



LISTENING SESSION REPORT

2023

Vermont Action Plan for Aging Well Listening Sessions
November 2022

Abstract

Vermonters shared their voices regarding aging in Vermont, what is working, and what isn't. Open-to-the-public sessions were held statewide and virtually online to allow for participation and commentary. Major and minor themes were identified along with possible solutions, as per the voices of Vermonters. This input is critical to help craft the plan for aging well in Vermont.



DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING
DEPARTMENT OF HEALTH

**Vermont Action Plan for Aging Well
Report of Results from Listening Sessions
March 2023**

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Introduction/Executive Summary

Vermont passed the Older Vermonters Act ([Act 156](#)) in October 2020. Section 3 of the Act called on Vermont to develop an **Action Plan for Aging Well** and states that the purpose of the plan is to *“provide strategies and cultivate partnerships for implementation across sectors to promote aging with health, choice, and dignity in order to establish and maintain an age-friendly State for all Vermonters.”*

In May 2021, a [process proposal](#) for the development of the Vermont Action Plan for Aging Well (VAPAW) was submitted to the legislature by the Agency of Administration, in collaboration with the Department of Disabilities, Aging and Independent Living (DAIL) and the Vermont Department of Health (VDH), outlining action steps and timelines for the development of the Action Plan. Following the creation of an Advisory Committee, a key first step was conducting a baseline assessment of resources and needs.

The assessment, conducted in 2022-2023 includes:

- Analysis of relevant data from across a range of sources, including census, vital statistics, labor, health systems, behavioral risk factor surveillance system, human services programs, and more.
- The ‘Envision Vermont’ age-friendly community survey, conducted in May 2022, which received approximately 2,800 responses from Vermonters age 45 and older.
- Six public listening sessions held across the state in November 2022.
- Targeted focus groups with historically marginalized communities to be held in April 2023.

Methodology

The listening sessions, open to the public, were conducted statewide in November 2022. Locations included Burlington, Rutland, St. Johnsbury, Montpelier, and Brattleboro as well as one virtual session held online. Outreach was conducted via email, social media and through community partners. In total, 86 Vermonters participated. Notes from the sessions were taken verbatim by two notetakers and were compared for accuracy. Any identifying information was

removed from the notes for the final report to maintain strict confidentiality. This report encompasses the responses gathered at the listening sessions.

Participants were asked a set of questions related to the principles of The Older Vermonters Act, including:

- Optimal Health and Wellness
- Self-Determination
- Safety and Protection
- Financial Security
- Social Connection and Engagement
- Housing, Transportation and Community Design

Question Guide Summary

The Listening Session Question Guide was very carefully developed with equity in mind. Three primary questions were asked in each Older Vermonters Act principle category:

1. What things have helped you in X? What are good/positive features of Y?
2. What things have gotten in the way of you experiencing X? What are some not-so-good features of Y?
3. What ideas do you have for improving things?

A copy of the full Listening Session Question Guide is attached to this report.

Demographic Numbers and Characteristics

An optional anonymous “About You” survey was provided to participants in all listening sessions. 62 responses were completed from the 86 participants.

Characteristic	Response
Age	67 (median)
Gender	76% female, 23% male, 2% undisclosed
Race	98% White, 2% Abenaki, 2% Asian/White Multi-racial
Hispanic Origin	2%

Location	39% Burlington 6% Rutland 15% St. Johnsbury 13% Montpelier 16% Brattleboro 11% Virtual online
Socioeconomic Status	40% reported having limited finances, average age: 61

Session Input by Principle

Optimal Health and Wellness

Principle: *Older Vermonters should have the opportunity to receive, without discrimination, optimal physical, dental, mental, emotional, and spiritual health through the end of their lives. Holistic options for health, exercise, counseling, and good nutrition should be both affordable and accessible. Access to coordinated, competent, and high-quality care should be provided at all levels and in all settings.*

Q1: What things have helped you to be healthy and well?

