

Aging in Place Community Assessment – Project Summary

Now is the time to prepare for our aging population

The population in the US and North Carolina is aging and communities need to prepare for the large number of older people and the infrastructure and services that will enable these residents to be healthy, safe and connected to their communities.

In 2020, 21% of Buncombe County residents and 28% of Henderson County residents were ages 65 and over. In 2040, this segment of the population is expected to grow to 26% in Buncombe County and 32% in Henderson County – this translates to about 85,000 people in Buncombe County and 46,000 people in Henderson County! ⁱ

Older adults want to age in place

A recent nationwide survey found that 80% of people who are 50 and older want to age in place. ⁱⁱ

Older Americans and their families are looking for ways to make it easier and more affordable for them to stay in their homes and be connected to their communities as they age.

National surveys show that they would also like help preparing for aging in place and understanding the types of programs, services, organizations and other resources that are available in their communities to help them stay healthy, connected and thrive.

Aging in Place is the ability for individuals to live in their own home and community safely, independently and comfortably, for as long as they are able to. Aging in place includes having services, care and support provided in the home and in the surrounding community.

Aging in Place Community Assessment Project

Jewish Family Services of Western North Carolina (JFS) conducted a community assessment related to aging in place needs and issues in Buncombe and Henderson Counties (NC) in 2022. JFS initiated and led the project with guidance from an Advisory Committee of experienced professionals from a variety of backgrounds. Dogwood Health Trust provided funding for the project. Project work included conducting a survey, focus groups and interviews and researching successful programs and models in NC and across the US. The study group included residents in Buncombe and Henderson counties ages 50+ and who identified as Jewish. Project recommendations, resources and tools were created to be useful for the broader population.

What we learned...

Study participants were most interested in accessing these services/activities now:

1. Referrals to home maintenance and remodeling
2. Social, recreational and educational activities
3. Household chores and home maintenance
4. Yard and garden maintenance

Almost all participants indicated an interest in using the previous and following services in the future:

1. Financial and legal assistance
2. Transportation and assistance with trips
3. Meal preparation and/or delivery
4. Food shopping, errands
5. Technology, computer and phone assistance

Strong interest for an **organized support system** which includes:

- One place to call or visit (electronically or physically) to learn about available resources, programs and service providers.
- Access to a resource navigator who can refer them to recommended/vetted service providers and programs.
- Access to a Care Manager who would get to know them and help them determine what assistance or services are needed.

Care Managers work with elders and their families to evaluate, plan, implement and monitor care options that will provide maximum comfort, independence and quality of life.

A number of neighborhood-centered and congregation-affiliated groups have formed throughout the study area that are focused on providing assistance, services and connections to people in their communities. These groups also organize social, recreational and/or educational activities and events. Volunteers lead these groups and provide various services to members.

Recommendations for an Aging in Place Pilot Program

1: Easy Access to Current Support Services

A website that provides a current consolidated list and links to the county aging resources directories and to other comprehensive aging resources directories; and a single point of contact – to call, visit, email – to help people find what they are looking for.

2: Increased Capacity to Serve Growing Need

The current capacity at local public, private and nonprofit organizations is inadequate to serve the needs of the current and future population of older adults in the area. These organizations need additional resources to build their capacity in the areas of resource navigation, referral services and access to Care Managers. The biggest need is for additional Care Managers.

3: Educational program and materials to help people prepare for aging in place

Many people we heard from have not thought much about how they want to live in their elder

years and what they might need to help them live in their homes and communities. They also are interested in learning more about how to prepare for successfully aging in place. Several programs, workshops and books are emerging around the country to help people think through their interests, potential needs and choices. A small local group has been reviewing existing materials and is creating draft materials and plans for delivering a local guide and educational program.

4: A Pilot Program to Create a Village Network

The pilot program would help new and existing neighborhood-based and affinity-based groups grow their membership, volunteer base and their program and service offerings; and connect these grassroots groups to each other and to a hub/host support organization. This is modeled on the membership-based virtual Village model; currently around 250 Villages exist in the U.S. and are part of the Village to Village Network.ⁱⁱⁱ



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ⁱ [NC County Aging Profiles 2020](#), NC Department of Health and Human Services

ⁱⁱ [AARP 2021 Home and Community Preferences Survey](#)

ⁱⁱⁱ [Village to Village Network](#) – provides support and connections to existing and developing Villages and promotes the Village model as “a cost-effective life care model for a rapidly aging society.”

Aging in Place Community Assessment Project Report



Aging in Place is the ability for individuals to live in their own home and community safely, independently and comfortably, for as long as they are able to. Aging in place includes having services, care and support provided in the residence and in the surrounding community.



Report Published December 30, 2022



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Thanks to the members of the project Advisory Committee for their dedication, support and creative ideas provided to this project. Also for their passion for creating a better environment for older adults to lead healthy and successful lives as they age into their later years.

Thanks also to the many people who provided information and ideas through interviews, surveys, focus groups, other meetings and coaching sessions.

This report was prepared by Linda Giltz, AICP, Community and Aging Planning Consultant, with assistance and support from the project Advisory Committee and Jewish Family Services of Western North Carolina staff.

This project was initiated and led by **Jewish Family Services of Western North Carolina (JFS)**. JFS, a 501(c)(3) nonprofit organization, is an inclusive, welcoming space that provides a broad range of clinical and social support services to adults of all faiths – with special emphasis on the needs of older adults and other underserved community members. JFS provides support through programs and services that assist and empower people and strengthen our WNC communities. See more details at www.jfswnc.org.

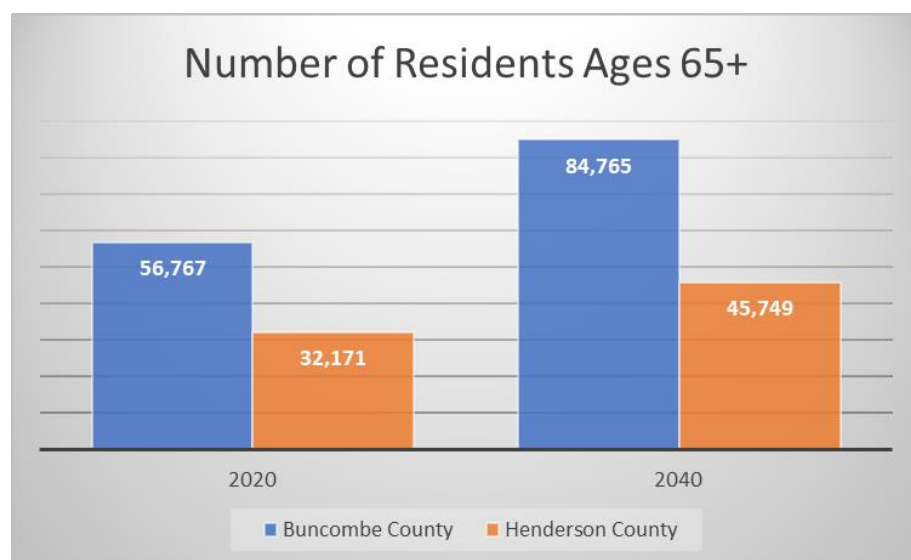
The project was funded through the generous support of **Dogwood Health Trust**, a private foundation based in Asheville, North Carolina with the sole purpose of dramatically improving the health and wellbeing of all people and communities of 18 counties and the Qualla Boundary in Western North Carolina. Dogwood Health Trust focuses on innovative and equitable ways to address the many factors that contribute to overall health and wellbeing. With a focus on housing, education, economic opportunity and health and wellness, Dogwood Health Trust works to create a Western North Carolina where every generation can live, learn and thrive, with dignity and opportunity for all, no exception.

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Introduction

Here in North Carolina and across the United States, the population is aging. In 2020, one in six North Carolinians were 65 and older, and by 2040 one in five (20%) will be 65 and older. Buncombe County and Henderson County are destinations for retirement and already have populations with over 20% who are 65 and older. In 2020, Buncombe County had almost 57,000 residents (21%) ages 65 and older and of those, 29% lived alone. Henderson County had a little over 32,000 residents (28%) ages 65 and over and 25% of them lived alone. [All the above data are from the [NC County Aging Profiles 2020](#), NC Department of Health and Human Services]



The vast majority of adults in the US want to age in their homes and communities. A recent nationwide survey found that 80% of people who are 50 and older want to age in place (*AARP 2021 Home and Community Preferences Survey*). Aging in place is the ability for individuals to live in their own homes and communities safely, independently and comfortably as they age. Aging in place for most older adults is the most affordable and least disruptive option.

Despite the strong preference for aging in place for as long as possible, according to a recent nationwide poll of adults ages 50-80, many are not prepared for this ([National Poll on Healthy Aging](#), University of Michigan, 2022). In terms of housing, this poll also found that about four in five older adults think their homes have the features that will enable them to age in place, but many reported that their homes did not have common accessibility features and about half had given very little consideration to what home modifications would be needed.

The National Poll on Healthy Aging also found that 28% of those polled reported that they lived alone. The vast majority said that they had someone they could call on for help with grocery shopping, household chores and managing their finances. However, one-third said they do not have someone in their lives who could help them with personal care, should they need it.

Older Americans and their families are looking for ways to make it easier and more affordable for them to stay in their homes and be connected to their communities as they age. National surveys show that they would also like help preparing for aging in place and understanding the types of programs, services, organizations and other resources that are available in their communities to help them stay healthy, connected and thrive.

The Community Assessment Project

Jewish Family Services of Western North Carolina (JFS) is one of the organizations operating in the greater Asheville area which provides a variety of health and human services and assistance with resource navigation and referrals to people of all ages. Their most recent Strategic Plan (2021) prioritizes expanding their scope of services to better serve the growing older adult population with some new age-friendly initiatives that are needed in the community.

The initiative with greatest impact would be to help older adults successfully age in their homes and communities. While there are (sometimes limited) options and financial supports for lower income individuals/households to live in affordable senior housing, middle income adults do not have many affordable options or support programs. And recent studies of adults age 50 and older have shown consistently that there is a strong preference for aging in place.

JFS prepared a proposal and sought grant funding from Dogwood Health Trust (Dogwood) to conduct a needs assessment of adults ages 50 and older living in Buncombe County, to understand their needs related to aging in place as well as other social service-type needs. The assessment would include an in-depth survey, interviews and focus groups to understand these needs and also to identify existing neighborhood-based programs that provide support services to older adults. After some conversations between JFS and Dogwood, the scope of the study was narrowed somewhat, to better fit JFS's capacity – to assess the aging in place needs of individuals ages 50 and older who live in Buncombe and Henderson counties and identify as Jewish. Dogwood awarded JFS a \$45,000 grant in early 2022 to support performing a community assessment related to aging in place needs and services and to gauge the level of interest for a membership-based program to support individuals aging in place.

Project Goals:

- Understand the needs and interests related to aging in place of the local Jewish population and the level of interest in joining a membership-based program to support their aging in place needs and interests;
- Understand existing community services and resources that help people age in place;
- Determine if there is sufficient need and interest in the local Jewish population for a local Aging in Place program;
- Develop recommendations about the structure/framework for a self-sustaining Aging in Place program, that could be generalized to the broader population and adapted by individuals/groups to help them implement similar programs for other groups, neighborhoods, communities, etc.

Conducting the Study

1. Research Approach

The research approach included conducting interviews with a variety of professionals, residents and community leaders; developing an in-depth survey to gather input from local residents about their needs and interests related to aging in place and to a membership-based program; holding focus groups to gain deeper understanding of needs and issues; and learning about existing programs, locally and across the country, that enable and support aging in place and that might suggest program models that could be incorporated into a local program.

An Advisory Committee was formed in February 2022 to guide the project. The Committee was comprised of individuals with expertise in aging services, home- and community-based health and related services, housing options and needs for aging in place, legal issues, technology, public health and neighborhood organizing. A list of Advisory Committee members and affiliations is included in the report appendices (Appendix A).

The study group for this project was the Jewish community in Buncombe and Henderson counties. It included both individuals who were affiliated with Jewish organizations and those who identified as Jewish and were not affiliated with any local Jewish organizations.

The study was conducted from January – November, 2022. The following chart shows the general work plan and related timeline.

JFS Aging in Place - Community Assessment												
2022												
Project Timeline (actual)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Project Initiation & Planning												
Refine goals & outcomes												
Inform & invite partners and advisors												
Convene Advisory Panel												
Develop research plan & committee structure												
Outreach & Communications												
Develop an outreach plan												
Perform outreach about project & survey												
Community Engagement and Assessment												
Develop the needs assessment survey												
Distribute/Deploy the survey												
Analyze survey results												
Research existing programs, services, resources												
Conduct interviews (approx. 20)												
Plan and facilitate focus groups (5 groups)												
Report & Recommendations												
Produce a project summary report												
Promote and share the findings and products												

2. Outreach and Engagement

The project consultant and JFS staff developed an outreach and community engagement plan. JFS was responsible for creating and distributing outreach materials, communicating with local media and organizations and other engagement activities. Over the course of the project, JFS shared information about the project and opportunities for community engagement and input with the local Jewish organizations such as the Jewish Secular Community of Asheville, UNCA's Center for Jewish Studies, Chabad-Lubavitch of WNC, Congregation Beth Israel, Congregation Beth Ha Tephila, Asheville Jewish Community Center, Agudas Israel Congregation (Hendersonville) and the Jewish Leadership Collaborative. The organizations were asked to share the information with their members and people on their distribution lists.

JFS also sent out press releases to local media outlets and included notices in their monthly newsletters about the project initiation, the availability of the survey, initial survey results and project updates. Initial outreach for the survey coincided with a large public event – the HardLox Food and Heritage Festival – which is hosted annually by the Jewish community.

