Specific attention was paid to neighborhoods and organizations existing within the study zone.



- Charlotte Neighborhood Improvement Plan (CNIP) Central/Albemarle/Shamrock
- Area of Shamrock Gateway
- Aldersgate: A Continuing Care Retirement Community

AGING: AN EMERGING ISSUE

The aging of the Charlotte/Mecklenburg population affects every aspect of civic and community life, spilling over into many of the Foundation for the Carolinas' initiatives:

- > 22.6% of veterans in Mecklenburg County are 65 and older
- > Almost 2,000 grandparents aged 60 and older are responsible for grandchildren younger than 18
- > 33.7% of the 65 and older population lives with one or more disability
- > 23.2% of 75 and older adults are in 100 199% poverty level¹

Charlotte's demographics provide an excellent microcosm of the "aging of America." The following demographic profile of aging indicates that the "Age Wave" has arrived in Charlotte Mecklenburg.

- > Twenty-one percent of the county's residents are in the "boomer" age range (50 68)
- Charlotte was recently named by Forbes Magazine as one of the top 25 most popular retirement destination cities in the country
- Charlotte's 65 and older population is projected to grow from 115,000 in 2010 to almost double that -250,000 by 2030

| | Charlotte City | | |
|---|----------------|-----------------|--|
| | 2015 Estimate | 2020 Projection | |
| White | 66.4% | 63.3% | |
| Black or African American | 27.5% | 28.9% | |
| American Indian and Alaska Native | 0.4% | 0.5% | |
| Asian | 3.4% | 4.2% | |
| Native Hawaiian and Other Pacific Islander | 0.0% | 0.1% | |
| Some Other Race | 1.3% | 1.7% | |
| Two or More Races | 1.0% | 1.4% | |
| Hispanic or Latino | 4.0% | 5.0% | |

Older Adult Population by Race/Ethnicity, Population 65 Years and Over (2015; 2020)

| Language Other than | English Spoken at Home | Dopulation 60 Voars an | $d_{0}var(2011 - 2012)$ |
|---------------------|--------------------------|--------------------------|--------------------------------------|
| | I EHGHSH SPOKEH AL HOIHE | , POPUIALION OU TEATS an | $u \cup ver(z \cup z) = z \cup z)$ |

| | United States | North Carolina | Charlotte City |
|---------------------------------------|---------------|----------------|----------------|
| Spoken language other than English | 14.7% | 4.2% | 11.7% |
| Speak English less than "very well" | 8.5% | 2.0% | 6.9% |

Even though the older adult population age 65 years and over in Charlotte is primarily White and English speaking (66%), *a higher proportion of the population speaks a language other than English (12%) when compared to all of North Carolina (4%).* Among older adults who do not speak English as their primary language, 7% speak English less than very well. The percentage is equitable to the nation (9%), but notably higher than the state (2%).²

ALDERSGATE'S SHAMROCK GATEWAY STUDY - SEPTEMBER, 2015

The shift in demographic make-up will put increased pressure on aging services, housing and health care organizations, as well as infrastructures. The complexity and diversity of chronic health conditions such as dementia-related diseases, as the most costly example, will continue to challenge aging services and health care systems, employees of companies, and caregivers. National figures indicate an increasing need for permanent and affordable housing for the aging population:

- Individuals aged 51 and up in permanent supportive housing, reported in "The Sixth Annual Homeless Assessment Report to Congress" was 39.8%
- In the same report the sheltered homeless population aged 51 to 61 has grown from 18.9% of total sheltered persons in 2007 to 22.3% in 2010. These increases primarily coincide with the aging of the "baby boomers".³
- The majority of older adults in Charlotte own their residence (74%); however, the percentage is lower when compared to the state (81%) and the nation (78%). Owner costs (with and without a mortgage) in Charlotte are equitable to national averages and higher than state averages. However, the percentage of owners spending more than 30% of their income on housing is higher in Charlotte (32%) than in both North Carolina (26%) and the nation (27%). Thirty-percent of a household's total income is considered the cut off for housing-cost burden and avoiding financial hardship.
- The median rent in Charlotte is \$836, which is higher when compared to the state (\$678) and the nation (\$764). Renter costs are also not proportional to income in the city. *Fifty-seven percent of older adult renters spend 30% or more of their income on rent.* The percentage across the state and the nation is 49% and 53% respectively.
- Of the current 65+ population in Mecklenburg County, 27.5% live alone, with 29.7% widowed.¹



Housing Tenure, Population 60 Years and Over (2011 – 2013)

With almost 30% of the 65+ Mecklenburg population living alone one of the biggest health challenges facing the older population is social isolation. Even those "aging in place" as homeowners or renters, may experience high levels of social isolation.⁴ In response there is a move towards the concept of "aging in community" which is the focus of the Shamrock Gateway Project.