Major Themes:

- **Having social interactions and connections**
 - Related theme: **Feeling included, like a member of a community**
- **Exercise, and having the places and classes to do so**
 - Exercise and social interaction and connection were almost always mentioned together
 - Places: Senior centers, etc., but also bike path
- **Having places to gather for exercise, social connection, games, and classes**
 - “Here,” senior centers, libraries
 - “Coming here to take classes like Bone Builders and Bingo; everyone talks to everyone here.”
- **Having access to (and eating) healthy foods**
 - Produce was mentioned specifically by many people
 - “Meals catered to health needs”
 - “Food delivery”

- **Having good access to healthcare, including mental health services**
 - Health insurance/assistance paying medical bills: Medicaid, Medigap, Financial aid from hospitals
 - Having a good relationship with your doctor: “[My husband] *was able to talk with his doctor's office this afternoon with a medical question/concern that arose. They responded very quickly.*”
 - “*Having access to mental health services where there isn't stigma. Where it's okay to say you are struggling with anxiety, loss, illness, and other issues.*”
 - Having a family member who works at the hospital who can help you navigate where to go
- **Being of service to others: Volunteering, teaching classes, doing things for other people**
- **Mental exercise – reading books, doing puzzles, etc.**

Minor Themes (Came up infrequently and usually later in the conversation):

- **Church, spiritual connections, faith**
- **Being or looking outside**
 - Mentioned specifically only a couple of times, although many people reported walking and it appears that this is most often walking outside
- **Taking classes online**
- **Transportation to appointments**
- **Having an apartment with tenants in house**

Illustrative Quotes:

“Mine are very similar – staying physically active and mentally active. I’m [an older age] and still ride a bike regularly all summer, every day, 6, 8, 10 miles, and walk, although my knees bother me walking far - but my knees don’t bother me biking. ... And the mental thing, I’m a member of a couple of book clubs and take Sara classes online and am involved in an Ollie program. So it keeps me active, and reading keeps me up to speed. For me, that is how I have maintained optimism and energy and connection to other people.”

“During COVID there were a group of us who would get meals and put [them] together with stuff we got from the Foodbank, and it was really helpful to a lot of people, and now we only do it on Sundays. They are appreciative and it is nice to be in contact with my neighbors – older Vermonters. It is a community, in a way.”

“Isolation and loneliness is a big issue. I live in a big old farmhouse, and I have an apartment in my house, and that helps quite a bit to have tenants - to just be there to say hello and do heavier chores I can’t do, like snow shoveling. There are a lot of people

that live alone, not necessarily by choice, and loneliness is a big factor for physical and mental health.”

Q2: What things have gotten in the way of you being healthy and well?

Not surprisingly, the most mentioned themes mirrored those for Question 1. That is, when people face barriers to social interaction and connection, being physically active, and access to healthcare, that affects their overall health and wellness.

Major Themes:

- **Loneliness, isolation, and lack of social connection and interaction**
 - Living alone, *“not necessarily by choice,”* with family far away (or not having family or friends) as well as the *“remoteness”*
 - Particularly challenging for people with disabilities
 - Impact of loneliness: *“can make it harder to heal from physical illness;” “same impact as smoking 15 cigarettes a day”*
- **Lack of opportunities and places for physical activity, especially in winter**
 - Physical limitations, can’t go to parks or navigate mountainous terrain
 - *“Health clubs aren’t available in our community”*
 - Places that people used to go to exercise are no longer available to them (*“Academy pool;” “The mall is closed”*)
 - People don’t want to exercise alone, *“but it is difficult to find other people to go with”*

A number of people mentioned **safety concerns with walking**, due to sidewalks in *“bad shape”* (or non-existent), and roads without shoulders. One person commented,

“Plus, it isn’t always safe to walk. There was a bridge closure and people were taking detours and people were speeding, and I was petrified.”