Advisory Committee members also shared project-related information with their organizations and peers and through their distribution lists. Project consultant and JFS's Executive Director gave a presentation to the Buncombe County Aging Service Agencies (BASA) group in April 2022 and collected their feedback, ideas and impressions. This group meets monthly to share information, learn together, coordinate with each other and collaborate on shared interests. They were excited to learn about the project and expressed interest in following its progress and seeing the results.

3. Community Input – Instruments and Results

Survey – The *target audience* for the survey was the Jewish community in Buncombe and Henderson counties and included individuals age 50+ who were affiliated with Jewish organizations and individuals who identified as Jewish and were not affiliated with any local Jewish organizations. The survey was designed to understand respondents' needs and issues related to aging in place and identify tools and services the community and individuals could provide to enable older adults to age in place successfully. The survey instrument, which was available online and on paper, is included in the Appendices along with detailed survey results.

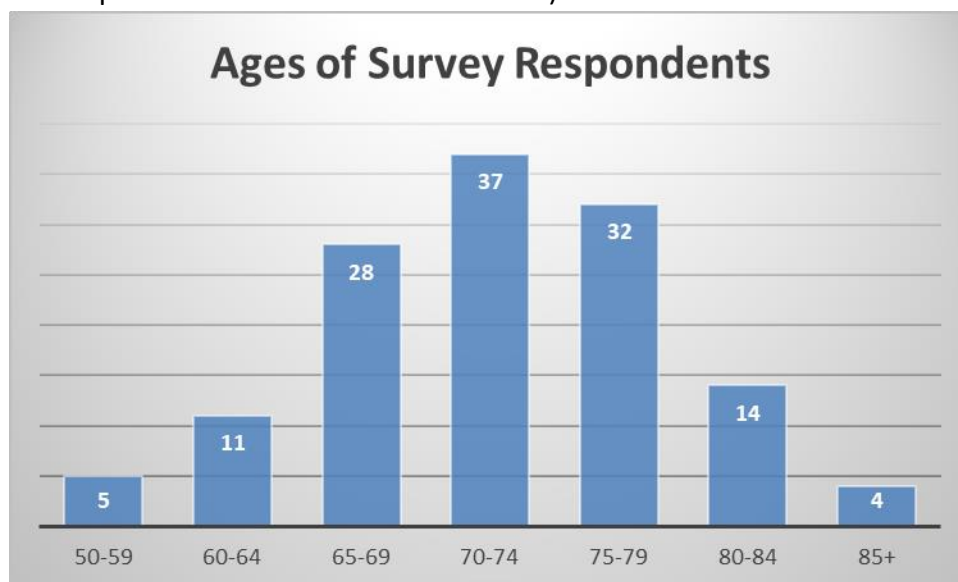
Survey Results

The survey was available for input from May 1 through September 15, 2022. A total of 186 individuals completed surveys and 132 of these respondents identified as themselves as Jewish. The results reported here are from the Jewish respondents only.

About the survey respondents – demographics and affiliations:

- Most respondents were women (82%)

- Age breakdown: 50% of respondents were ages 65-74; 35% were age 75-84; 3% were age 85 and older; and 12% were less than 65 years of age (youngest respondent was 54 and oldest was 94).



- Affiliations with Jewish organizations: 40% with the JCC; 24% with Beth HaTephila; 24% with Beth Israel; 15% with the Jewish Secular Community of Asheville; 9% with Agudas Israel; 7% with UNCA's Center for Jewish Studies; and smaller amounts from Chabad-Lubovitch of WNC, Jewish Leadership Collaborative and Carolina Jews for Justice. 17% responded that they were not affiliated with any of the Jewish organizations.
- The vast majority (92%) of respondents live at their home in WNC year-round and 97% answered that it was their primary residence.

The first set of questions were about **services and activities** that might be offered through a local Aging in Place program/organization. The first list was a set of "basic" services that many AIP programs offer. Of these, the most important services for respondents to access now are:

1. Referrals to home maintenance and remodeling (46%)
2. Social, recreational and educational activities (36%)
3. Household chores and home maintenance (36%)
4. Yard and garden maintenance (35%)

After these, technical (technology, computer, phone) assistance and referrals to personal care and home health providers were the next most important to them. Other services listed included transportation, errands and food shopping, pet care/needs, financial and legal assistance and meal preparation.

When asked which of the basic services they thought they might use in the future, all the services/activities received strong support (>70% from all respondents). They projected high levels of interest for:

1. Financial and legal assistance (89%)
2. Transportation and assistance with trips (88%)
3. Meal preparation and/or delivery (87%)
4. Social, recreational and educational activities (86%)
5. Food shopping, errands (83%)
6. Household chores and home maintenance (83%)
7. Technology, computer and phone assistance (83%)

To follow-up these initial questions, the survey asked if having access to the basic services/programs would motivate them to join an **Aging in Place membership organization**. Almost half (48%) responded “Yes” and 46% responded “Maybe”, leaving just 5% who answered “No”. This is a strong level of support for this membership concept.

After this, a fairly extensive list of **additional services and benefits** was presented. Below are the priority services identified by respondents (the complete list is in Q7 of the survey):

1. Increased support to help during temporary transitions (e.g., after surgery) or times of illness (78%)
2. Referrals to Aging Life Care Managers / Geriatric Care Managers (57%)
3. A baseline assessment of your home’s safety and adaptability for aging in place (52%)
4. Help arranging transportation to medical appointments (52%)
5. A person to run errands or accompany you in running errands (52%)
6. Group activities focused on improving wellness and health (50%)
7. Access to a services coordinator to assess your baseline health and wellness and make referrals to appropriate services and resources (50%)

Who do people rely on for assistance: Currently, to get the support they need (Q8), most people rely on friends (74%) and family (67%), and after that from a ““neighbors helping neighbors” group” (26%). There are at least ten “neighbors helping neighbors” groups that we know about in the greater Asheville area and suspect there are more of these groups, some more formal than others, in the area.

Living situation: A little over half (56%) of the respondents live with their spouse/partner and 37% live alone. The remaining 7% live with others in various situations. (Q16)

When asked **how they will meet their future needs for support/assistance** (Q17), the following are the options that had the most responses (note that they were asked to check all the options they were considering).

1. Stay in home with paid caregivers and service providers (48%)
2. Stay in home with family/friend caregivers and paid service providers (46%)

3. Move to a retirement community (33%)
4. Move to a home/neighborhood that is more conducive to aging in place (24%)

Open-ended comments were overwhelmingly positive about creating a program to support people aging in place. There was some confusion and questioning about why this needed to be a “membership” organization versus just a set of services people could access.

Focus Groups / Listening Sessions

The primary group of people who were invited to participate in a focus group (or “listening session”) were individuals who completed surveys and indicated that they would be interested in participating in a focus group. JFS also sent an invitation to their mailing list. Two of the focus groups were held with individuals who had been participating in neighbor-helping-neighbor groups in their neighborhoods – in Pinebrook Farms, High Vista and Crowfields. We also included the OLLI Aging in Place Special Interest Group, which meets monthly and discusses aging in place topics.

The first listening session was held at the July 2022 meeting of the OLLI Aging in Place Special Interest Group. All the other groups met in August. Two met virtually via Zoom and the others met in person. They were all facilitated by the project consultant.

The following set of questions were asked in each of the focus groups:

- *How are you informing yourself about preparing to age in place?*
- *What specific steps or actions have you taken to help you age at home, in your community?*
- *What services or activities are most important for you to have access to NOW?*
- *What are obstacles to your participation in activities or accepting assistive services? (and ways to overcome obstacles)*
- *What do you see as the biggest benefits of belonging to a community-based, membership organization to help you successfully age in place?*
- *What are the main issues or concerns you have about joining this type of program?*
- *What kind of fee structure would work for you?*
- *Would you be willing to invest/join in an aging in place organization in the near future?*

A summary of the answers and input shared in the focus group meetings is included in the Appendices. Key findings are shared in the following section.

Conclusions from Surveys & Focus Groups

Older adults are interested in utilizing community-based support & activities -- provided by volunteers, organizations and paid service providers. Most of those surveyed and in focus groups acknowledged they would like access to a variety of services and activities – a few now and more in the future. The **most important services respondents want to access now** are:

1. Referrals to home maintenance and remodeling (46%)
2. Social, recreational and educational activities (36%)
3. Household chores and home maintenance (36%)
4. Yard and garden maintenance (35%)

In addition to the above services, almost everyone indicated an interest in using the following services **in the future**:

1. Financial and legal assistance
2. Transportation and assistance with trips
3. Meal preparation and/or delivery
4. Food shopping, errands
5. Technology, computer and phone assistance

Survey respondents and focus group participants voiced **strong interest for an organized support system** to assist and enable older adult residents to successfully age in place. This support is especially needed for middle class residents because they do not qualify for services that are available to lower income residents and cannot afford needed services through private providers or the typical costs of living in a retirement community that provides services.

The **support system** includes:

- One place to call or visit (on the internet or physically) to learn about available resources, programs and service providers that could help them with their needs.
- Access to a resource navigator who can refer them to recommended/vetted service providers and programs.
- Access to a Care Manager (as/when needed), who would get to know the client and help them determine what things/services are needed – providing more individual, one-on-one and consistent recommendations and coordination of care and related services to clients.

Older people clearly need help understanding the importance of planning for aging in place.

They need better understanding of the physical housing concerns as well as the logistical, safety, social, and health implications of living in their communities with reduced mobility and physical limitations. The assessment identified substantial gaps in respondents' knowledge about how their ability to live in their own homes will likely be affected by age-related changes, and how they might alter their homes and their behaviors to adapt to these changes.

Advisory Committee Conclusions

1. **It is worth considering the (virtual) Village model as a framework for a local Aging in Place program.** The Village model can work for groups at all economic levels and those with a mix of income levels. Villages tend to be inclusive, diverse, intergenerational or age-specific – they reflect the community or group that they are serving.
 - a. Villages are virtual and intentional caring communities that typically form in a defined geographic area (e.g., neighborhood, town, county, etc.). Each Village is different but they are all membership-driven, grassroots, nonprofit organizations, powered by volunteers, that enable older adults to remain living in their own homes and communities as they age. The Village model is a cost-effective life care model for a rapidly aging society.
 - b. JFS joined the Village to Village Network (VtVN) soon after starting this project in order to learn more about the Village model, existing Villages and important factors to consider in developing a Village and/or Village network. About half of the Advisory Committee members joined under this umbrella membership, which provided access to all the available resources, including webinars, meetings, coaching and more.
 - c. To learn more about the Village model and the Village to Village Network, see <https://www.vtvnetwork.org/> and a summary sheet in the Appendices.
2. Many **“neighbors helping neighbors” groups** have formed in our region. These groups tend to be small groups (~10-30 people) that are socially cohesive, where people know each other. They draw on individuals’ resources, skills, natural leadership and support. They are all-volunteer groups and members offer help with errands, referrals, meals, home services and transportation; and organize social gatherings and educational/other programs. The groups are dispersed in different areas of Buncombe and Henderson Counties. This study identified existing groups in these neighborhoods/communities: Beaverdam Run, Biltmore Lake, Crowfields, High Vista, Montford, Pinebrook Farms, Pisgah View Retirement Community and Westwood Cohousing. There are likely a number of other similar groups in other neighborhoods.

The **local synagogues** in Asheville and Hendersonville appear to have strong communities and they have committees which organize social and other activities/events and coordinate volunteers to assist members with their needs. These groups, together with the support of synagogue staff (for member information, communications, etc.), operate very similarly to typical Villages. In contrast, neighbor-to-neighbor groups with their smaller size, have much less capacity and administrative support.

All of these groups offer services and programs that their members can provide or organize on a volunteer basis. Most offer referrals to private service providers and public and nonprofit organizations for services above and beyond what can be offered by their volunteers.

3. Observations/Conclusions related to JFS and the Jewish Community:

- a. JFS already offers programs that serve older adults, which offer a good base of support. The programs include Faye's Place Elder Club, resource navigation, case management, mental health clinical counseling, spiritual support and crisis assistance. These programs are currently being expanded to serve more people and are slated for continued growth based on proven area needs. The addition of a care management program would greatly enhance JFS's service offerings and address the strong interest expressed by survey and focus group participants in having access to a Care Manager.
- b. JFS is a relatively small and growing organization and is one of many local organizations helping people age in place. It sees itself as a key partner in the aging services "community" but not the lead organization at this time. JFS appreciates the relationships that have been made through this project and looks forward to continued collaboration and future partnerships.
- c. Many Jewish congregations and social organizations already organize and offer "comfort and caring" services, social activities and nutrition support programs, often through the use of volunteers. They also value JFS as a partner and refer their members to JFS for services.
- d. The Jewish population in Buncombe-Henderson Counties is small and geographically spread out (see data in box). JFS already acts as a resource "hub" and the synagogues with their volunteer committees could be considered "spokes." This is one of the Village models.
- e. JFS may want to develop a trial membership-based program to determine whether this model could be sustainable over time and whether it could augment or potentially replace its current fee-for-service structure. Membership creates a commitment to participate, both personally and financially, and may help to sustain a program.
- f. An Aging in Place membership program could be developed and grow over time by securing a combination of public and private financial support in addition to dues and in-kind support, and actively appealing to the broader community.

The Jewish Population in Buncombe & Henderson Counties (all ages):

- 2010 estimates: 2,945 in Buncombe, 610 in Henderson
- 2020 estimates: 3,330 in Buncombe, 665 in Henderson
- Jewish residents make up about 1.2% of the total population in Buncombe and 0.6% in Henderson
- 70% of Jewish residents in western NC (WNC) live in Buncombe; 14% live in Henderson (2010 estimates)
- There are more Jewish households located in Asheville and the immediately surrounding area than anywhere else in WNC (2010)

Data are from "[The 2010 Western North Carolina Jewish Demography Study](#)", Brandeis University, 2011. 2020 numbers were estimated from the 2010 study and US Census data.