ALDERSGATE'S SHAMROCK GATEWAY STUDY - SEPTEMBER, 2015

SHAMROCK GATEWAY: STUDY RESULTS

The breadth and depth of the unmet needs of current and future boomers and elders along the Shamrock Drive corridor was examined through:

Partnership Opportunities with Neighbors Research on Age Friendly Approaches

A Community Engagement Needs Assessment & Focus Groups

1. Community Engagement Needs Assessment and Focus Group Results

A total of sixty-three respondents participated in the needs assessment, three focus groups, and individual interviews. The group included Eastside residents in the boomer age range (50 - 68) and older; local neighborhood leaders, business owners and other stake-holders; representatives of service organizations for older adults; city and county neighborhood development employees; and spokespersons for creative and innovative approaches to "aging in community." Quality of life issues related to aging are multi-faceted, and this study "fans out" the various layers illustrated below, with the intention of creating a blueprint for the eastside that will be replicable in other geographic areas of Charlotte. The study incorporated all of the topic areas within the Global Age Friendly Cities Guide:



Source: World Health Organization - Global Age-friendly Cities: A Guide

We looked at the Charlotte Mecklenburg Older Adult Health Report Card in comparison to North Carolina and the United States. Three areas of greatest need in Mecklenburg County mirrored those on the Eastside and were identified by key informants as the most prevalent:

- Providing caregiving services to aging parents
- Inability to navigate the health caresystem
- Food access and insecurity

| | AI | LDERSGATE'S SHAMROCK GATEWAY STUDY - SEPTI | MEBER, 2015 | | |
|------------------------|-----------------------|---|-------------------------------|-------------------|------------------|
| DOMAIN | INDICATOR | MEASURE | CHARLOTTE- MECK | NORTH CAROLINA | UNITED STATES |
| | Language | % of older adults who speak English less than very well | 6.9% | 2.0% | 8.5% |
| | | % of older adults living in poverty | 10.3% | 10.4% | 9.7% |
| | Income | % of older adults relying on food stamp/SNAP benefits | 12.4% | 10.8% | 9.2% |
| | | % of unemployed older adults (55-64 years and 65 years and over) | 8-9% | 5-7% | 6% |
| | Education | % of older adults with a bachelor's degree or higher | 31.5% | 23.2% | 25.3% |
| | Affordable | % of older adult renters spending more than 30% of their income on housing | 56.9% | 48.7% | 53.2% |
| | Housing | % of older adult owners spending more than 30% of their income on housing | 31.6% | 26.2% | 27.4% |
| | | % of older adults living alone | 19.0% | 16.8% | 17.3% |
| | Social Support | Most prevalent transition need cited by key informants: Providing caregiving services to aging parents ^a | 74.3% of key informants | | |
| | | Health Insurance Coverage | 98.7% | 99.4% | 99.0% |
| | | % of older adults unable to receive care due to cost | 10.1% | 11.1% | 9.6% |
| actors | | % of older adults receiving a routine checkup within the past year | 90.6% | 86.5% | 81.3% |
| ic F | | Physician to population ratio | 1,161:1 | 1,448:1 | 1,045:1* |
| non | | Mental health provider to population ratio | 414:1 | 472:1 | 386:1* |
| ECO I | Health Care Access | Dentist to population ratio | 1,541:1 | 1,970:1 | 1,377:1* |
| Socio-Economic Factors | | Most prevalent barrier to accessing care cited by key informants: Inability to navigate the health care system ^b | 82.4% of key informants | | |
| | | Most needed resource in the community cited by key informants: free/low cost dental care ^c | 59.4% of key informants | | |
| | Built Environment | % of key informants that agree Charlotte is an age- friendly community ^d | 18% | | |
| | | Food access and insecurity (Ranking from 1 (worst) to 10 (best)) | 6.5 | 6.6 | 8.4* |
| | | Recreation opportunities | 89% | 76% | 92%* |

O= Areas of Strength

In the second second

= Areas of Greatest Need

*Represents the 90th percentile across the nation

| OOMAIN | INDICATOR | MEASURE | CHARLOTTE- MECK | NORTH CAROLINA | UNITED STATES |
|------------------|-------------------------------|--|---------------------------|---------------------------|---------------------------|
| | Physical and Mental Health | Older adults reporting fair or poor health | 20.6% | 27.1% | 25.7% |
| | | Older adults limited in activity due to poor physical or mental health | 38.2% | 43.7% | 44.3% |
| | | % of older adults with a disability | 34.5% | 37.7% | 36.3% |
| | | Overweight or obese older adults | 63.5% | 69.7% | 68.2% |
| | Tobacco Use | % of older adults who currently smoke | 9.1% | 13.8% | 13.1% |
| aviors | | Older adults who received a flu vaccine in the past year | 59.4% | 59.0% | 51.4% |
| Health Behaviors | Preventative Screenings | Older adult women who had a breast exam/mammogram/Pap test in the past 2 years | 88.2%; 87.0%;61.4 % | 82.9%; 83.3%; 58.4% | 79.8%; 81.0%; 55.5% |
| Ť | | Older adult men who had a PSA test in the past 2 years | 89.7% | 85.4% | 82.3% |
| | | Older adults who had a sigmoid/colonoscopy in the past 2 years | 36.7% | 38.2% | 39.4% |
| | Chronic Conditions | % of older adults with arthritis | 42.2% | 48.7% | 48.0% |
| | | Total cancer incidence rate among older adults | 2,046.3 | 2,069.4 | |
| | | % of older adults with diabetes | 17.9% | 19.7% | 19.7% |
| | | % of older adults with coronary heart disease | 8.2% | 9.4% | 10.4% |
| | | % of older adults diagnosed with asthma who still have a diagnosis | 56.1% | 71.9% | 75.4% |
| | | % of older adults with COPD | 10.3% | 11.4% | 10.8% |
| comes | Premature Death | Years of potential life lost (death before age 75) per 100,000 people | 5,594 | 7,212 | 5,200 |
| Health Outcomes | Death Rates | Death rates for 5 of the 7 leading causes of death (heart disease, cancer, CLRD, accidents, diabetes) | Lower | Higher | Highe |
| | | Alzheimer's death rate per 100,000 adults age 65 years and over ^e | 317.5 | 201.8 | 187.4 |