- **Difficulty accessing healthcare and other providers & services**
 - Difficult *“getting”* a primary care physician, other providers, because *“lots of doctors are leaving”*
 - This means **long wait times** for appointments
 - **Mental health:** *“Can be a real challenge in finding a counselor - counseling is very hard to access right now.”*
 - Also difficult: *“to find a counselor experienced in the aging parts of the life cycle.”*
 - Trouble accessing **vaccinations** in a long-term care facility
 - **Relationships with, trust in providers** need work:
 - *“we don’t have real doctors anymore”*

- *“my doctor... should know that about me”*
- Distrust of, inability to use Patient Portal to communicate
- *“I still think that the doctors feel that if you have a DNR order you don’t want to have x-rays or get xxx.”*
- *“home care”* is expensive, *“but people providing care are not terribly motivated”*
- Also mentioned: access to *“data driven programming”* and *“community meals”* like were offered pre-COVID

Other things getting in the way of older Vermonters being as healthy and well as they can be:

- **Can’t drive, lack of alternatives to get places**
 - To appointments, specifically mental health
 - *“Walk everywhere,”* but can’t walk everywhere (e.g., grocery store, too far if don’t live in town, have disabilities)
 - *“[I] don’t want to ask for help.”*
- **Can’t get insurance; costs going up**
 - Can’t access Medicaid, just over the \$ limit
 - Cost of **dental care** (mentioned 3 times)
 - *“Co-pay system for therapists”*
 - *“With healthcare, there’s so little or no coverage for eyes, ears, dental - it’s pretty expensive.”*
- **COVID**
 - Things not *“coming back”*
 - *“COVID got in the way about how we reacted to mental health.”*
 - *“Covid has blown up any issues we may have not yet dealt with.”*
 - Want people to mask; mask-wearing makes it much more difficult when hard of hearing

Just one or two people mentioned these things that get in the way:

- Technology (no computer, don’t trust it, overwhelmed by it, *“Zoom doesn’t work”*)
- Places that serve and support older Vermonters lacking funding/low reimbursement rates

Suggestions & Ideas for Optimal Health and Wellness:

- Include social interaction as a measurable goal in ICPs (Individual Care Plans)
- State: take social connections into account when looking at someone’s overall health and wellness – especially people with disabilities (Do they have family, friends? Other social connections?)

- Provide opportunities and places where older Vermonters can “mix” with younger Vermonters
- Provide at-home mental health services in senior housing
- Help older Vermonters get in the habit of doing a yearly check-in with a mental health counselor; see it as a “gift to themselves”
- *“I would like to be able to discuss aging issues with others my age, but do not know how to make that happen.”*
- Use empty classrooms to offer in-person classes
- Raise VT’s Medicaid eligibility to the national standard (or, better yet, universal healthcare)
- Work on the “benefits cliff” – used to qualify for Medicaid, now on Social Security and doesn’t
- Increase reimbursement amount for Meals on Wheels, senior meals
- Increase (don’t cut) funding for senior centers; essential to health and wellness
- Emphasize prevention in nursing homes (i.e., COVID, flu vaccines)
- Increase access to natural places like public parks; different ways to get out in nature
- Ensure OneCareVT always has a healthcare provider on board
- Create large indoor spaces for walking in winter (and offer transportation and meals)
- Exercise machines at the senior/community centers
- Increase access to pools/swimming
- Provide transportation to appointments; programs like Lamoille Neighbors
- Help older Vermonters communicate, build trust with providers using new technology, e.g., Patient Portals
- Bring back community meals like “before COVID” (real silverware, etc.)
- *“More automatic defibrillators in rural areas. If you were out there – it is really expensive to buy one yourself. It would be nice to have some kind of system.”*
- Agency checking in with those still in isolation due to COVID risk; system of checking in with each other

Safety and Protection

Principle: *Older Vermonters should be able to live in communities, whether urban or rural, that are safe and secure. Older Vermonters have the right to be free from abuse, neglect, and exploitation, including financial exploitation. As older Vermonters age, their civil and legal rights should be protected, even if their capacity is diminished. Safety and stability should be sought, balanced with their right to self-determination.*

Q1: Where and when do you feel safe?