Advisory Committee Recommendations for an Aging in Place Pilot Program

Element 1: Organized, easy access to current support services

- A website that would provide a current consolidated list and links to the county aging resources directories and to other comprehensive aging resources directories (like Aging Projects and Aging Resources WNC).
 - **Recommend enhancing the [Area Agency on Aging \(AAA\) website](#)** with the features listed above and keeping the information current. This would help residents throughout the four-county Land of Sky Region. AAA is a recognized regional resource for aging-related information.
 - It is important to coordinate with [NC211](#) to have consistent information across platforms.
- Single point of contact for individuals to call, email or visit. This could be at the Councils on Aging for Buncombe and Henderson counties or the Area Agency on Aging or County. Eventually it could be at the future Active Aging Center.

Key Aging Services Resources:

[COA of BC Aging Services Directory](#)

[COA of HC Aging Services Resources](#)

[Aging Projects, Inc.](#)

[Aging Resources Magazine / Website](#)

[Area Agency on Aging](#)

[NCDHHS Aging and Adult Services](#)

Element 2: Increased Capacity to serve growing need

- The current capacity at local public, private and nonprofit organizations is inadequate to serve the needs of the current and future (larger) population of older adults in the area.
- The biggest needs are for resource navigation and referral services, and access to Care Managers.
- Additional resources are needed at Councils on Aging, Jewish Family Services and County Aging Services departments to increase their capacities in the areas of resource navigation, referral services and access to Care Managers. These organizations all provide resource navigation and referral services and some (COA BC, Buncombe County) provide limited care management services. The biggest need is for additional Care Managers, who work with elders and their families to evaluate, plan, implement and monitor the necessary care options that will provide maximum comfort, independence and quality of life.

Element 3: Educational program and materials to help people prepare for aging in place

- Topics of this educational program would include:
 - What are your values related to where and how you live as you grow older?
 - Assessing your home and neighborhood – can you live there safely? What do you need to modify? Should you find another home/community?
 - Who can you call on for help (e.g., a ride, household chore, errand, etc.)?

- What services do you need now or might need in the future?
- What will it cost to remain in your home?
- How to create a local “neighbors helping neighbors” group?
- ...
- We need a branded awareness and educational campaign to promote the importance of planning for aging in place and for the educational program and materials. Other communities/organizations have developed programs and materials that we can learn from and potentially use.
- NOTES –
 - A small group of Advisory Committee members has begun working on this Element and will be seeking support to complete and deliver a program and distribute the materials.
 - This team has collected a few existing guides and programs that help people prepare for aging in place, members of the team have taught classes and given presentations on this set of topics.
 - They are exploring the potential use of the “Ready or Not?” and “Senior Navigation Action Planning” tools developed by Queen Anne’s at Home Village.

Element 4: A pilot program to support the growth of a Village Network

- The aims of this program would be to help new and existing neighbor-helping-neighbor groups grow their membership and volunteer base and their program and service offerings and to connect these grassroots groups to each other and to a hub/host support organization, forming a Village network. These groups may also need technical, legal, and insurance support and/or training.
- This initiative needs a lead organization willing and able to act as a host/hub organization for new and existing neighbor-helping-neighbor groups (a.k.a. virtual Villages). Potential host/hub organizations that we explored included the Councils on Aging (COA) of Buncombe County and Henderson County, Age-friendly Buncombe County, Age-Friendly Hendersonville, the Area Agency on Aging (AAA), and Jewish Family Services of WNC (JFS).

The Council on Aging (COA) of Buncombe County is the best match at this time for serving in this capacity. Their current service offerings and strategic goals and plans align with this project’s goals and recommended initiatives. They are interested in partnering with others to develop a more detailed design and implementation plan for a Village network. They will also need to consider their current capacity and the additional capacity that will be needed to fulfill the hub/host role for this initiative.

- The COA BC offers many of the services that a Village typically offers. They have service navigators and social workers who provide information, referrals and assistance to community members. COA BC’s services include Affordable Care Act assistance, Benefits Screening and Enrollment, Call a Ride (volunteer transportation services), Caregiver Support, Dining and Wellness Program, Elder

Justice Navigator, Homebound Food Delivery, Minor Home Repairs, In Home Aid Care Management, Medicare Health Insurance Counseling, and Resource Navigation and Coordination.

- The COA BC already provides services to a few communities in different locations using a hub-and-spoke model and co-locating with partner organizations. They have plans to expand to one additional geographic location per year, with a focus on clinical settings and in rural areas ([COA BC's Strategic Plan, 2022-2025](#), Objective I. Service, Action 2.).
- COA BC has several smaller projects and contracts that could provide best practices and recommendations to support this Element and other project recommendations.
- They are experienced with recruiting and training volunteers, related legal issues, providing educational and marketing materials, with aging issues in general and aging service providers.
- They are seeking to provide backbone support for grassroots initiatives, enhance natural supports, empower community members with resource connections and address care transitions.

Some of the reasons that the other organizations are not the best fit to serve in a hub/host capacity include:

- The COA of Henderson County is small and offers just a few services. It could grow into a host/hub over time, serving residents of Henderson County.
 - Age-friendly Buncombe County and Age-Friendly Hendersonville are collaborative initiatives with growing, widespread support. However, they are not distinct entities, they do not provide direct services, and the initiatives are led by local governments (Buncombe County and Hendersonville respectively).
 - The regional Area Agency on Aging (AAA) at Land of Sky Regional Council does not provide direct services to individuals and serves an oversight function to service provider organizations. AAAs in other parts of the country are partnering with and sometimes supporting virtual Village organizations.
 - Jewish Family Services of Western NC serves as a resource navigator and services provider but lacks the capacity to be a county-wide hub/host organization at this time. It could, however, act as a hub/host for local Jewish congregations and organizations and their volunteer programs which support aging in place. They already partner with these organizations and provide programs and services which complement ones offered by the Jewish organizations.
- Note that funding would need to be secured to fully design and conduct this pilot program. Funding could come from public/private grants, donations, sponsors and in-kind support from partners. Future support to sustain and grow the Villages and/or Village network would come from a combination of sources – member fees, sponsors and other donations/grants.

Appendices

- A. Advisory Committee Members and Affiliations
- B. Related Resources and References
- C. Villages and the Village to Village Network
- D. Draft framework for a pilot Village Network
- E. Survey Instrument
- F. Survey Results
- G. Focus Groups Summary

A. Advisory Committee Members and Affiliations

Name	Organization(s)/Affiliation(s)
Alison Climo	Age-Friendly Buncombe County, Housing Options for Aging in Place, UNC Cares
Bob Deutsch	Deutsch & Gottschalk, PA
Bob Krollman	Housing Options for Aging in Place, Harnessing Tech to Connect
Cindy Smith	Jewish Family Services of Western NC
Erin Strain	Givens Communities
Heather Bauer	Council on Aging of Buncombe County
Kathey Avery	Institute for Preventive Health and Advocacy (IFPHA)
Linda Giltz	Age-friendly Buncombe County, Housing Options for Aging in Place, AARP, American Institute of Certified Planners (AICP)
Meridith Miller	Osher Lifelong Learning Institute (OLLI) at UNC Asheville, Beaverdam Run Aging in Place Interest Group
Rae Booth	Silver Bell Homestead, Living Solutions for Elders
Richard Duncan	RL Mace Universal Design Institute, Housing Options for Aging in Place
Sharon Willen	Got Your Back Neighbor Network, High Vista Community

B. Related Resources and References

Research / References:

[2021 Home and Community Preferences Survey](#): A National Survey of Adults Age 18-Plus, Joanne Binette, AARP Research, November 2021

[National Poll on Healthy Aging](#), University of Michigan, 2022

[North Carolina Division of Aging – Reports](#) webpage, NC Department of Health and Human Services

[North Carolina County Aging Profiles](#), NC Department of Health and Human Services

Aging in Place Preparation Materials / Programs:

[“Ready or Not?” and “Senior Navigation Action Planning” tools](#) developed by [Queen Anne’s at Home Village](#)

[CareGivingNavigator](#) – website model for helping people prepare for aging in place

[National Aging in Place Council](#) – resources for aging in place including a new book, *Aging in Place Conversations: What Experts Have to Say* (Tara Ballman, Jawbones Publishing, 2022)

[Planning for Aging in Place](#) – from the National Institute on Aging

Villages and the Village to Village Network:

[Charlotte Village Network](#) – operates as a hub-and-spoke Village, working with neighborhood-based groups

[JFS Village by the Shore](#) – a virtual Village program managed by the local JFS

[ISB Golden Age Village](#) – faith-based Village that is a program of the Islamic Society of Baltimore

[Neighbors Network](#) - nonprofit organization in Conover, NC that operates a program and community center to help people age independently in their home and community (similar in concept to the proposed Active Aging Center)

[Village to Village Network](#) – national organization that provides comprehensive support services to virtual Villages, including helping groups start Villages



Villages: Transforming Aging with Choices and Connections

About the Village Model

Villages are intentional caring communities — a cost-effective life care model for a rapidly aging society. They enable older adults to remain safe and independent in their homes with purpose, choices and relationships that contribute to healthier, happier lives.

Villages are grassroots, community-based organizations powered by volunteers. They operate on a philosophy of self-help and peer-to-peer reciprocity. Village volunteers, many of whom are also members, provide a variety of support services, including transportation, light home maintenance, tech support and friendly visits. They coordinate engaging social, educational and cultural activities that promote personal connections through shared interests and experiences. Villages generate opportunities and choices for older adults to remain active and age successfully.

Volunteering in my Village gives me greater appreciation for the challenges faced by older community members.

– Village Volunteer

When my husband was sick and I had a bad shoulder, I called the Village and within two hours we had a delivery of important medication in addition to heavy and necessary bottles of Gatorade and groceries. It is a great comfort to know that whatever the issue, we are not alone.

– Alma B., Village member

Village Features

Villages reflect their communities and respond to the needs of their members. While their business models may vary, all Villages share the following features:

- ▶ Nonprofit, grassroots initiatives
- ▶ Volunteer-based, member-driven and self-governing
- ▶ Provide social activities that minimize isolation
- ▶ Create caring communities with meaningful reciprocity between those offering and those receiving assistance
- ▶ Source for building interpersonal connections, trust and social support
- ▶ Foster communities of mutual assistance that offer members varied opportunities to age successfully
- ▶ Work with community partners to address the challenges of aging

Is There a Village Near Me?

Use the map on **vtvnetwork.org** to search for a Village near you.

How Can I Start a Village?

See tips for starting a Village under the “What is a Village?” section from our homepage or send an email to: **vtv@vtvnetwork.org**.



Scaling a Sustainable Model for an Aging Society

The Village to Village Network (VtVN)

VtVN is the national association that champions Villages as a cost-effective, sustainable model for healthy, vibrant aging. Through its programs, services and resources, VtVN empowers Villages in formation, energizes functioning Villages and serves as a Village commons to connect its members. The Network also advocates for the Village Movement at the local, state and national levels.

VtVN membership has more than tripled in the ten years since our founding in 2009. Several hundred Villages are enabling more than 40,000 older adults to continue living at home in a safe, healthy and socially connected way. VtVN members are currently in 42 states, the District of Columbia and four countries (U.S., Canada, Australia and New Zealand).

When you are going into fairly uncharted territory (when you start a Village), you really need something to direct you. I needed a type of structure and the Village to Village Network has provided it.

- Madeline Franklin, Director of STL Village, St. Louis, Missouri



Created by Villages for Villages

What We Do

- ▶ Provide expert guidance and resources for starting new Villages, including a step-by-step "How To" guide
- ▶ Offer mentoring services for both new and established Villages
- ▶ Hold an annual national conference to share innovative ideas, best practices and key trends in aging
- ▶ Facilitate peer-to-peer interactions and knowledge exchange among Villages via monthly webinars and discussion forums,
- ▶ Create innovative programs that help build Village leadership
- ▶ Provide an extensive documents library and webinars to strengthen Village business systems and operations and to advance efficiency and sustainability
- ▶ Negotiate member discounts with service providers that provide operations management software, home care, background checks, insurance and website technology for older adults
- ▶ Serve as the leading voice of the Village Movement at the local, state and national levels

Join us as we transform aging in community!

For membership information, visit our website **vtvnnetwork.org**.

Village to Village Network Board of Directors

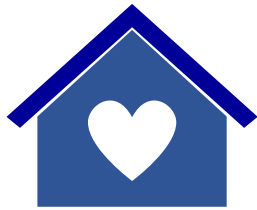
Kim Grier, President; Hilary Lenz, Vice President; Peter Fitzgerald, Treasurer; Pazit Aviv, Secretary; Eram Abbasi; Mary-Jane Atwater; Isabel Friedenjohn; William Kincaid; Emily Miller; Eddie Rivas; Leigh Sempeles; Larry Toy; Wendy Zenker

Staff

Barbara Hughes Sullivan, Executive Director; Travis Mowers, Director of Operations; Betsy Clagett, Membership Coordinator

4818 Washington Blvd, St. Louis, MO 63108
Phone: 617.299.9638
Email: vtv@vtvnnetwork.org
www.vtvnetwork.org

Hub/Host
Organization



Neighborhood /
Affinity groups

RESPONSIBILITIES:

- Marketing concept across catchment area
- Maintaining current directory/database of aging resources
- Providing referrals to service providers, including case and care management
- Fiscal management & fundraising for central administration
- Developing educational & training materials
- Developing and disseminating administrative tools
- Liaison with other organizations through Active Aging Center
- Technical assistance and support to Village groups
- Administrative data management
- Preparing annual reports to funders and financial reports for tax purposes

RESPONSIBILITIES:

- Recruiting Members
- Setting membership criteria & fees
- Group programming (education, gatherings, etc.)
- Communicating with members
- Liaison with hub organization
- Delivering Aging in Place preparation education
- Delivering training to volunteers
- Matching volunteers with members for assistance
- Marketing within neighborhood/group
- Maintaining rosters of members and volunteers
- Reporting updates to hub

EXAMPLES OF VOLUNTEER SERVICES:

- Grocery Shopping, Meal Prep + Delivery
- Home Chores + Light DIY
- Companionship/Friendly Calls
- Technology Support
- Transportation

Highlighted text

indicates item could be
moved under Hub/Host

DRAFT Village Framework

12-16-2022



Do you want to “age in place?”