- a. Only 30% of key informants felt information on available services to support a life transition (e.g. caring for a parent) is easily accessible.
- b. Additional barriers included the inability to pay out of pocket expenses and lack of transportation.
- c. Additional missing resources or services included free/low cost vision care and memory specialists.
- d. Services or resources cited as missing included affordable housing, affordable services to age in place, transportation, safe and well-maintained green spaces and walkways, intergenerational learning opportunities, and an effective communication system.
- e. Across North Carolina, Alzheimer's ranks as the sixth leading cause of death. In Mecklenburg County, it ranks even higher. Third, behind cancer and heart disease.⁵

Source: Senior Community Engagement and Needs Assessment, March, 2015 Holleran Community Engagement Research and Consulting

ALDERSGATE'S SHAMROCK GATEWAY STUDY - SEPTEMBER, 2015

Key informants were asked to identify the five most pressing issues facing seniors/elderly in the community. *The most pressing issues identified were social isolation, poverty/financial insecurity, navigating/accessing health care and social services, chronic disease management, and transportation.* "Other" responses included the need for independent housing within walking distance of desirable locations, lack of knowledge of available services, and lack of ability to care for oneself. In regard to social isolation, one key informant stated, *"Many seniors live alone or in non-assisted housing, but are not really able to do so."* Another key informant stated, *"Long term care planning is at the top of mind for aging adults. How they will pay for it, who will take care of them, can they stay at home, will they be left alone? Social isolation is scary and most of our elders are dependent on their children to drive them to and from their destinations."*

| | Percent | Count | Percent |
|---|---------|-------|---------|
| Social Isolation | | 21 | 60.0% |
| Poverty/Financial Insecurity | | 20 | 57.1% |
| Navigating/Accessing Health Care & Social Services | | 19 | 54.3% |
| Chronic Disease Management (Heart Disease, Stroke, Diabetes, Cancer, Arthritis) | | 18 | 51.4% |
| Transportation | | 17 | 48.6% |
| Injuries/Falls | | 14 | 40.0% |
| Mental/Behavioral Health Issues | | 14 | 40.0% |
| Alzheimer's Disease/Dementia/Memory Loss | | 13 | 37.1% |
| Affordable Housing/Homelessness | | 13 | 37.1% |
| Hunger/Food Insecurity | | 9 | 25.7% |
| Elder Abuse/Neglect | | 6 | 17.1% |
| Other | | 4 | 11.4% |
| Financial Scams/Fraud | | 4 | 11.4% |
| Overweight/Obesity | | 3 | 8.6% |

THE FIVE MOST PRESSING ISSUES FACING SENIORS/ELDERLY IN THE COMMUNITY

- "CCRC's provide an alternative community for the elderly when their home situation no longer matches up with their life situation—that is, for those who can afford it. For those fortunate enough to live in extended families, or to live in neighborhoods that are cohesive and socially connected, the benefits of a CCRC come naturally, in an a la carte, organic manner. But what about those stuck in the inbetween—isolated, capital stressed, alone in all its manifestations? Finding both program solutions as well as community life solutions is our current and futurechallenge."
- "All these areas are critical depending on one's particular situation."
- "Transportation is by far the top concern AARP hears at our programs and workshops. Memory loss/brain health is the top fear we hear about."
- "The aging population, particularly in East Charlotte, that wishes to remain independent, less dependent on cars, with opportunities nearby to keep active. Need walkable, mixed use community with high quality housing options on one floor."
- "The majority of enquiries we get are from family members trying to support a loved one with Alzheimer's disease at home and having had no education on the disease."

Comments from participants in Focus Groups

Each of these observations can lead to social isolation of the caregiver and/or the elder.

A Selection of Comments from Focus Groups and the Needs Assessment

"More of a focus on the population as a valuable demographic- as desirable as millennials in terms of options for urban housing and neighborhoods."

"More Senior Centers that provide an array of services and activities. And don't cut the budget (which was done last year) such that seniors can't afford to continue to use the services. More walkable neighborhoods --- where you can walk to drug and grocery stores on safe streets with sidewalks. More senior transportation."

> "UBER type of service with volunteers to service seniors/elders. You'd just need an appointment –wouldn't have to know the area so well."

"Transportation is one of the most important issues. People hate losing their independence, and not having access to transportation services is clearly related to the loss of independence. Lack of transportation options also directly leads to social isolation, which is the major threat to older adults. I would also like to see much more done in providing affordable housing in well-designed walkable neighborhoods. We need to be more active in supporting the needs of caregivers. And we need to have information about services and activities more available. Services and activities need

"Communities designed (and therefore planning rules and regulations that require) to meet the needs of a broad range of intergenerational populations, with strategies that emphasize connection and opportunity, as opposed to isolation, with the goal of encouraging hope and promoting dignity for the elderly."

"Elders can help elders in the Eastside communities that will create cultural exchange."

"Aging in different cultures doesn't work well when they are put into services they aren't comfortable with and don't know. We have a problem getting the minority cultures out of the house. They were brought here by their children to be babysitters. They don't speak the language, so they are isolated"

"We need an "Angie's List" of our local resources around Aldersgate - we need to promote local businesses to residents of Aldersgate and have cultural exchanges."