Major themes:

- **Having neighbors, friends, relatives, tenants close by and who help out**
 - *“Having people I know and trust not far away makes me feel safe.”*

- **In my neighborhood, community**
 - *“I go walk every day and I always feel safe. Sometimes my body says no, don’t go that way, so I don’t. I love the diversity and when they smile back it makes my day. Sometimes they don’t and that’s ok.”*
- **At home, with my doors locked**
- **At this center, in group gatherings**
- **When I have a lifeline, or cell phone – some way to contact someone if I need help urgently**
- **When I know how to protect myself from scams**
 - *“I was called on the phone by a young man and he said my son is in jail and he needs some money to get out of jail. He said to send money down to Florida. I said, ‘let him stay there. It is good for him to be there. It is a good lesson for you to learn, young man.’ And they hung up.”*

Minor themes:

- **Feel safe at church, the grocery store, the library**
- **When police assist me (asking if I need help, talking to us about fraud)**
- **Front Porch Forum (can ask for help)**
- **When there are well-lit and maintained sidewalks**
- ***“being involved in the community, seeing people in town, and participating in volunteer activities”***

Q2: Where and when do you feel unsafe?

Major themes:

- **When I don’t know my neighbors, or they are not friendly, being “vulgar”**

“My neighborhood has changed a lot. I’ve lived here for 32 years and have seen change with new people coming in with families and kids – there were only seven people trick or treating last night. I’m not comfortable on one street where I don’t know anyone – when they don’t say hi back, I feel uncomfortable, like they see me as the ‘the older crazy lady.’”
- **In “downtown,” Burlington, Church Street**
- **Crime (violence, shootings, theft)**
- **Less police, less available (moved, fewer officers, not trained to handle people with mental health conditions, autism, etc.)**
- **When experience or hear about scams and fraud**
- **When walking (sidewalks unsafe, especially in winter, drivers)**
- **When driving (at night, in snowy/icy conditions, other drivers drive fast/tailgate)**

- **Out at night**
- **When the electricity goes out**
- **When my internet or cell phone service is unreliable**

Minor themes:

- ***“When the alarms go off...in my building”***
- ***“panhandlers”***
- **Unhoused being housed in same building**
- **Friends who passed away suddenly**
- **When I don’t have a way to contact anyone immediately (*“pull-chains not working”*)**
- ***“I sometimes feel unsafe when something happens with my house and I have to get help and I am not handy and that is unsettling”***
- **Technology issues**
- **Police came to check in on me, and it really scared me**

Q3: What things make you feel protected?

- **Having knowledge to make informed decisions (on aging well)**
- **EMS**
- **AARP classes and alerts on how to avoid fraud, scams**
- ***“Orange County Sheriff, since Randolph no longer has a police force”***
- **Newspaper**
- **Streetlights**
- **Locks on apartment, exterior doors, security cameras**
- **Living close by to other people; near the statehouse**
- **Having a cell phone**
- **Being careful going down the stairs, taking it slowly**

Q4: And what do you not feel protected from or what protections are you missing?

- **Police (fewer, not available on holidays, weekends, etc.)**
- **Distrust of police; not trained to deal with people with mental illness, Asperger’s, etc.**
 - ***“Used to be able to trust the police, now my husband wouldn’t trust them with a ten-foot pole... A mental health person was shot outside my door.”***
- **Technology “gets in the way of safety” (worry cell phone has been hacked)**
- **Don’t know what to do/who to call after scammed**
- **Fraud/scams: junk mail with “threatening language”; “awful phone calls”**
- **When no streetlights, or they turn off**
- **Lack long-term care insurance**

- **Unsafe to walk on crosswalks, sidewalks (in disrepair, icy)**

Illustrative Quote:

"I heard this knock on my door and didn't know who it was, and I didn't see a car. And it rang again, and it was the police, but the car was parked below. My sister asked for a wellness check because she couldn't reach me. It was a creepy hour at night. That felt safe but still not because who is that at my door."