Jewish Family Services of Western North Carolina (JFS)* is exploring ideas for an innovative Aging in Place project and invites your input. **If you are age 50 or older, reside in Western North Carolina, and identify as Jewish, please complete this survey!** (below or online at <https://jfswncc.org/aginginplace/>)

Aging in Place is the ability for individuals to live in their own homes and communities safely, independently and comfortably, as they age. Aging in place includes having care, support and services provided in people’s homes and communities.

Typically people need more supportive services as they age, and it can be challenging to find or select such services. In addition, to age well and thrive it is important for individuals to establish and maintain social connections, stay physically active, contribute their wisdom and skills and pursue their interests.

The responses to this survey will help determine whether there is sufficient interest to create a local membership-based program that will help its members stay connected with others, find appropriate service providers, access needed services, volunteer to assist others, and get other Aging in Place needs met. *Note that individual responses will be confidential and results will only be reported as aggregate data.*

* About JFS: JFS, a 501(c)(3) nonprofit organization, is an inclusive, welcoming space that provides a broad range of clinical and social support services to adults of all faiths – with special emphasis on the needs of older adults and other under-served community members. JFS provides support through programs and services that assist and empower people and strengthen our WNC communities. See more details at www.jfswncc.org.

Services, Resources and Activities to Support Aging in Place

Programs, groups and organizations exist and are forming which are intentionally designed to help people remain in their homes and neighborhoods and to Age in Place. Some are small neighborhood groups, some are in large cities and others in small towns and rural areas, some are programs within other organizations and some are stand-alone organizations or informal arrangements. These programs exist locally, regionally, and nationally.

Such programs typically have volunteers that provide services to individual members and to the group overall. The programs often include a steering committee or board, a membership fee, and sometimes even paid staff. Volunteers and/or staff manage the administrative aspects of the program, coordinate service providers with members’ needs, provide various referrals and organize social, recreational and educational activities. The following questions are designed to gauge your interest in various elements of such a program.

Our first set of questions are about services and activities that might be offered through a local Aging in Place program/organization.

1. Please check which services and activities you would consider using now, you might use in the future, and which you could provide to others or be willing to assist with.

Services/Activities	Could Use or Need Now	Might Use in Future	Could Provide or Assist With
Transportation and assistance with trips			
Household chores and home maintenance			
Food shopping, errands			
Meal preparation and/or delivery			
Yard and garden maintenance			
Pet care and needs			
Financial and legal assistance			
Technology, computer and phone assistance			
Social, recreational and educational activities			
Other:			

2. Please consider these services/programs in terms of their importance to you NOW, by checking the appropriate column. Please answer for each service listed.

Services/Activities	Very Important	Important	Not Important
Transportation and assistance with trips			
Household chores and home maintenance			
Food shopping, errands			
Meal preparation and/or delivery			
Yard and garden maintenance			
Pet care and needs			
Financial and legal assistance			
Technology, computer and phone assistance			
Social, recreational and educational activities			
Referrals to home maintenance & remodeling providers			
Referrals to personal care and home health providers			
Other:			

3. Would having access to the above services/programs motivate you to join an Aging in Place membership organization?

☐ yes ☐ no ☐ maybe

4. What would you be willing to pay on a monthly basis to have access to the above services and programs?

\$1-10 \$11-20 \$21-40 \$41-60 \$61-80 \$81-100 >\$100

5. If a sliding scale fee were an option, would that motivate you to join?

☐ yes ☐ no ☐ maybe

6. Would you be interested in a “social” membership (with a reduced fee) that included ONLY access to social, recreational and educational activities and gatherings?

☐ yes ☐ no ☐ maybe

7. Please check which additional benefits you would like to see a local/regional Aging in Place membership organization provide?

- ☐ Information about improving wellness and health
- ☐ Group activities focused on improving wellness and health
- ☐ Access to a services coordinator to assess your baseline health and wellness and make referrals to appropriate services and resources
- ☐ A baseline assessment of your home's safety and adaptability for aging in place
- ☐ Assistance and support adapting to the role of caregiver, for partner or other family/friend
- ☐ Help arranging transportation to medical appointments
- ☐ A person to accompany you and provide support at medical appointments
- ☐ A person to run errands or accompany you in running errands
- ☐ Communication with designated contacts
- ☐ Increased support to help during temporary transitions (e.g., after surgery) or times of illness
- ☐ Referrals to Aging Life Care Managers / Geriatric Care Managers
- ☐ Assistance managing your medications day to day or week to week.
- ☐ Other types of referrals (please name: _____)
- ☐ Other services/benefits: _____

8. Who do you currently rely on or anticipate relying on when you need assistance with something? Select all that apply.

- ☐ Family members
- ☐ Friends
- ☐ Local faith-based organization (Name(s): _____)
- ☐ Homeowners Association
- ☐ Neighbors helping Neighbors group
- ☐ Affinity group (men's/women's group, book club, recreation group, etc.)
Name/type: _____
- ☐ Other: _____

Personal information

9. What is your age? _____

10. What is your gender?

- ☐ Female ☐ Male ☐ Prefer not to say ☐ Prefer to self-identify _____

11. Do you identify as Jewish? (this includes cultural and religious identification; mother and/or father were/are Jewish; a conversion to Judaism)

- ☐ yes ☐ no

12. Are you affiliated with any Jewish organizations? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Agudas Israel Congregation | <input type="checkbox"/> Jewish Leadership Collaborative |
| <input type="checkbox"/> Asheville Jewish Community Center | <input type="checkbox"/> Jewish Secular Community of Asheville |
| <input type="checkbox"/> Chabad-Lubavitch of WNC | <input type="checkbox"/> Mountain Synagogue |
| <input type="checkbox"/> Congregation Beth HaTephila | <input type="checkbox"/> UNCA's Center for Jewish Studies |
| <input type="checkbox"/> Congregation Beth Israel | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> None |

Where you live now

13. Where in WNC do you currently live?

- a. Neighborhood/Community name: _____
- b. City/Town or nearest city/town: _____
- c. County: _____
- d. Zip code: _____

14. Is this your primary residence? ☐ Yes ☐ No

15. How many months do you live in WNC each year? _____

16. Do you: ☐ Live alone ☐ Live w/ spouse/partner ☐ Live w/ others
 ☐ Other (specify: _____)

17. How are you currently planning to meet your future needs for support and/or additional assistance?

Please check all those that you are considering.

- ☐ Stay in home with family/friend caregivers and paid service providers
- ☐ Stay in home with paid caregivers and service providers
- ☐ Move to a home/neighborhood that is more conducive to aging in place
- ☐ Move in with family
- ☐ Move in with friends
- ☐ Move to a retirement community
- ☐ Other: _____

18. Please share any other feedback about the idea of creating a membership organization to support individuals in our community as they age in place.

THANK YOU!

Please drop off or mail completed surveys to JFS, 53 S. French Broad Ave., Suite 100, Asheville, NC 28801. ~~~~ If you are interested in staying informed and/or getting involved in the project, email cindy@jfswno.org.

This project is funded through the generous support of Dogwood Health Trust, a private foundation based in Asheville, North Carolina with the sole purpose of dramatically improving the health and wellbeing of all people and communities of 18 counties and the Qualla Boundary in Western North Carolina. Dogwood Health Trust focuses on innovative and equitable ways to address the many factors that contribute to overall health and wellbeing. With a focus on housing, education, economic opportunity and health and wellness, Dogwood Health Trust works to create a Western North Carolina where every generation can live, learn, learn and thrive, with dignity and opportunity for all, no exception.

Want to help create an Aging in Place program?

Jewish Family Services WNC (JFS) is exploring ideas for an innovative Aging in Place project and invites your input and involvement. JFS just launched a survey to identify needs and interests for an Aging in Place program in WNC, and is partnering with a variety of community organizations. **Would you like to stay informed about this project or provide assistance getting an Aging in Place program started in WNC?**

Please answer the following questions and provide your contact information.

1. Would you like to stay informed about the progress of this project?

☐ Yes ☐ No

2. Would you be willing to participate in a follow-up survey or focus group?

Follow-up survey: ☐ Yes ☐ No

Focus group: ☐ Yes ☐ No

3. Which skills/expertise would be willing to volunteer to help get an Aging in Place program started?

- Administrative
- Financial
- Legal
- Research
- Aging Services
- Strategic Planning
- Other: _____
- None at this time

Please provide your name and contact information below.

Name _____

Address _____

Email _____ Phone _____

What is the best way to reach you?

☐ phone ☐ email ☐ postal mail

THANK YOU!

Please drop off or mail this printed form to JFS, 53 S. French Broad Ave., Suite 100, Asheville, NC 28801; or email a completed electronic version to Cindy@jfswnnc.org.

If you are interested in filling out a paper Aging in Place Needs Assessment Survey, call 828-253-2900. You can find out more and fill out an online survey here: <https://jfswnnc.org/aginginplace/>.



Aging in Place Needs Assessment Survey Results – from Jewish Respondents

Project conducted by Jewish Family Services of WNC
and funded by the Dogwood Health Trust

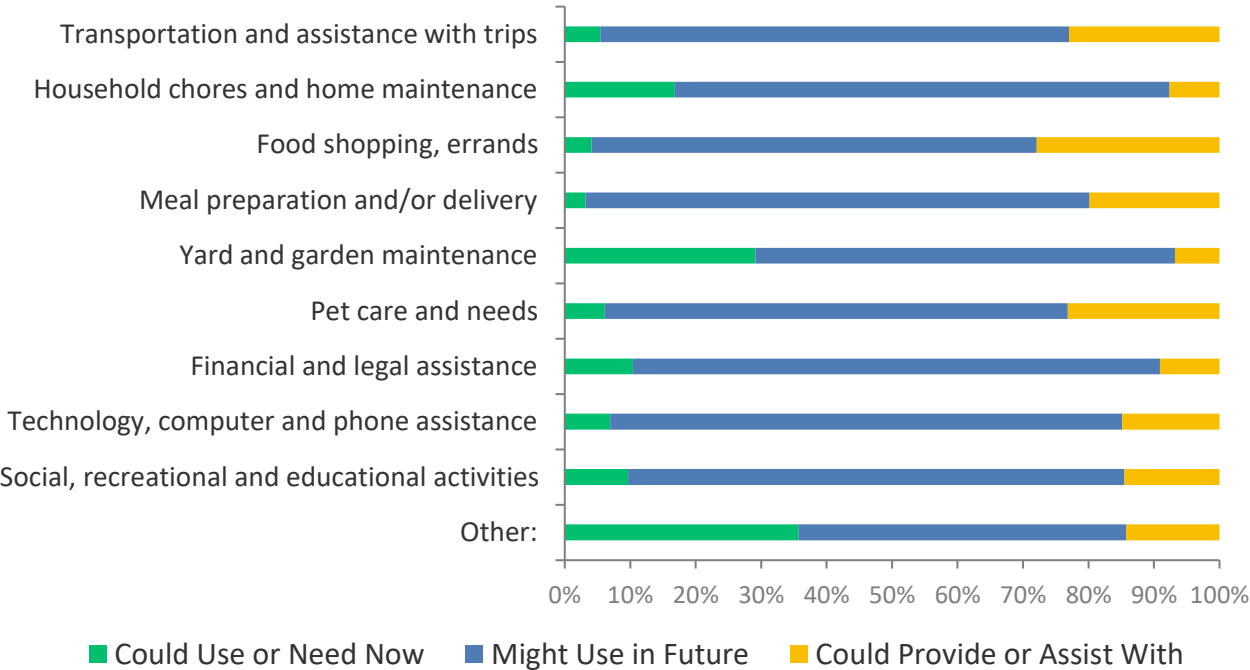
132 Responses from individuals who identified as Jewish
186 Total Responses

Survey Created: April 26, 2022

Survey Closed: September 16, 2022

Q1: Services and activities you would consider using now, you might use in the future, and which you could provide to others or be willing to assist with.