"I've seen a big change in aging – diversity, refugees from corridor on Central have been able to purchase homes here in Shamrock area. Many need socialization. There is a large Cambodian population. They need different medical attention other than Western medicine. Many are lonely and looking for interaction, but they don't know how to access the services, like the Shamrock Senior Center. The Laos Community, they go to the Temple and then go home." "We have a caring community that is ready to act once a plan is laid out. We have very good private retirement communities for those who can afford them."

What's being done well in terms of quality of life in Charlotte? ✓ "Viable neighborhoods, parks and greenways, excellent public safety departments, clean water, engaged faith communities, good government, excellent schools, tree canopy just to mention a few assets"

✓ "This survey is hope and light that shows that we finally are getting to the right discussion and it will help us focus on needs of community and not make the wealthy more wealthy at the cost of neglecting our seniors population."

"There is quality of life for those who can afford it."

✓ "The PACE program is a great asset to Charlotte healthcare for frail elders, providing all-inclusive care for seniors 55 and older through to end of life. They have a good caregiver support program too. The volunteer transport program and the few senior centers that are available do an amazing job also. There are a plethora of small organizations trying to make a real impact in Charlotte. "

✓ "The County is developing an action plan for the newly created Livable Communities Plan which has the potential to help better prepare the city for an aging population. CDOT, Mecklenburg Department of Health, NBS, Parks and Rec and CCOG have

tremendous dedication to making the city more livable. AARP has permanent staff in Charlotte to work with partners and local organizations to educate and engage membership of 85,000.

"The City is beginning a rapid transit program. There are substantially more housing options for all people than was true some years ago, and some of these follow the design guidelines that make them attractive to older adults. The City is working toward becoming a more walkable and bike able community, but we have a long way to go. For those older adults who can afford to move into the CCRC communities and even the better assisted living facilities, the quality of life is pretty good. But most can't, and the effort to make it easier for them to "age in place" is in its infancy. There does seem to be more concern about some of these quality of life issues than was true some years ago."

"Private providers such as Aldersgate are wonderful for those with means or access to financial resources. I see the buses and vans all over Charlotte (symphony, museums, shopping centers, etc.). So many of our older community members simply fade into the background, and presumably into their social support networks. But they simply seem to become invisible."

"I think individual organizations (like churches) do a pretty good job listening to and helping their own members as long as the need is not too great. It is when some other agency is needed that it becomes difficult."

 "Good independent living facilities are available to those who have enough income. Good hospice care."

"For those that can afford it, there seem to be good options for transitional and assisted care housing. As the older generation ages these options will increase in number and quality. There also seems to be a robust faith-based community that steps up to take on responsibility and interest in the aging."

> Comments by participants of the Senior Community Engagement and Needs Assessment Profile. Holleran, March 2015

2. Research on Age-Friendly Approaches



The philosophy of "nothing without them" is a central tenet of the WHO age-friendly cities initiative.

Elders in Action

Action Plan for Age-Friendly Portland

A. Aging in Community has emerged as a broad new category of options for elders. We, as boomers and elders, *"are not limited in our choices to, on the one hand, retirement communities; and on the other, aging in place - which often becomes aging alone."* William H. Thomas, founder of the Eden Alternative and the Green House movement, outlines the qualities of aging in community as: Inclusive, Sustainable, Healthy, Accessible, Interdependent, Engaged.

"A useful analogy envisions the people who populate an "aging in community" setting as bricks, and the relationships that develop between them as the mortar. Together the bricks and mortar create 'social capital."⁶

B. AARP's Livable Communities improve health, allow residents to age in place, and lower public health costs. The keys to livability for older adults are: Housing - affordable housing options and good home design allow residents to age in place

Transportation and mobility are the keys to independence and community connection

Planning and land use - policies that link transportation, housing and other community features create livable communities for allages

Civic and community engagement - programs that foster civic and community engagement contribute to successful aging Health and well-being

According to the AARP Livable Communities website there are currently 58 AARP Livable Communities in 22 states as well as the District of Columbia. There is no AARP Livable Community in North Carolina yet, although extensive work has been completed towards Charlotte becoming one of the 58 cities.⁷

C. The World Health Organization's Age Friendly Environments:

The following components are considered important to create age-friendly environments across the globe (highlighting added):

- ✓ Without age-friendly environments, health for all cannot be achieved. Everyone should have the opportunity to achieve the highest possible level of health and well-being, regardless of age, sex or gender, cultural or ethnic background, wealth or health status.
- ✓ Older people may experience negative attitudes and discrimination based on their age. Creating age-friendly environments acknowledges diversity, fights ageism and ensure that everyone has the opportunity to fully participate.
- Creating barrier-free and affordable housing, accessible public spaces, and transportation enable people to stay independent and participate in community life. An age-friendly environment reduces the risk of falls and prevents the neglect and abuse of vulnerable older people by increasing the safety of the natural and built environments and the security and protection of older people in the community.
- ✓ Older people play a crucial role in their communities they engage in paid or volunteering work, transmit experience and knowledge, and help their families with caring responsibilities. These contributions can only be ensured if societies foster their health and participation.