Suggestions & Ideas for Safety and Protection:

- Police: more police, more hours/days for police, more presence (walking around) downtown
- Training for police: de-escalation, work with mental health professionals, "needs of today"
- Spend more money on social services; take off plate of police
- More lighting
- Scams/technology:
 - teach people to screen calls using caller ID; block calls
 - "broader education about what scams can look like"
 - what to do if have been scammed
 - Have local police come and talk to us about fraud
 - Spread the word and help people access AAA online classes
 - "more education on technology", classes in basic computer skills
 - Teach people how to avoid computer viruses
 - Create a "safe" number for calling people for services so they won't think it's a scam and not answer
- More reliable internet and cell phone service
- Set up systems where people check-in with each other at a set time each day; phone trees among neighbors
- More housing inspectors to ensure homes owned by out-of-state (or inattentive local) landlords are safe
- Encourage people to sand and salt walkways, sidewalks, etc. (make signs)

Financial Security

Principle: *Older Vermonters should be able to receive an adequate income and have the opportunity to maintain assets for a reasonable quality of life as they age. If older Vermonters want to work, they should be able to seek and maintain employment without fear of discrimination and with any needed accommodations. Older Vermonters should also be able to retire after a lifetime of work, if they so choose, without fear of poverty and isolation.*

Q1: If you feel financially secure (or that you will be in the future), what makes you feel that way?

Major themes:

- **Having savings**
 - “Started early”
 - “A little nest egg”
 - Pride: *“I feel as though our generation was smart about planning for the future and saving”*

- **Living simply, being frugal**
 - Or having parents who were, who were able to pass on their savings

- **Having someone to advise, manage finances**
 - Family member
 - Financial advisor or manager
 - *“young woman from Senior Solutions”*

- **Having investments**
 - “investing in the stock market”
 - Starting early

- **Owning a house**
 - Bought it a long time ago, have equity

- **Able to depend on family, others – now or if needed**

“I don’t think about money. I know that if something happened, I could go to my daughter or kids. In the back of my mind, I could move in with my daughter if financial issues occur.”

It’s ok to rely on others: *“Someone sent me a 2023 calendar. On it there is a quote: ‘reliance is rooted in relationships.’ (People murmured). We are talking about insecurity here. Our parents, their generation, they grew up thinking and saying, we have to pull ourselves up by the bootstraps, not depend on others. But times are changing, and the earth is changing.”*

Minor themes:

- **Being a married woman, being able to rely on spouse’s Social Security, pension, savings, knowledge**
- **Having medical insurance**
- **Having financial assistance, not having to pay taxes**

- Receiving help with home improvements that reduce costs
- Having inherited money from parents

Q2: If you don't feel financially secure (or you worry about the future), what makes you feel that way?

Major themes:

- **Costs are going up or already sky-high (esp. for health-related)**
 - Medical bills, medications, long-term care insurance, nursing home/assisted living, home health care services
 - Very expensive, even with insurance
 - Fuel oil, "even used cars," food, property insurance, building materials, "everything - basic needs," cost to maintain an old/large house, cost of new living (smaller) home
- **Fear of unknown future needs, their costs, and ability to pay for them**
 - Fear of programs, like Social Security, being cut
 - Can't plan for heating costs, medical bills

"I'm terrified every day of my life, not so much right now because I have a job, but I had been working for 15 years and then one day I lost my job. I was 66 at the time and I hurried up and got on Medicare. I worry because I stayed at home to raise my kids and my Social Security payments aren't going to be that high, but I have to keep working to 70 to get the max payment. I am concerned because with inflation and with prices always going up, how does a person manage?"

"Another issue is long term care. I may have savings but am not eligible for Medicaid payment, but what if I need a lot of care? That could take a million dollars of savings and it would all be gone. I know people in that situation that had to be in a facility of some kind, and it can cost hundreds of thousands of dollars. That is pretty scary even if I feel fairly financially secure right now."

"Most of us will outlive our money." "Yes, that is likely."

- **Worry for kids, next generation**
 - Pensions are rare, no transfer of wealth?
 - Social Security hard to rely on (if still exists)
 - Hard to save when just getting by
- **Property taxes**
 - High

- System unfair and complicated
- Older Vermonters don't know about rebate program
- **Women especially may not have much savings, social security – struggle if not (still) married**
 - Work history (may have stayed home with kids)
- **Culture values profits over people, personal responsibility**

"We aren't asking for the world. We worked all our lives, too. I would like to be on my own but life changes."