Answered: 129 Skipped: 3



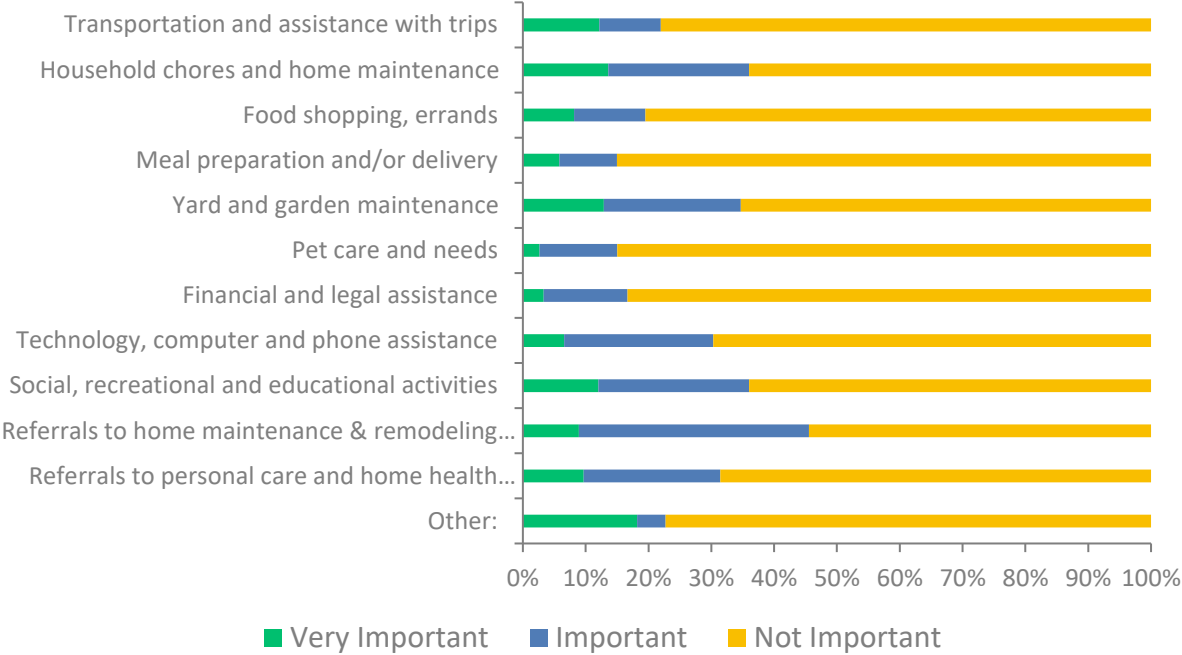
Q1: Please check which services and activities you would consider using now, you might use in the future, and which you could provide to others or be willing to assist with.

Answered: 129 Skipped: 3

	COULD USE OR NEED NOW	MIGHT USE IN FUTURE	COULD PROVIDE OR ASSIST WITH	TOTAL	WEIGHTED AVERAGE
Transportation and assistance with trips	6.61% 8	87.60% 106	28.10% 34	121	1
Household chores and home maintenance	18.49% 22	83.19% 99	8.40% 10	119	1
Food shopping , errands	5.00% 6	83.33% 100	34.17% 41	120	1
Meal preparation and/or delivery	3.60% 4	87.39% 97	22.52% 25	111	1
Yard and garden maintenance	32.61% 30	71.74% 66	7.61% 7	92	1
Pet care and needs	7.14% 5	82.86% 58	27.14% 19	70	1
Financial and legal assistance	11.43% 8	88.57% 62	10.0% 7	70	1
Technology, computer and phone assistance	7.37% 7	83.16% 79	15.79% 15	95	1
Social, recreational and educational activities	11.01% 12	86.24% 94	16.51% 18	109	1
Other:	41.67% 5	58.33% 7	16.67% 2	12	1

Q2: Please consider these services/programs in terms of their importance to you NOW, by checking the appropriate column. Please answer for each service listed.

Answered: 129 Skipped: 3



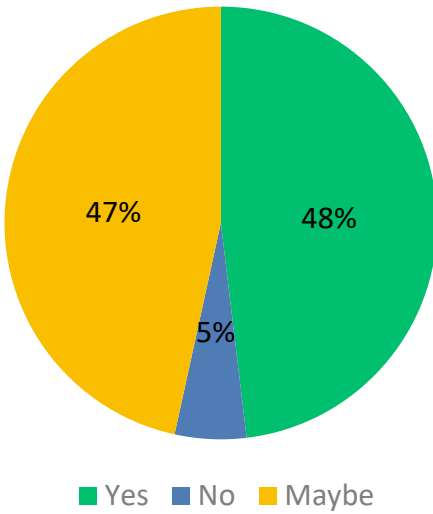
Q2: Please consider these services/programs in terms of their importance to you NOW, by checking the appropriate column. Please answer for each service listed.

Answer

	VERY IMPORTANT	IMPORTANT	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE
Transportation and assistance with trips	12.20% 15	9.76% 12	78.05% 96	123	1
Household chores and home maintenance	13.60% 17	22.40% 28	64.00% 80	125	1
Food shopping, errands	8.13% 10	11.38% 14	80.49% 99	123	1
Meal preparation and/or delivery	5.83% 7	9.17% 11	85.00% 102	120	1
Yard and garden maintenance	13.01% 16	21.95% 27	65.85% 81	123	1
Pet care and needs	2.65% 3	12.39% 14	84.96% 96	113	1
Financial and legal assistance	3.33% 4	13.33% 16	83.33% 100	120	1
Technology, computer and phone assistance	6.61% 8	23.97% 29	70.25% 85	121	1
Social, recreational and educational activities	12.10% 15	24.19% 30	64.52% 80	124	1
Referrals to home maintenance & remodeling providers	8.94% 11	36.59% 45	54.47% 67	123	1
Referrals to personal care and home health providers	9.68% 12	21.77% 27	68.55% 85	124	1
Other:	18.18% 4	4.55% 1	77.27% 17	22	1

Q3: Would having access to the above services/programs motivate you to join an Aging in Place membership organization?

Answered: 131 Skipped: 1



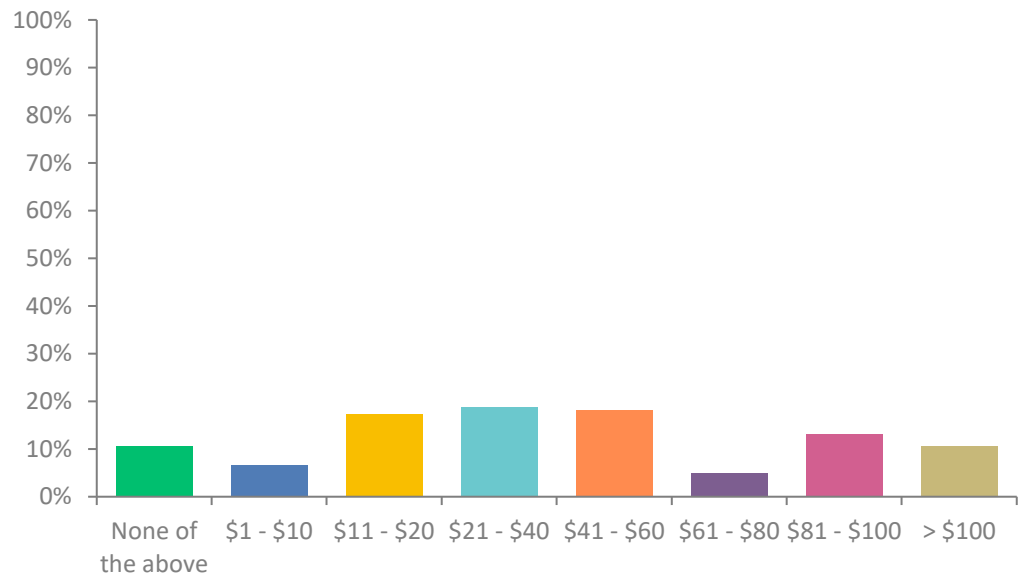
Q3: Would having access to the above services/programs motivate you to join an Aging in Place membership organization?

Answered: 131 Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	48.09%	63
No	5.34%	7
Maybe	46.56%	61
TOTAL		131

Q4: What would you be willing to pay on a monthly basis to have access to the above services and programs?

Answered: 122 Skipped: 10



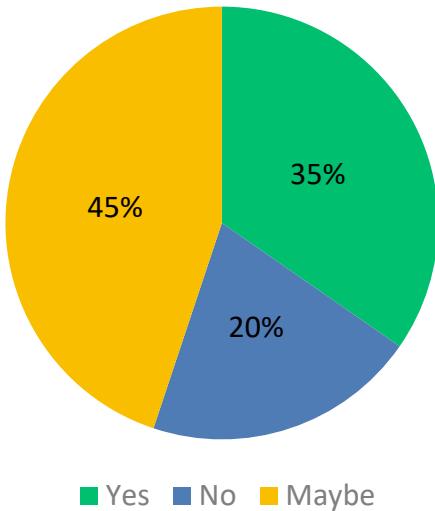
Q4: What would you be willing to pay on a monthly basis to have access to the above services and programs?

Answered: 122 Skipped: 10

ANSWER CHOICES	RESPONSES	
None of the above	10.66%	13
\$1 - \$10	6.56%	8
\$11 - \$20	17.21%	21
\$21 - \$40	18.85%	23
\$41 - \$60	18.03%	22
\$61 - \$80	4.92%	6
\$81 - \$100	13.11%	16
> \$100	10.66%	13
TOTAL		122

Q5: If a sliding scale fee were an option, would that motivate you to join?

Answered: 127 Skipped: 5



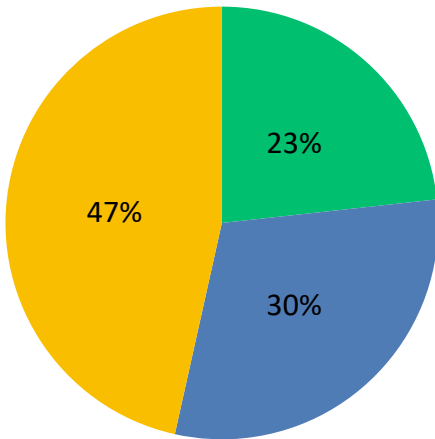
Q5: If a sliding scale fee were an option, would that motivate you to join?

Answered: 127 Skipped: 5

ANSWER CHOICES	RESPONSES	
Yes	34.65%	44
No	20.47%	26
Maybe	44.88%	57
TOTAL		127

Q6: Would you be interested in a “social” membership (with a reduced fee) that included ONLY access to social, recreational and educational activities and gatherings?

Answered: 129 Skipped: 3



Yes No Maybe

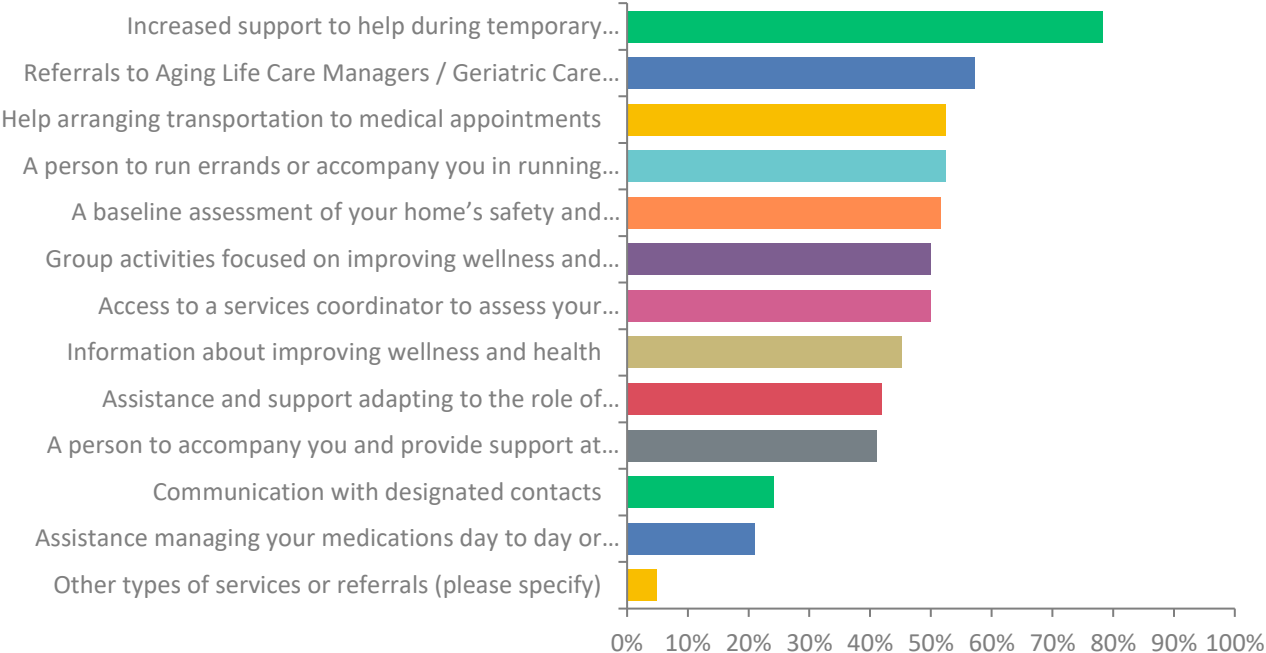
Q6: Would you be interested in a “social” membership (with a reduced fee) that included ONLY access to social, recreational and educational activities and gatherings?

Answered: 129 Skipped: 3

ANSWER CHOICES	RESPONSES	
Yes	23.26%	30
No	30.23%	39
Maybe	46.51%	60
TOTAL		129

Q7: Please check which additional benefits you would like to see a local/regional Aging in Place membership organization provide?