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- ✓ Listen to and involve older people: Older people know best what they need and therefore should be at the center of any effort of creating a more age-friendly community. A participatory approach to research, planning, implementation, monitoring and evaluation of age-friendly city initiatives that consults and involves older persons and their organizations in a meaningful way is the best safeguard against services that do not meet needs, and enables older citizens to help make their community a better place to live. The involvement of older residents in age-friendly initiatives is a key condition to membership in the WHO Global Network of Age-friendly Cities.
- ✓ Form alliances for age-friendliness: No one organization or government department can turn a community age-friendly by themselves.
- ✓ Assess the age-friendliness of the community
- ✓ Plan collaboratively and around age-friendly outcomes
- \checkmark Move to action: even small steps can go a long way⁸
 - ✓ Are your public spaces and buildings accessible for persons with vision or hearing problems or reduced mobility?
 - ✓ Is there an affordable public transport service in place that allows older people to go where they want to go?
 - ✓ Do integrated services allow older people to stay living in their homes even when they need help in their everyday activities?
 - Is there a culture of respect, free of ageism and negative stereotypes on ageing in your city, does cultural life and entertainment cater to the interests of seniors as well as youth?
 - ✓ Do elders have access to the quality social and medical care when they needed it and does information about the available services reach them effectively?
 - ✓ Find out by asking. There are many ways of conducting age-friendly assessments, including surveys, focus group discussions, walkability audits.
 - Reach to local university and students or train older people to conduct the research and consultation with their peers to obtain a baseline survey of how age-friendly your community is and what areas need most attention.

D. Other Innovative Models for inclusion into the Shamrock Gateway Vision:

Naturally Occurring Retirement Communities (NORCS)

Anecdotal information strongly suggests that there are NORCS along the Shamrock Gateway, with long-term residents aging in place.

✓ In one of the focus groups a member of the South Asian community reported that younger immigrant/refugee families, once established, bring elders to live with them for child care. They then move from rentals around Central Avenue to buy affordable housing and settle into the Shamrock area neighborhoods.

Village-to-Village Model

Villages are membership-driven, grass-roots organizations that, through both volunteers and paid staff, coordinate access to affordable services including transportation, health and wellness programs, home repairs, social and educational activities, and other day-to-day needs enabling individuals to remain connected to their community throughout the aging process.⁹ Villages represent a promising new model designed to support community-dwelling seniors with a number of positive impacts that may reduce social isolation, improve well-being, and increase confidence aging in place.¹⁰

- ✓ Davidson is currently exploring the initiation of the Village Model and a group has also formed in Charlotte for this purpose and has received its 501(c) 3 status.
- ✓ Shamrock Gateway has great potential for a Village, with Aldersgate providing staffing to spearhead and coordinate efforts.

Continuing Care at Home (CCaH)

The Original CCaH Plan Structure for Friends Life Care in Pennsylvania incorporated a number of key features of CCRCs:

- ✓ Pricing based on a significant upfront entrance fee and ongoing monthlyfees
- ✓ No maximum limit on the lifetime amount the plan would pay toward a member's care
- ✓ A full continuum of care in addition to home care services, including care in a nursing home or assisted living facility
- ✓ Minimum enrollment age of 60 years with no maximum age limit

At its core, a CCaH program is a life care membership program offering the same kind of services as a continuing care retirement community (CCRC) to consumers who choose to live in a setting other than the traditional CCRC. In return for an entrance fee and a monthly fee, participants are covered by a comprehensive package of long-term care services designed to enable them to remain living in their homes. The package of services is designed to address the social, spiritual, recreational, and health needs of members, and is comprehensive in nature.¹¹

3. New Partnerships with Neighbors as a Result of this Study

- ✓ Charlotte Neighborhood Improvement Plan (CNIP) Shamrock/Albemarle/Eastway
- ✓ Mecklenburg County Parks and Recreation
- ✓ PACE Programs for All-Inclusive Care for the Elderly
- ✓ UNC Charlotte's College of Health and Human Services
- ✓ Charlotte AARP
- ✓ Charlotte Memory Center
- ✓ Universal Institute for Successful Aging of the Carolinas (UISAC)
- ✓ Playworks, LLC
- ✓ Charlotte Village to Village Network
- ✓ Anchor International Mission
- ✓ Shamrock Multicultural Senior Center Shamrock Corridor residents
- ✓ Age Friendly Charlotte a group of civic leaders convened by the Foundation for the Carolinas
- ✓ Latin American Coalition
- ✓ Charlotte Housing
- ✓ Refugee Support Services
- ✓ Charlotte Mecklenburg Housing Partnership
- ✓ Charlotte Folk Society
- ✓ Johnston YMCA

Scale up to Age-Friendly Charlotte

Next Steps for Shamrock Gateway

Shamrock Gateway Age Friendly Plan

Aldersgate as Catalyst

THE ARC OF POSSIBILITY

4. Aldersgate as Catalyst:

- Through advocacy, education, innovation and collaboration, Aldersgate provides expanded possibilities for aging and leadership to the field of aging. Aldersgate is an ecumenical, not-for-profit corporation situated on a 234 acre campus on Shamrock Drive in the heart of Charlotte's Eastside. It provides a continuum of care from independent living to skilled nursing care. Being certified for Medicare, it offers skilled nursing services to the public for short-term rehabilitation, inpatient hospice care and other medical treatment required at the acute level of care.
- Currently Aldersgate is home to 450 residents, has a workforce of 395 people, provides medical care directly to 600 people from the greater Charlotte community annually and is active in a variety of community development initiatives in East Charlotte.
- > Of the 395 employees, at least 65% of them live on the east side.
- The assets that Aldersgate brings and can leverage create a unique opportunity for the creation of a hub in Charlotte for "boomers and beyond". The Board of Directors has approved a \$75,000,000 re-allocation of its assets for the re-visioning and development of its campus and land holdings, which have extensive frontage along the Shamrock Corridor.
- The Aldersgate Board's Task Force on Community Partnerships is committed to opening its gates to its mission of collaboration with neighbors.
- It has acquired the big building on the frontage of its property, and will be moving their nursing home to the interior of the development, creating opportunities for frontage properties owned by them.
- The Aldersgate campus is home to five non-profit and/or county organizations that are important partners in the Shamrock Gateway vision:
 - o The Museum of History and Hezekiah Alexander House
 - o Shamrock Multi-Cultural Senior Center
 - o The Methodist Home Park / Charlotte Mecklenburg Parks and Recreation
 - o UMAR Homes
 - o The offices of the Western North Carolina Conference of the United Methodist Church
- Shook Kelly Design helped with the re-design of the campus which has direct impact for the Shamrock Gateway.