Minor themes:

- **Stock market volatility**
- **Lots of people using resources, will there be enough for me?**
- **Hard not to worry about money even when told you don't have to**
- **Having too much money to qualify for things, but not enough to pay for them yourself**
- **Benefits "cliff" – work or get benefits, a dilemma**
- **Not easy or straightforward to access savings**
- **Financial scams**
 - *"Quite a few people are still victims of fraud and scams and I think it relates to isolation to make connections and reach out to someone."*
- **Low income**
- ***"You have to have money to budget. And what about financial literacy?"***

"If you are on disability and under 65, it creates a real issue for people."

Suggestions & Ideas for Financial Security:

- Advocate to not have social security taxed in VT (rather than income sensitivity/property taxes)
- Increase rebate (Homestead Act)
- Increase knowledge of rebate
- Have someone from Senior Solutions provide in-person education again
- Second-homeowners should be made to pay school tax, too
- Encourage people to keep a budget, decrease spending
- Solution in progress: statewide clearing house to connect older Vermonters who want to work with employers who want to hire them
- Create universal healthcare; make it easier for employers to hire older Vermonters who may have higher insurance needs

- having a neutral resource re: finances or a vetted list
- R: Home insurance is over \$1,000 and somebody said they are paying \$40/month. Was being billed for car insurance for a car I don't have. Never heard back for a refund. They just kept the money. Legal support is needed.
- Barter system
- Simple, Amish way of life – “off the grid”

Social Connection and Engagement

Principle: *Older Vermonters should be free from isolation and loneliness, with affordable and accessible opportunities in their communities for social connectedness, including work, volunteering, lifelong learning, civic engagement, arts, culture, and broadband access and other technologies. Older Vermonters are critical to our local economies and their contributions should be valued by all.*

Q1: What things have you been able to do to keep yourself socially connected and engaged?

Because social interactions and connections emerged strongly under Question 1 as something that has helped many respondents to be healthy and well, there was a great deal of overlap in responses in this section.

The predominant themes were:

- **Spaces to gather, and the activities put on by the organizations that run them**
 - “Here” (the senior center where the listening session took place), “the library” and “a large deck” added onto a community space for safer gatherings outside.
 - Respondents raved about the Heineberg Center in Burlington, especially the BBQ the center put on “*this past summer.*” One person commented, “*I’ve been here for 7 years and the BBQ event – food, weather, entertainment - all was wonderful.*”
 - One participant in the virtual session said, “*I want to shout out to the Montpelier Senior Activity Center and Council on Aging because they have so many programs. They have socialization and everything we talked about they are trying to provide.*”
- **Zoom, and other platforms for on-line/virtual connection**
 - Interestingly, this did not emerge strongly under question 1, mentioned only with regard to taking on-line classes for health and wellness.
 - But here, respondents mentioned Interacting and connecting virtually with family and friends who live far away.

They also said,

“[Zoom is] also helpful for me. My big impediment is my hearing loss and any group situation is very challenging. I have to constantly reiterate that I have a

hearing loss and need accommodation and most people are good about it. But there are some things I don't do because of my hearing loss. Zoom has been helpful, increasing my participation. For example, I take a Spanish Class. It would be harder for me to take this class in person. My hearing aids have Bluetooth, and the sound comes directly into them. And the captioning helps me participate more on Zoom than I could in person."

"I'm in recovery for alcoholism. I am so grateful to Zoom - so many of the support groups started meeting online during Covid and this helped me to stay sober. I get so sad for those who don't have the means to afford to have a computer. I wish we could figure out a way to get technology for more people."

Finally, one person commented: *"Zoom has been a lifesaver, all the volunteer work I do and to keep us connected with friends, family. As much as I hate it, it has been wonderful, and I hope we still have it and it doesn't go away."*

All three of these comments were from participants in the virtual listening session (that had fourteen participants).