Answered: 124 Skipped: 8



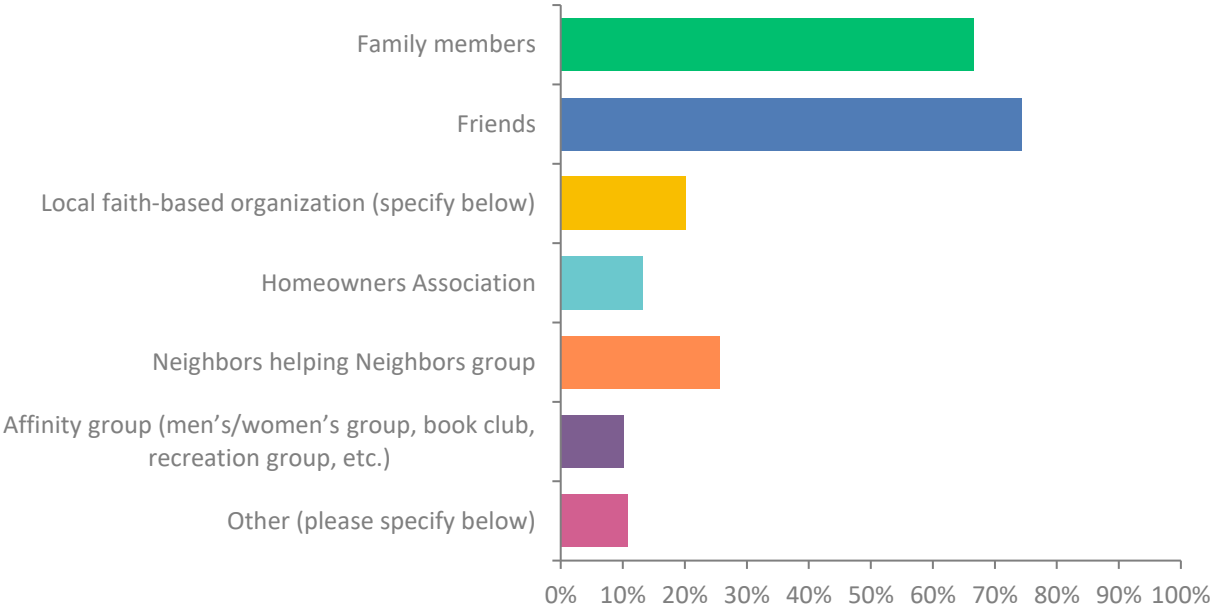
Q7: Please check which additional benefits you would like to see a local/regional Aging in Place membership organization provide?

Answered: 124 Skipped: 8

ANSWER CHOICES	RESPONSES	
Increased support to help during temporary transitions (e.g., after surgery) or times of illness	78.23%	97
Referrals to Aging Life Care Managers / Geriatric Care Managers	57.26%	71
Help arranging transportation to medical appointments	52.42%	65
A person to run errands or accompany you in running errands	52.42%	65
A baseline assessment of your home's safety and adaptability for aging in place	51.61%	64
Group activities focused on improving wellness and health	50.0%	62
Access to a services coordinator to assess your baseline health and wellness and make referrals to appropriate services and resources	50.0%	62
Information about improving wellness and health	45.16%	56
Assistance and support adapting to the role of caregiver, for partner or other family/friend	41.94%	52
A person to accompany you and provide support at medical appointments	41.13%	51
Communication with designated contacts	24.19%	30
Assistance managing your medications day to day or week to week.	20.97%	26
Other types of services or referrals (please specify)	4.84%	6
TOTAL		707

Q8: Who do you currently rely on or anticipate relying on when you need assistance with something? Select all that apply.

Answered: 129 Skipped: 3



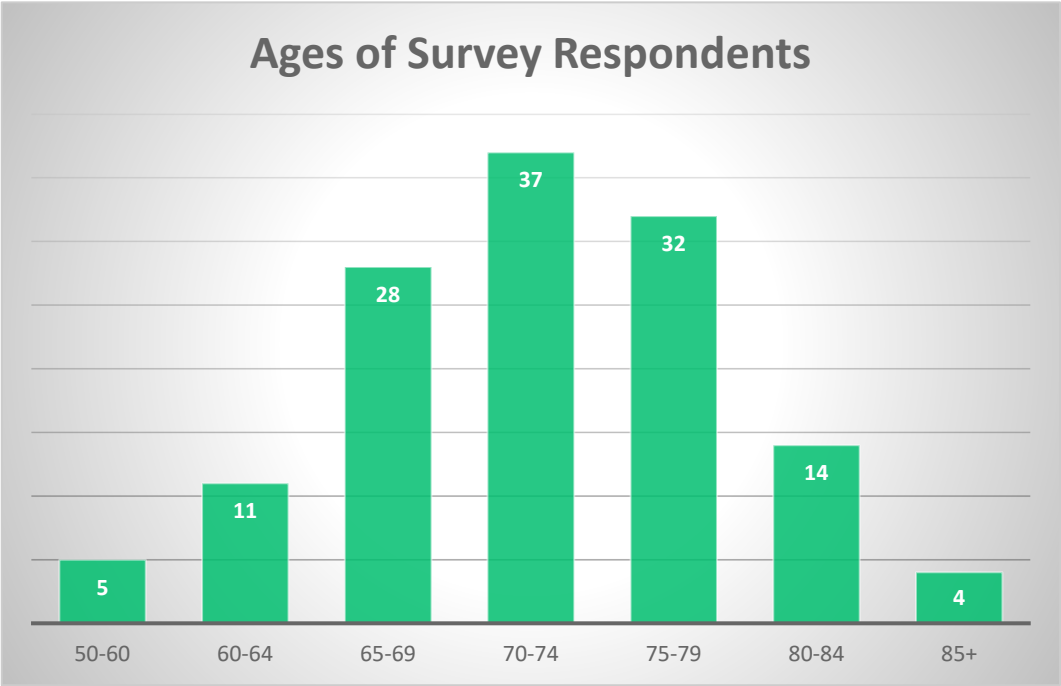
Q8: Who do you currently rely on or anticipate relying on when you need assistance with something? Select all that apply.

Answered: 129 Skipped: 3

ANSWER CHOICES	RESPONSES	
Family members	66.67%	86
Friends	74.42%	96
Local faith-based organization (specify below)	20.16%	26
Homeowners Association	13.18%	17
Neighbors helping Neighbors group	25.58%	33
Affinity group (men’s/women’s group, book club, recreation group, etc.)	10.08%	13
Other (please specify below)	10.85%	14
TOTAL		285

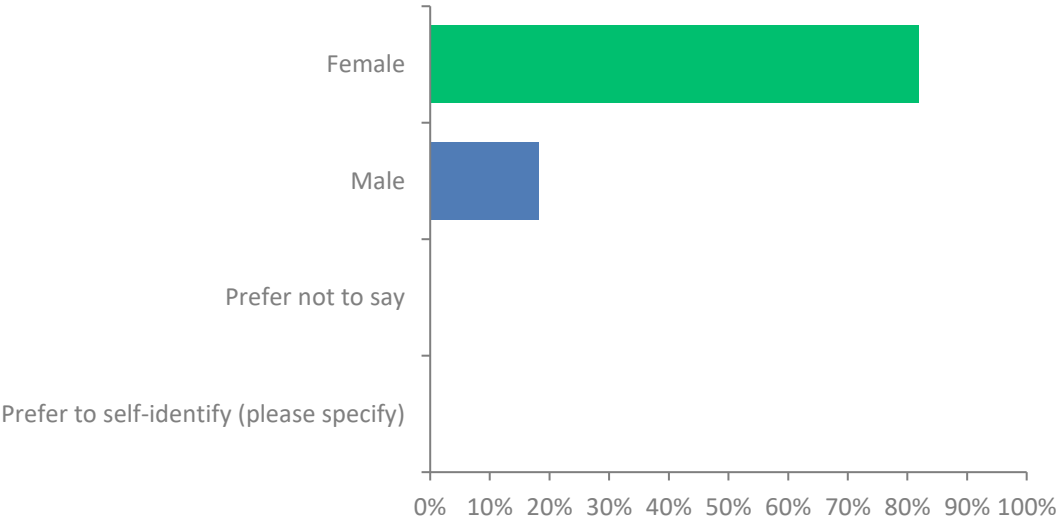
Q9: What is your age?

Answered: 131 Skipped: 1



Q10: What is your gender?

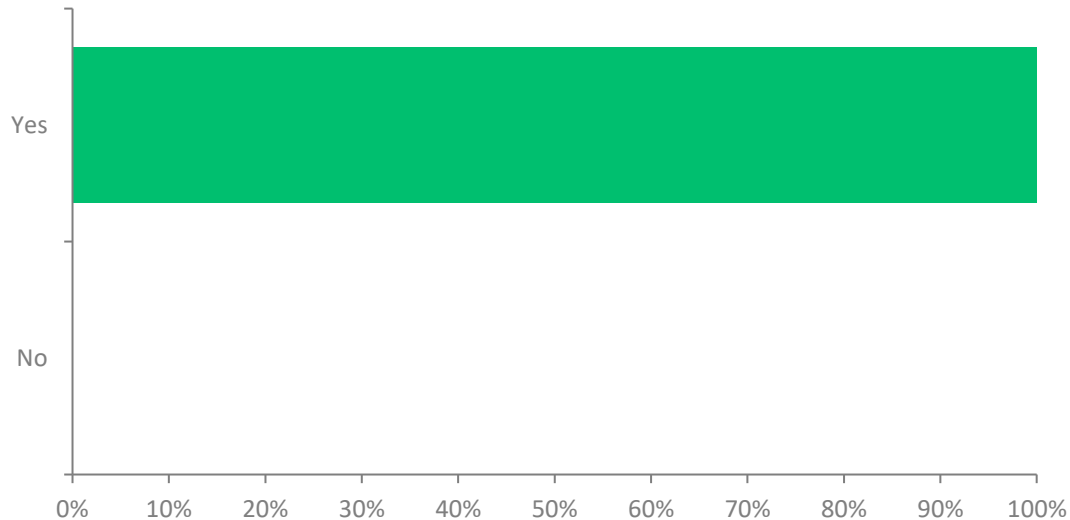
Answered: 132 Skipped: 0



ANSWER CHOICES	RESPONSES	
Female	81.82%	108
Male	18.18%	24
Prefer not to say	0%	0
Prefer to self-identify (please specify)	0%	0
TOTAL		132

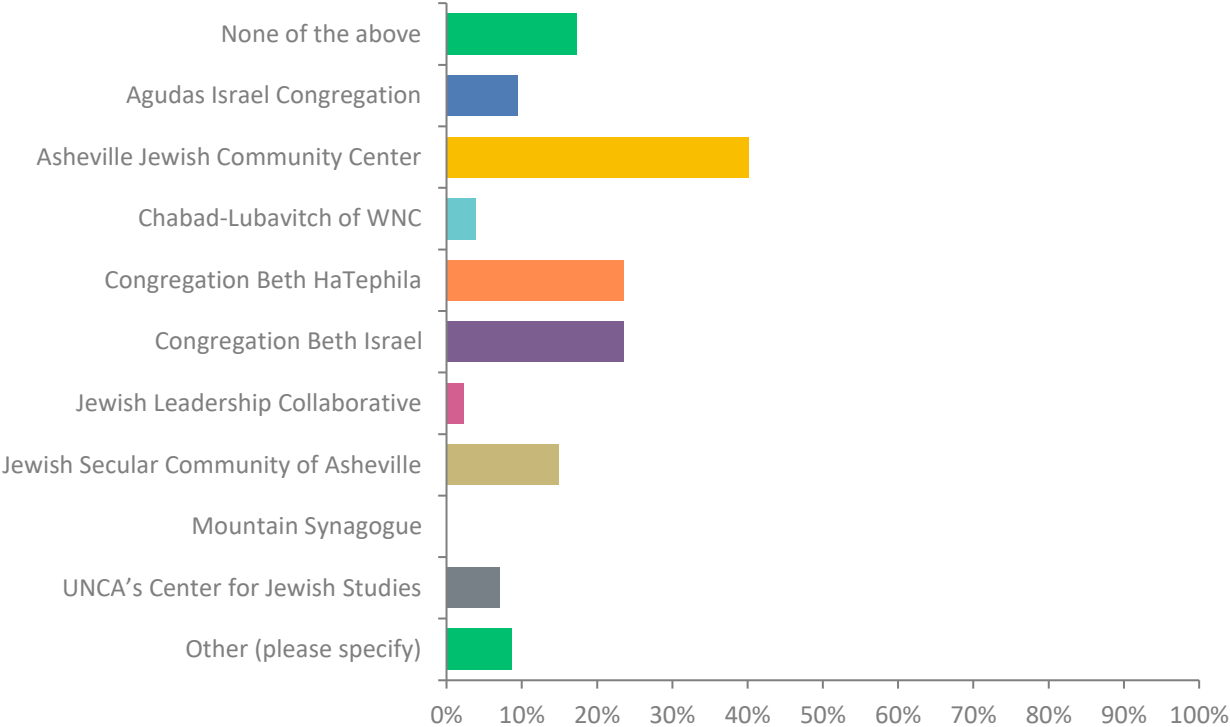
Q11: Do you identify as Jewish? (this includes cultural and religious identification; mother and/or father were/are Jewish; a conversion to Judaism)

Answered: 132 Skipped: 0



Q12: Are you affiliated with any Jewish organizations? Check all that apply.

Answered: 127 Skipped: 5



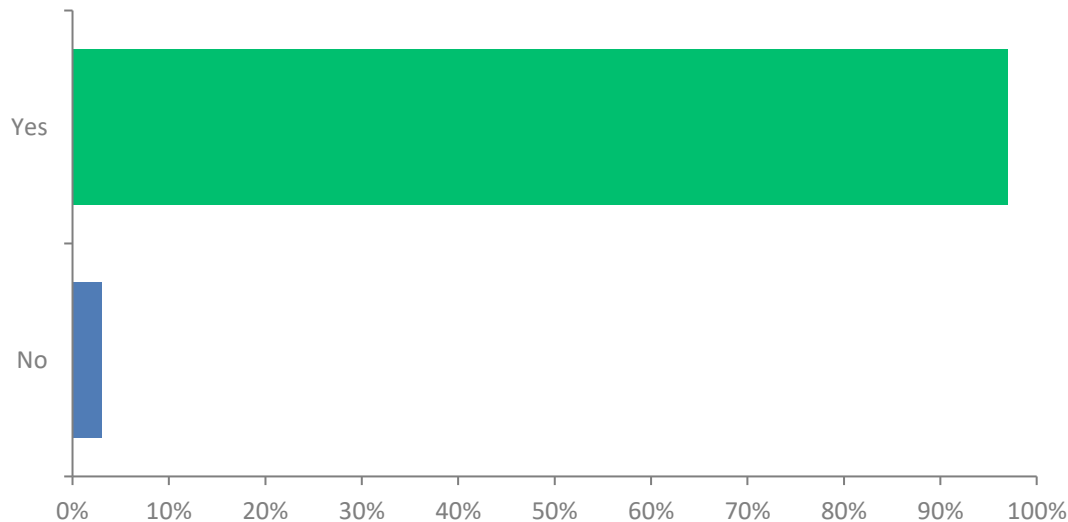
Q12: Are you affiliated with any Jewish organizations? Check all that apply.