5. Shamrock Gateway Age Friendly Plan

As a result of the Shamrock Gateway study Aldersgate has created innovative and forward-thinking approaches to address the multidimensional needs of boomers and beyond on the Eastside of Charlotte through new partnerships and relationships. The components of the plan for Aldersgate to be an Age Hub for the Shamrock Gateway reflect those of an Age Friendly City.

Given the fact that Aldersgate's campus is home and workplace to almost 850 people, the leadership of Aldersgate thought it important to begin "at home." Programs were designed to provide opportunities for interaction and to raise awareness of "who's who" behind the resident/employee relationship. These programs then became the basis for reaching out to Aldersgate's neighbors along Shamrock Drive. At the same time, physical infrastructure changes on the Aldersgate campus reflect the leadership's commitment to partnering with neighbors by creating "Third Places" – free and highly accessible places which are welcoming and provide congregate spaces. These spaces will give the opportunity for intergenerational and intercultural experiences. Examples are the revitalization of the Mecklenburg Park adjacent to Aldersgate and the Eastfield Ballpark as well as a Town Center planned for in the re-design of the campus.



ALDERSGATE CAMPUS

Outlined below are current and planned programs, activities, and partnerships that have grown out of the Shamrock Gateway Study, some of which are illustrated on the map above:

A. Options for Affordable and Creative Housing

- Aldersgate invited retired president of Charlotte Mecklenburg Housing Partnership, Patricia "Pat" Garrett, onto their board because of her knowledge and expertise in this area. With 24 years working as president of the Housing Partnership, she can help guide Aldersgate towards building affordable, market-rate housing in bordering neighborhoods such as Windsor Park.
- Surrounding neighborhoods are multi-generational, and an age-friendly community's success depends on younger generations supporting elders.
- The recent acquisition of the adjacent property that housed the Metropolitan Community Church of Charlotte at 1825 Eastway Drive is a corridor development factor, and has been purchased by Aldersgate with the possibility of future inter-generational, affordable housing on Eastway Drive frontage. Additionally, this property has the potential to directly tie-in to the City's Greenway plans, which would provide an important node for increased accessibility to and from the greater community.

B. Civic Participation and Employment

> Lunch at the Piccadilly

Soon after the launch of the Shamrock Gateway Study, Aldersgate was approached by producer and director Steve Umberger of Playworks Group, to underwrite a musical adapted from North Carolina writer Clyde Edgerton with music composed by musician Mike Craver. Aldersgate's leadership decided to become the primary sponsor of the musical because it recognized that its themes touched on many of the aging-related issues the Shamrock Gateway study highlights. It also provided an opportunity to design a number of opportunities for outreach and collaboration such as an intergenerational music project, Knee to Knee, Heart to Heart and Community Conversations for an Age Friendly Charlotte (more details on both of these appear below). A three-week run of the musical at the Booth Playhouse includes Talk-Backs after a number of the shows, which open up discussions about aging and eldercare in Charlotte. The musical has also provided employment for a number of boomers and elders.

- Development of more retail, restaurants, and community gardens within the area that is identified as a 'food desert"
- Re-configuration of the Eastway/Shamrock intersection will encourage commerce to develop, which will spread along the Shamrock Gateway.
- The genesis for conversations with Queen City Forward has been to encourage culturally relevant, intergenerational, entrepreneurial businesses along the Shamrock Gateway that reflect the surrounding neighborhoods' diversity. To that end, Queen City Forward is considering Aldersgate and East Charlotte as a geographic focus for its 2016 programming. Similarly, Aldersgate has initiated conversations with local Bank of America / Merrill Lynch leadership regarding its recently launched Longevity Training Program, which is designed to drive greater awareness and understanding of the evolving needs of the nation's aging population and their families.
- A mentoring program between staff and residents of Aldersgate will lead some locally residing staff members to an entrepreneurial program through Queen City Forward.

C. Social Participation, Respect, and Social Inclusion

- > Intergenerational connections between Residents and Shamrock Neighbors:
 - > Knee to Knee, Heart to Heart Intergenerational Song and Story Swap

(Specifically designed for Aldersgate, Shamrock Senior Center, PACE, and others along Shamrock Gateway/Eastside)

Over the span of 4-6 weeks in July and August, a senior member and a junior member of the Charlotte Folk Society (CFS) spent time with one or two residents on four occasions (approximately once a week). They learned a couple of songs and the stories surrounding those songs, relating their significance to the residents' formative years with family and community. The primary way in which the songs are learned is by a one-on-one (or "knee-to-knee"- a phrase immortalized by award-winning Appalachian storyteller, singer, banjoist, Sheila Kay Adams) method, as done in the days before radio and tape recorders. As part of the educational outreach mission of CFS to the younger generation, the older members guide the junior members through that one-on-one technique with residents to provide the younger singers some insight into why the songs they will learn have endured through the generations. Aldersgate is working with CFS leadership to develop Knee to Knee as an ongoing collaborative program.