Other things people have been able to do to keep themselves socially connected and engaged include:

- **Interacting with younger people**
 - Multi-age housing
 - Volunteering (mentoring), spending time with
- **Volunteering (in general, with children)**
- **Sharing a meal with like-minded people, people you don't already know**
- **Some positives re: transportation** (*"I used GM Transit;" "One pride of Putney is a sidewalk from the elementary school to downtown and not all villages have that;" "new housing facilities for elderly people" may have not been built downtown/within walking distance to things, but "do have transportation."*)

Minor Themes:

- **Adult day care provides essential socialization and connection**
 - decline in health status when had to close (mentioned in two different sessions)
 - One respondent said, *"[It] made a huge difference in the way the disease progressed. There was not so much time that she was alone."*
- **Services provided by volunteers to people in their homes**
 - *"Some of those Meals on Wheels drivers have folks who talk for a half hour."*

- **Taking classes, both in-person and on-line**
 - Tai-Chi, yoga, Bone Builders, Spanish
- **Attending community, neighborhood events (sharing a meal)**
- **Going on walks, “Trash Tramps,” with others**
- **Joining a book club**
- **Being active in their church, church activities**
- **“Housing facilities for elderly people”** may not have been built downtown (so can’t walk to things), but **“are a community unto themselves, and they do interact a lot with each other.”**

One person reporting **using positive self-talk**. They said,

“I know that 5 years ago after I retired, I started to feel lonely and isolated. I had to chat with myself that I wasn’t alone in feeling this way; there were probably at least five other people in my building feeling the same way, so I shoved myself out the door. It’s hard.”

Q2: What things have kept you from being socially connected and engaged?

- **Number one barrier, by far: Can’t Get There**
 - Lack of transportation – none, very limited
 - Don’t want to drive themselves in winter
 - Can’t take you places for socialization (at all, or limited availability due to lack of drivers means have had to focus on *“critical health care needs and access to food - so the social ones we can’t get to as often.”*)
 - Meals on Wheels struggling to get volunteers to deliver meals
 - Volunteer drivers are older Vermonters themselves who are *“aging out of driving”* themselves, moving out of state, or traveling and therefore not volunteering
 - Can’t walk places (no sidewalk at all, sidewalk exists but *“not in good shape,” “failing,” “if you are in a walker or wheelchair, they aren’t working”*).
 - *“Hate to ask”* friends and family (especially kids and younger friends) for rides

“There are issues with commitments to promises and a limited number of drivers. If you want to go someplace that they don’t want to take you – they have the right to refuse you. There are community members who are confined to their availability - that causes stress. Then add winter and weather and darkness.”

Other major themes:

- **Ageism – “No one pays attention to what seniors can give.”**

“As a group of people, this age group can be looked upon as a liability versus as an asset. There is power in numbers and wisdom among aging Vermonters. There could be more done to promote us and our power, wisdom, and experience. We can be engaged in our community, and they can engage with us.” [People clapped.]

- **Don’t want to leave home (depression, anxiety about COVID)**

*“COVID [has kept me from socially engaging]. I really limited my social connections. I think twice about going to a social event, I wear a mask - it has done a number on people’s social engagement and social skills. **I have panic attacks.** I’m not sure how that is going to come back or if it will. People are nervous, for good reason. It’s so important to have social connection as we get older, and it is so risky right now.”*

Other barriers to social connection and engagement mentioned less frequently and forcefully are:

- **Opportunities just don’t exist in rural areas (NEK) or are difficult to find (volunteering)**
- **Lack of computers/technology**
- **Accessibility barriers (impassable sidewalks, no elevator to access classes on upper floors)**
- **Working full-time**
- **Friends pass, social circle “starts going down”**
- **People who aren’t active and volunteering “are falling through the cracks”**
- **“Money”**
- **Kids, grandkids live far away, only interact virtually**
- **Caring for a family member, can’t leave them alone**

This person said,

“I’m struggling – my husband has Alzheimer’s – it took one and a half years to beg for someone to come and sit with him two hours, two days a week, to give me a break. I need a break. Finally, thank God, Bayada came, and now I have a gentleman staying with him a couple of hours a week. There’s just not availability of a trained person to come out. I can’t pay for somebody to come. I was asked if I could pay – I said, why do you think I’m calling you!”