Answered: 127 Skipped: 5

ANSWER CHOICES	RESPONSES	
None of the above	17.32%	22
Agudas Israel Congregation	9.45%	12
Asheville Jewish Community Center	40.16%	51
Chabad-Lubavitch of WNC	3.94%	5
Congregation Beth HaTephila	23.62%	30
Congregation Beth Israel	23.62%	30
Jewish Leadership Collaborative	2.36%	3
Jewish Secular Community of Asheville	14.96%	19
Mountain Synagogue	0%	0
UNCA's Center for Jewish Studies	7.09%	9
Other (please specify)	8.66%	11
TOTAL		192

Q14: Is this your primary residence?

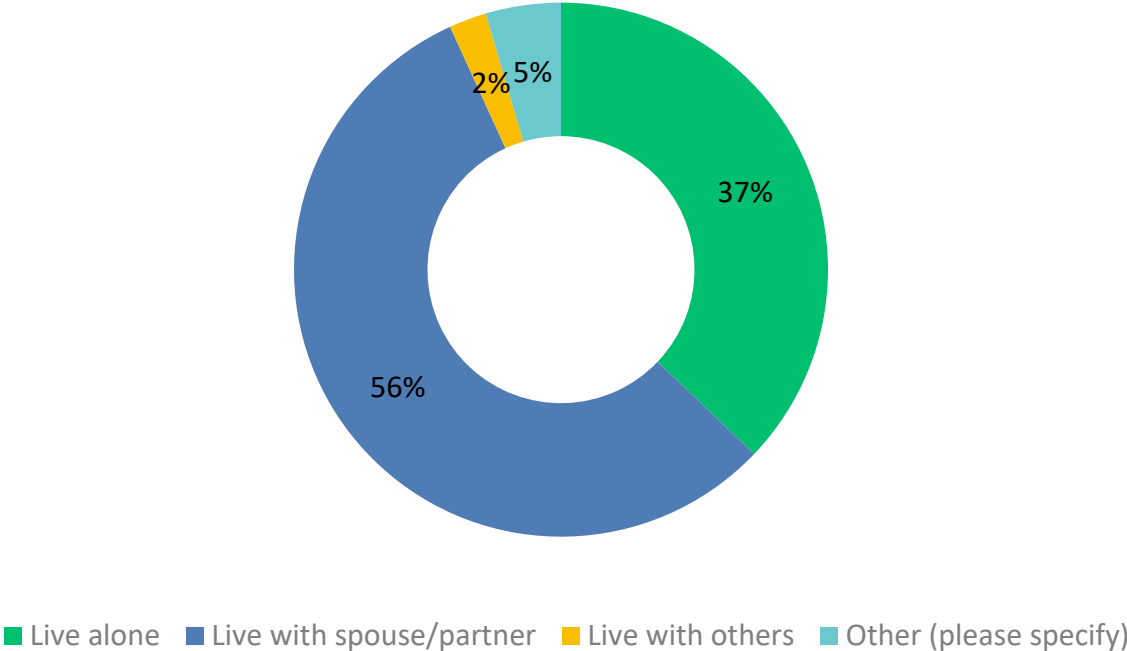
Answered: 132 Skipped: 0



ANSWER CHOICES	RESPONSES	
Female	81.82%	108
Male	18.18%	24
Prefer not to say	0%	0
Prefer to self-identify (please specify)	0%	0
TOTAL		132

Q16: What is your living situation?

Answered: 132 Skipped: 0



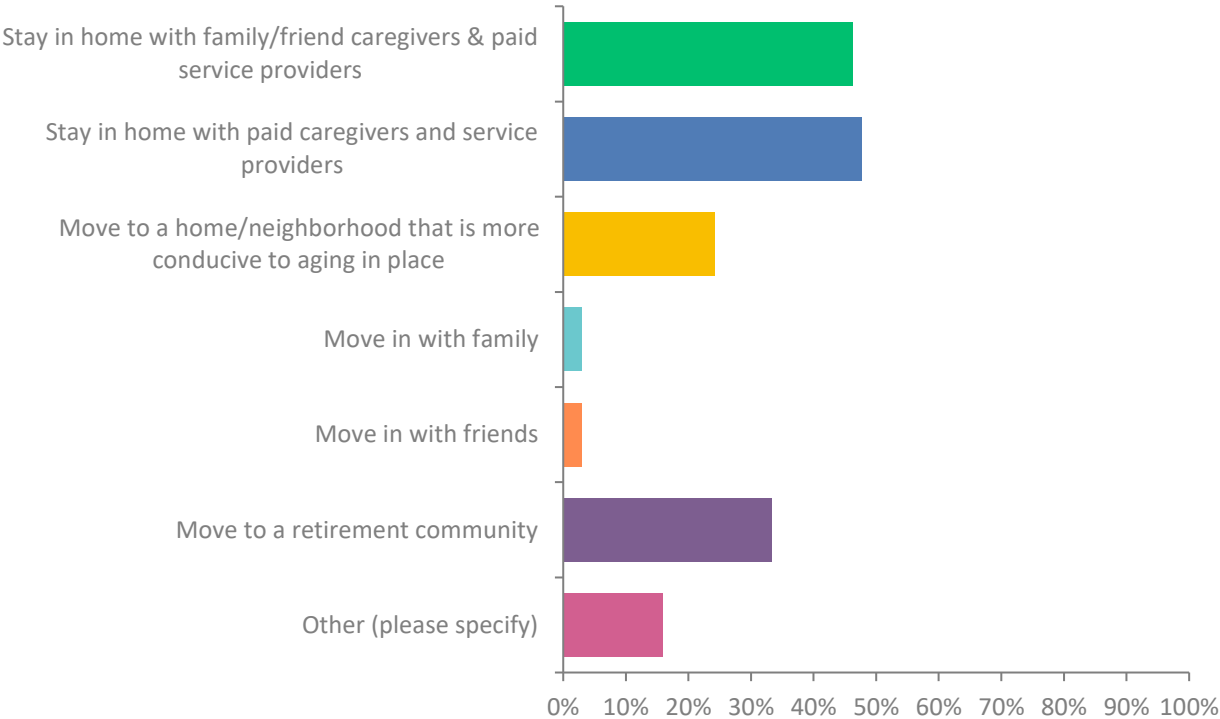
Q16: What is your living situation?

Answered: 132 Skipped: 0

ANSWER CHOICES	RESPONSES	
Live alone	37.12%	49
Live with spouse/partner	56.06%	74
Live with others	2.27%	3
Other (please specify)	4.55%	6
TOTAL		132

Q17: How are you currently planning to meet your future needs for support and/or additional assistance? Please check all those that you are considering.

Answered: 132 Skipped: 0



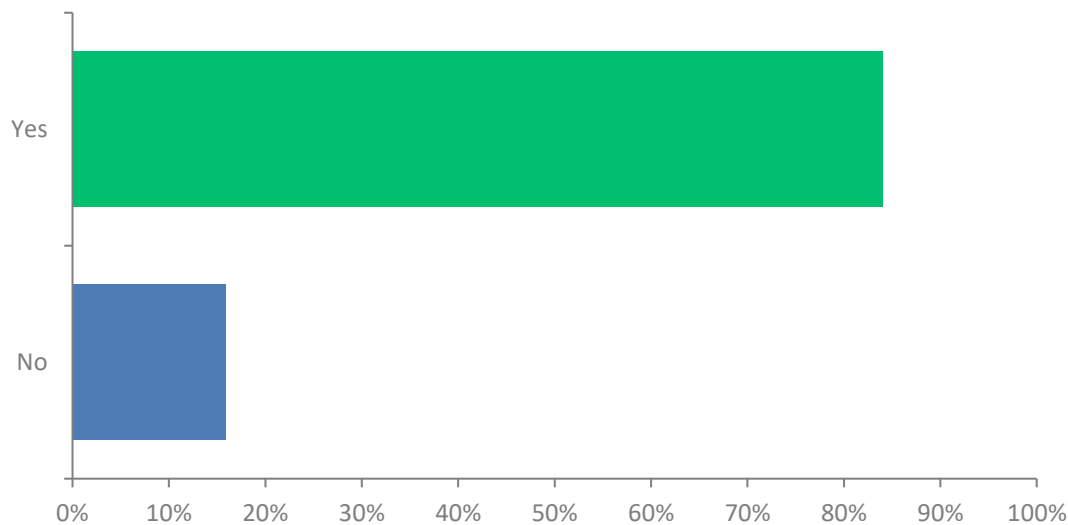
Q17: How are you currently planning to meet your future needs for support and/or additional assistance? Please check all those that you are considering.

Answered: 132 Skipped: 0

ANSWER CHOICES	RESPONSES	
Stay in home with family/friend caregivers & paid service providers	46.21%	61
Stay in home with paid caregivers and service providers	47.73%	63
Move to a home/neighborhood that is more conducive to aging in place	24.24%	32
Move in with family	3.03%	4
Move in with friends	3.03%	4
Move to a retirement community	33.33%	44
Other (please specify)	15.91%	21
TOTAL		229

Q19: Would you like to stay informed about this project or provide assistance getting an Aging in Place program started?

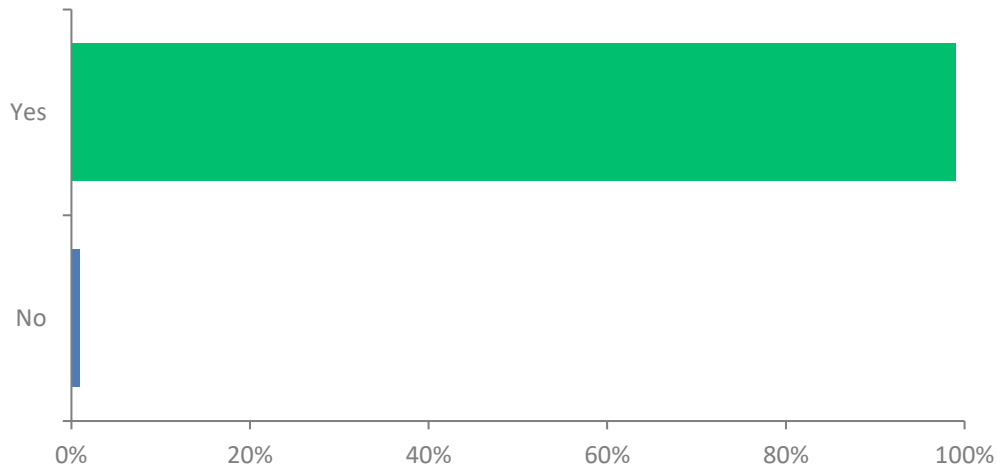
Answered: 132 Skipped: 0



ANSWER CHOICES		RESPONSES
Yes	84.09%	111
No	15.91%	21
TOTAL		132

Q20: Would you like to stay informed about the progress of this project?

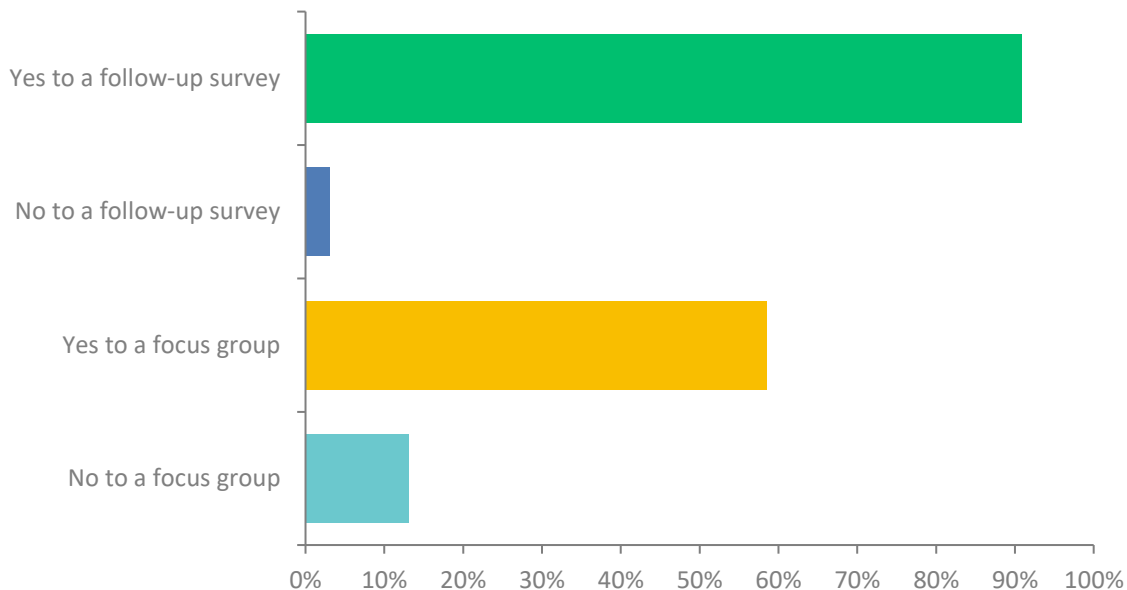
Answered: 100 Skipped: 32



ANSWER CHOICES	RESPONSES	
Yes	99.00%	99
No	1.00%	1
TOTAL	100	

Q21: Would you be willing to participate in a follow-up survey or focus group?