Live the Vision Mentoring Project - Staff and the Residents of Aldersgate The employees gain workplace and critical thinking skills to further their career and educational goals and to update their work skills. Residents have an opportunity to bring their life skills and expertise as mentors to employees' career and life goals. At the same time, residents learn about the realities of employees' lives and the challenges they face. Through sharing life stories, cultural backgrounds, career and life aspirations, mentors and mentees meet on the common ground of their shared humanity.

Aging with Wisdom and Vitality for Elders and Boomers A twelve week training for women was conducted by Dr. Lyndall Hare at Aldersgate with residents joined by members of an existing group of community members in the boomer age range. The intergenerational group learned so much from each other that they decided to move their meeting place to Aldersgate for on-going Wisdom Circles that meet once a month.

- A number of churches in and around the Shamrock Gateway have multicultural and diverse congregations and were included in the outreach plan for the Needs Assessment and Focus Groups, as well as the Community Conversations hosted by Aldersgate. As a result, relationships that were not in existence prior to the study have now been established.
- > Multi-cultural connections and opportunities between residents and Shamrock Neighbors:
 - Eastfield Ballpark on Aldersgate's campus is now available to neighbors and the broader community for multi-cultural events. In the spring of 2016 Aldersgate will host its first International Sandwich Festival, designed to be a showcase for the dozens of ethnic and cultural groups that call East Charlotte home.

Showcasing the Cultural Heritage of Staff Members at Aldersgate
 An educational opportunity for residents to learn more about staff as a step towards introducing residents
 to the rich cultural diversity amongst their neighbors (a number of staff members live on the Eastside).
 The first event showcased African Art and Culture to celebrate those staff members of African heritage
 working at Aldersgate.

- > Volunteer Opportunities at Refugee Support Services:
 - One-on-one Citizenship Reading Program for residents to help refugees with preparation for citizenship tests.
 - Fruitful Friendship Program connecting elder refugees with American elders.
- The multi-cultural Shamrock Senior Center on Aldersgate's campus is soon to be relocated to the Parks and Recreational building on Shamrock Drive, adjacent to Aldersgate. There continues to be a strong relationship with the center, and residents and members of the center have opportunities to connect.

D. Transportation and Walkability

- Charlotte Mecklenburg Transportation Department enables the City to partner with other public and private entities to produce a project that serves all transportation modes cars, pedestrian, and bicyclists. This is accomplished by leveraging opportunities with private development to create an enhanced transportation network beyond the basic developer required improvements, and participate on State funded projects ensuring a final project consistent with City design standards.¹²
- The Central/Albemarle/Shamrock CNIP (Charlotte Neighborhood Improvement Plan) area includes neighborhoods to the east of Uptown, from Eastway Drive at The Plaza, to Central Avenue, and out along Albemarle Road. The project is collaborative in nature and brings city departments, as well as private investment, together to focus on strategic planning and project development to create impactful change for the surrounding communities. The CNIP projects are bond funded, and now that the 2014 bonds have passed it's time to start moving forward.¹³
- The CNIP Team for the area surrounding Aldersgate has had several meetings with Aldersgate over the course of this study, and been very helpful in sharing plans and opportunities for collaboration along the Shamrock Gateway and the Shamrock/Eastway intersection. With the goal of vitalization of the Shamrock Corridor and improvement to the Eastway/Shamrock intersection, some ideas that are being explored are:
 - Increased walk-ability and bike-friendly design with traffic calming methods, including cross-walks and medians along Shamrock Corridor and easier access across Shamrock Drive. There will be bike paths from Matheson to Shamrock and on all the greenways being planned.¹⁴
 - ▶ Increased access to green spaces.
 - Intersection improvement of Shamrock/Eastway with easier access to the Park and Recreation amenities on Aldersgate's property.
- > The State plan's projection is that the first changes to Eastway/Shamrock will begin in one year.
- > Aldersgate is sandwiched between two future Lynx lines the Blue Line and the Gold Line:



E. Communication and Information

- New partnerships that have been established as a result of the Shamrock Gateway Study are the basis for continued focus groups and conversations. Aldersgate is committed to being a catalyst for these collaborative and multi-generational, neighborhood-based forums.
- The Shamrock Gateway Study used a cross-sector partnership approach that prioritizes collaboration among different organizations and individuals to expand the range of sectors focused on aging. These initiatives in their implementation can appear similar to community planning approaches (e.g., an initiative focuses on changing zoning ordinances), as well as to support-focused approaches (e.g., an initiative seeks to enhance collaboration among service providers). The focal mechanism of cross-sector partnership approaches is the bringing together of entities from a wide range of sectors to develop and implement locally based action plans concerning aging.¹⁵

F. Community Support and Health Services

- UNC Charlotte's College of Health and Human Services has been working with Aldersgate during the past few months to develop a Community Education, Wellness and Research Plan to increase access to health-related services, especially among vulnerable populations and to better understand the experience of aging across the community. Research will be conducted by the Gerontology Program, ARCHES (a collaborative team of faculty and community members dedicated to improving health in vulnerable communities), and the Health Psychology Ph.D. program. Key components of the plan, which is being planned to launch in the first quarter of 2016, include:
 - Family Support Navigator Program This program is designed for caregivers and their families in East Charlotte, with trained professionals delivering medical and social support services. An Online Portal for family support programs will be developed as a resource for caregivers and care professionals.
 - Alzheimer's Collaborative Initiative The Initiative will begin by convening a team of professionals and organizations interested in Alzheimer's research and programs to develop a community plan with educational and clinical activities to assist Alzheimer's caregivers. The plan will include the implementation of programs to increase management of plans of care for caregivers of those with Alzheimer's in the community.
 - > Development of a Center for Wellness and Education
 - With the move of the Shamrock Senior Center to Methodist Home Park, Aldersgate and the College are developing plans to up-fit that 6000 + square foot building into a center for faculty and students to provide caregivers and their families along Shamrock Gateway/Eastside access to community-based health promotion and disease prevention services.
 - Recent discussions with the YMCA and UNC Charlotte's College of Education indicate the potential for a literacy clinic to be housed there as well which would enhance the existing relationship for youth programming already in place between the Johnston Y and Aldersgate.

Access to Healthy Nutrition:

Food access and insecurity on the eastside are challenges, specifically for elders. As a result of this issue being highlighted as a great need through the Holleran Study, Aldersgate is partnering with PACE (Program of All-Inclusive Care for the Elderly) to provide healthy nutrition to vulnerable elders living on the Eastside. Meals are prepared for PACE participants and delivered to their program on a daily basis.

International Sandwich Festival will be hosted by Aldersgate and other Shamrock Gateway partners to be held on the Eastfield Ballpark in the spring, 2016. It will also provide an opportunity for partnership with neighbors from different cultural and church communities, local restaurants, as well as food and nutrition organizations that provide home-delivered meals to elders.

G. Outdoor Spaces and Buildings

- Aldersgate's land includes Mecklenburg County's Methodist Home Park, which creates opportunities and planned accessibility to Eastway Drive.
- The creation of public space to give the multi-generational, multi-cultural, and income-diverse population in the designated area opportunities to connect – an example is an open-air food and fresh produce market.
- > The Eastfield Ballpark is accessible to the wider community for activities.
- > The County's Parks and Recreation 10 Year Action Plan adds an additional 61 miles of proposed trail.
- > A focus will remain on finishing significant stretches of trail, including Little Sugar Creek greenway.
- > The Briar Creek Greenway from Merrywood/Plaza will connect to Aldersgate's Eastway frontage.
- Once the County's Greenway Plan is completed, Aldersgate's property will be surrounded by greenways which will create more permeability and options for connections with its neighbors.

6. Next Steps: Shamrock Gateway Action Plan

- Continue to build on all the projects, development, and partnerships that have been established through this study.
- Get to know more neighbors along the Shamrock Gateway through meetings within surrounding neighborhoods.
- Identify NORCS within the Shamrock Gateway area.
- Continued Community Conversations with the diversity of cultural and racial communities on the eastside to dig deeper into their specific needs and how Aldersgate can partner with, and provide tangible services to these communities.
- Identification of additional collaborators.
- > Design of a model for other retirement communities within Leading Age's membership that opens their gates to neighbors and neighborhoods for intergenerational partnerships and joint collaborations.

LEADERSHIP OF THE SHAMROCK GATEWAY PROJECT:

- Aldersgate, a Continuing Care Retirement Community embraces the mission of, and is a member of LeadingAge, North Carolina.
- > Tim Rogers, Director of Missions Advancement, Aldersgate.
- Lyndall Hare, PhD, Concierge Gerontology was the lead consultant on this project and also conducted focus groups.
- Holleran Community Engagement Research and Consulting conducted a community engagement and needs assessment as well as focus groups.

REFERENCES

- 1. Source: American Community Survey 2008-2012, NC State Data Center.
- 2. U.S. Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
- 3. U.S. Department of Housing and Urban Development (2011). The 2010 annual homelessness assessment report to Congress. Retrieved from http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf
- 4. Social isolation among older adults. Wethington, E. & Pillemer, K. (2014) In R. J. Coplan & J. Bowker (Eds.).
- 5. <u>www.alz.org</u>
- 6. Moving Beyond Place: Aging in Community, An essay co-authored by W.H. Thomas and J.M. Blanchard, in <u>Aging in Community</u>, Second Journey Publications, Chapel Hill, 2013.
- 7. <u>http://www.aarp.org/livable-communities/</u>
- 8. <u>http://www.who.int/ageing/age_friendly_cities_guide/en/</u>
- 9. http://www.vtvnetwork.org/
- 10. The Impact of the "Village" Model on Health, Well-Being, Service Access, and Social Engagement of Older Adults. Carrie L. Graham, MGS, PhD1, Andrew E. Scharlach, PhD1, and Jennifer Price Wolf, PhD2, Journal of Health Education and Behavior, 2014.
- 11. http://lifecareathomepartners.com
- 12. http://charmeck.org/city/charlotte/charlottefuture/PublishingImages/CityLYNXMap.pdf
- 13. <u>http://charmeck.org/city/charlotte/charlottefuture/CIP/CNIP/Pages/Central.aspx</u>
- 14. <u>http://charmeck.org/mecklenburg/county/ParkandRec/Greenways/OpenGreenways/Documen</u> <u>ts/MPAppendix2.pdf</u>
- Age-Friendly Community Initiatives: Conceptual Issues and Key Questions. <u>Emily A. Greenfield</u>, PhD, <u>Mia Oberlink</u>, MA, <u>Andrew E. Scharlach</u>, PhD, <u>Margaret B. Neal</u>, PhD, <u>Philip B. Stafford</u>, PhD. The Gerontologist (2015) 55 (2):191-198.