Answered: 99 Skipped: 33



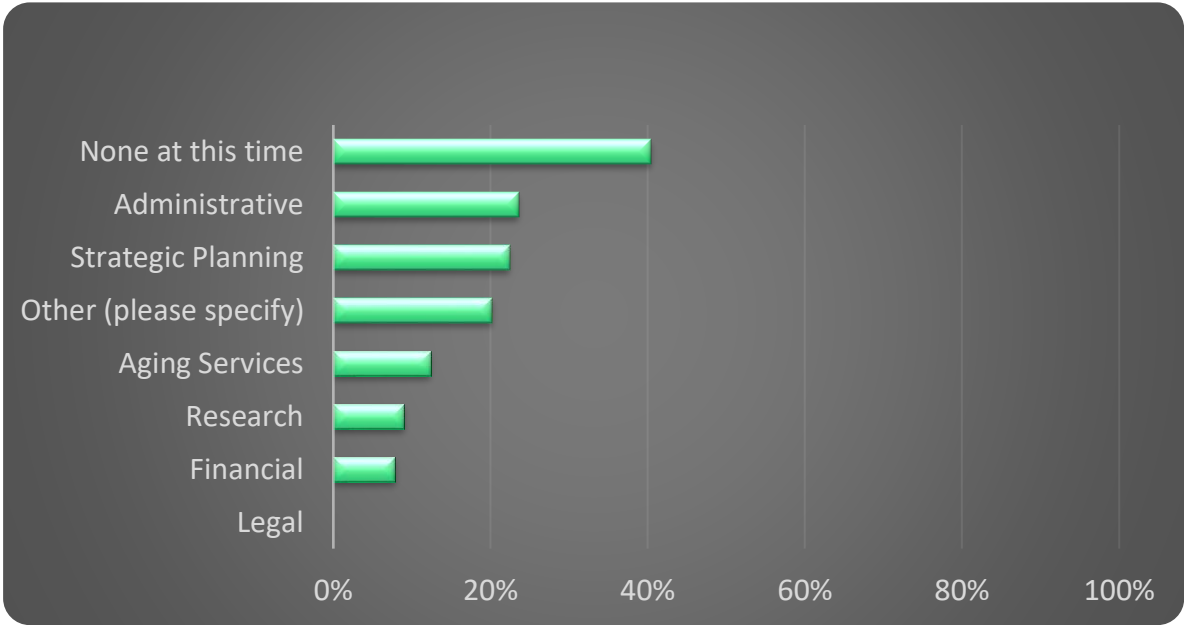
Q21: Would you be willing to participate in a follow-up survey or focus group?

Answered: 99 Skipped: 33

ANSWER CHOICES	RESPONSES	
Yes to a follow-up survey	90.91%	90
No to a follow-up survey	3.03%	3
Yes to a focus group	58.59%	58
No to a focus group	13.13%	13
TOTAL		164

Q22: Which skills/expertise would you be willing to volunteer to help get an Aging in Place program started?

Answered: 89 Skipped: 43



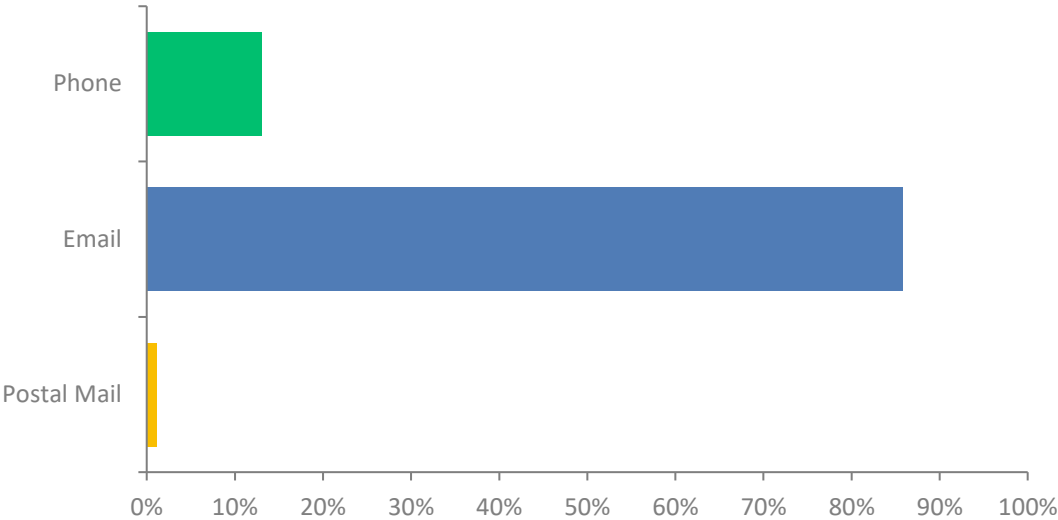
Q22: Which skills/expertise would be willing to volunteer to help get an Aging in Place program started?

Answered: 89 Skipped: 43

ANSWER CHOICES	RESPONSES	
None at this time	40.45%	36
Administrative	23.60%	21
Strategic Planning	22.47%	20
Other (please specify)	20.22%	18
Aging Services	12.36%	11
Research	8.99%	8
Financial	7.87%	7
Legal	0%	0
TOTAL		121

Q24: What is the best way to reach you?

Answered: 92 Skipped: 40



ANSWER CHOICES	RESPONSES	
Phone	13.04%	12
Email	85.87%	79
Postal Mail	1.09%	1
TOTAL		92

Aging in Place Community Assessment – Listening Session Input Summary of themes and ideas

(Meetings held in August 2022)

This summary comes from discussions and input at six Focus Group meetings – five of the groups consisted of individuals who identified as Jewish and one was a mixed group in the Pinebrook Farms neighborhood. Participants were age 65 and older. Approx. 60 people total participated in these meetings.

How people are informing themselves to prepare for aging in place

Individuals are often informed by watching and helping their parents and/or neighbors and friends. They seek information in a variety of ways – by joining organizations and groups who share information about aging issues and aging in place; attending presentations and classes; contacting organizations such as the Council on Aging, OLLI, JFS, JCC and others; exploring different housing options including retirement communities. A number of groups have formed that are neighborhood-based; examples include High Vista, Pinebrook Farms, Beaverdam Run, and Elder-to-Elder groups in a few geographic areas of Buncombe County.

A few people mentioned that they have not started to plan yet, for what they need to age in place, what and where they want to live and how they will get around when they cannot drive. Many indicated an interest in attending a series of workshops to help them plan for aging in place.

Steps people have taken to enable them to age in place

People mentioned a variety of things that they have done to prepare them to age in place successfully. These included:

- Choosing a home with one floor and space that is manageable
- Designing/choosing a home with an elevator or installing an elevator
- Choosing a home that has an extra (accessory) apartment
- Choosing home location because it was near transit services
- Living near others who need assistance and can share caregivers
- Buying a self-driving car
- Installing a house alarm system to detect loud noises and motion
- Joining a neighbor-helping-neighbor group
- Joining the Asheville Time Bank
- Modifying a bathroom
- Seeking advice from trusted people

Most important services and activities to help people age (in place) successfully

Services are listed roughly in order of how often they were mentioned. A number of people noted that needs change over time and different and more services are needed as people get older.

- List of recommended/vetted service providers – for all types of services and support organizations. It would also be helpful to have a list of volunteers who were willing to provide services.
- Single point of contact – to identify and recommend service providers and coordinate volunteers; provide educational/informational resources for healthy living/aging and related topics.
- Transportation – to doctors' offices, for errands and other purposes. A few people mentioned the need for improved transit and paratransit services, e.g., nimble/flexible service to a variety of destinations, smaller vehicles.
- "Handyman" services – that are affordable, reliable and available. Several mentioned that it was hard to find or get quick service for this type of help.
- Legal and financial assistance – to help review and prepare legal and end-of-life documents, provide advice related to fraud prevention and help with household budgeting, paying bills and other financial questions or needs. Suggest looking within the Jewish community for legally trained professionals who may be willing to provide pro-bono assistance with legal documents and questions.
- Technical assistance – to help set up new technology and provide training on how to use and solve issues with new technology/devices.
- Home visits and calls – regular calls/texts to check-in, connect and see if person is okay and has any needs. Also periodic home visits from a care manager to assess how person is doing and also notice home hazards/needs.
- Meal preparation and delivery – desire for healthy meals and help with cooking and shopping.

As for activities and gatherings, interests and needs varied based somewhat on whether they lived in a community or neighborhood or were members of organizations where they knew people and could do things with others, or they lived in a more isolated situation. Those who could easily gather and connect with others did not mention many needs for additional social, educational or recreational activities. Individuals who live alone and do not know many people or have a difficult time getting out of their homes seek assistance to access social and other activities and programs.

Obstacles to accepting services or participating in activities

The obstacles people listed can be organized into a few categories – cultural, physical and logistical. Cultural barriers include the strong aversion many people have to asking for help; this goes along with American values of independence and self-sufficiency. It was noted that many adults don't want to have serious conversations in general, and about aging-related issues. Physical barriers include personal mobility challenges, bladder/bowel control, cognitive issues and the fear and embarrassment that goes along with these issues. Logistical barriers include transportation, finding useful information and using technology for communication and access to services/activities.

For those living alone, people mentioned fear of having strangers come into their homes to provide services and fear about having help at night. Group members noted concerns about isolation and its related effects (on brain health, mental health, etc.).

Benefits of belonging to a community-based membership organization to help you age in place

NOTE – in most of the focus groups, the following was shared as a possible initial program offering to give a sense of what might be provided:

One point of entry (care manager*), access to resources and a group of service providers at a reduced price (home mods & services, health care, transportation, etc.), and grant funding to provide stipend support to people who have financial barriers. You would pay a monthly fee for these things and pay for actual services you used.

** Care manager – consults with you in your home to identify home and health care issues/needs and connects you with resources and providers.*

Reactions to the above “model” were very positive. They seemed to like the basic services offered and structure and felt it was worth paying a monthly/annual fee to have; one likened it to an insurance policy.

There was a lot of interest in having access to a care manager who would meet with them, assess their needs, help them access resources and get to know and monitor them over time. Having a trusted person for consultation, problem-solving, providing/attaining a second opinion, etc. is appealing and an important benefit. A care manager would also help older adults address their fears of the future of health care services and costs and their own futures.

We heard a lot of support in all focus groups for a simple way to access a list of vetted and reliable service providers. An added membership benefit which appealed to many in the focus groups was being able to get discounted fees from (some) services providers.

A membership organization would provide a nucleus of contacts and relationships and help address the fear of being alone or isolated that a number of people mentioned.

Even though there are a lot of various service providers and resources in the Buncombe-Henderson area, some people are unaware of the resource directories and/or agencies that can help them navigate through the providers to find what they need. More outreach and education about local resources to residents, and coordination amongst agencies and providers (which is occurring) are needed.

Issues or concerns about joining this type of program (as described above)

Affordability and value of the program were the main issues that people expressed. Some are already paying for long term or recovery care insurance and may not be willing or able to pay more for what appears to be similar services. For those who have friends and other groups to go to for help and suggestions/recommendations for services and resources, they wondered about the added value an aging in place program would provide.

Preferred fee structure

Most people seemed interested in a monthly or annual fee that would cover membership, referrals to resources and vetted service providers and potential discounts on some services. Most people also supported an income-based or sliding scale fee for those who could not afford to pay the “standard” fee. There was also support for a menu-based plan or a tiered plan (different sets of services with different monthly fees) that allows for more flexibility and choice.

A few people mentioned that grant funding could help pay for some expenses and/or subsidize some services which would reduce the cost that members would need to pay.

Willingness to invest in an aging in place program in the near future

As noted above, there appeared to be a lot of interest in and a willingness to pay for membership in a program that included in initial home and care assessment, one point of contact/connection to the program who could share resources and provide recommendations/referrals for service providers and also keep track of member's needs, and discounts on some services. AND, many people said they were not ready to join an aging in place program now or in the near future. One suggested that they would be willing to pay for the level of services needed now, and expect to pay more as they age and need more services.

Two ideas were suggested for consideration:

- Bezos/Amazon model – provide combined, multiple services, some of which are needed immediately and some that will be used when/as needed (e.g., provide a care manager, a home/care assessment and referrals to a variety of services, and access to social, recreational and educational activities). This could help sustain the program and spread the revenue across services that vary in cost.
- Approach homeowners associations in neighborhoods with interest in the aging in place support program concept. Offer membership to all members of the homeowners association for a fee that is added to their monthly assessments. It could help sustain the program and also encourage people to ask for assistance because they are members. The idea came from someone who knew of many examples of this in Pennsylvania.

Interest in volunteering to help others or to help create and sustain the program

We did not have a lot of time to discuss volunteering during the focus groups. There was some interest expressed in the time-bank concept. For people already connected to a neighbors-helping-neighbors type group, they appreciated volunteering and getting help from others in the group.

Other Comments

If JFS focused on the Jewish population, they could provide a more personal approach.

It would be good to form smaller groups by geographic locations, that could be served together and form a network to communicate with and get to know each other. Many people spoke about the importance of having member groups that were geographically focused, so they could get to know each other and help each other more easily.

First step – funding for a care manager and putting a website/booklet together of current services (note that there are already aging services directories available for each county).

We need to make it easy for seniors (and their care givers) to find information to help them age in place. Even though there are a lot of resources in our communities, many people do not realize this and don't know who to call or where to go. Additionally, some of the things people are looking for, like which neighborhoods/developments are good for older adults, are not part of the current set of resources.

JFS, COA and others are here to be community resources and individuals should not have to pay for their services.

It is important to appeal to and have members and volunteers who represent younger and older people to be sustainable.

Young-old – good positions to be volunteers

Old-old – mostly need assistance or at least a check

Middle-old – could volunteer and also may need services