Suggestions & Ideas for Social Connection and Engagement:

- Do more “to promote us and our power, wisdom, and experience” so that community will engage with us

- Help older Vermonters practice positive self-talk – others feel the same way, what’s one thing I could do to engage
- Form Elder Circles
- Promote Second Act, organized by Bill McKibben
- Interact with people of other ages:
 - Consider multi-age housing situations instead of senior housing
 - Create community centers in the schools
- Bring back/more Adult Day centers
- More social events, especially including meals
- Make use of people’s skills and experience. Ask - What might you want to contribute to your community?
- Volunteer programs like friendly visitors going into people’s homes to form relationships with people for one on one connections and family support
- Make it easier to find volunteering opportunities
- Figure out more ways to recruit volunteers for existing programs (e.g., Meals on Wheels delivery)
- More “senior congregating places;” more advertising of ones that already exist (e.g., local news outlets)
- Figure out a way to get more older Vermonters access to technology, specifically Zoom (for classes, social connection, etc.)
- Fix zoning, perhaps, to get new housing for older Vermonters located in downtowns/within walking distance of services, centers → enable better engagement with community, social interactions
- Lower the level of commitment that is required to participate in programs

Self-Determination

Principle: *Older Vermonters should be able to direct their own lives as they age so that aging is not something that merely happens to them but a process in which they actively participate. Whatever services, supports, and protections are offered, older Vermonters deserve dignity and respect and must be at the core of all decisions affecting their lives, with the opportunity to accept or refuse any offering.*

Q1. What are some examples of times when you’ve had self-determination – you could say no to something?

Major Themes:

- **Saying no to, or negotiating with, adult children, caregivers**
 - Three examples of outright “no,” or not involving them at all in decision (moving, moving washer and dryer, not getting knee surgery)
 - Lots of examples of negotiation – finding the balance between doing things important to them, safety concerns

- Stacking wood while healing from a broken leg
- Talking with doctors/providers
- Making medical decisions
- Remaining at home

“My father was dying in his 90’s and I was having a conversation with the hospice nurses about his medication, and from the other room I heard him say, ‘are you talking about me?’ And shouldn’t he be in the room if they are? It’s very pervasive – you don’t want to bother people.”

*“I live with my mother in a multigenerational way. She broke her leg in a catastrophic way and one way that has helped her is when there were times when I wanted to help her, like stacking wood, but she really wanted to do it, and then we split it so she had her own pile and it was a big deal for her. **It took her longer, but it was her thing.** It was a lesson for me. It’s so easy to swoop in and do, or ‘let me help you,’ and it would be good to take that moment to learn what she wants. You think you know better.”*

- **Saying no to, or negotiation with, doctors and other healthcare providers around medications, surgery, etc.**
 - Medication didn’t work for me, made me sick, I’m not taking it
 - Changing doctors
 - Doing own research on-line, finding something that works for chronic condition
 - Saying no to surgery
 - Seeing a naturopath who is also a pharmacist

“...my knee went bad, and I was scheduled to have surgery. Then surgery had to be postponed and I said, ‘to hell with it.’ And it’s probably going to make it worse. I made my own decision, and I may be fortunate that my daughter is in [a state far away] and I do have one granddaughter who is a [provider]. They don’t tell me what to do. I like the fact that I have self-determination. I made my own decision, and my daughter had no say.”

“Well, I have one doctor up in [town] and he was like, that medicine didn’t work so try this one, try this one. That is just making me sick, so finally I changed doctors again. And I started to a point where I could get on my computer and do some research and I found [something to help my condition] and I said, that’s what I am going to do. Then I know what I need to do. ... This is my savior... Now I’m down to two pills a day.”

- **Self-determination around when to give up your car, driving**

"I'm a believer that when you are ready to give up your car you know it, but for others that may not be so. For me I don't know what I would do if I couldn't drive. I love driving the back roads. I grew up in Vermont and I don't know what I would do."

"I am driving and have a car and I'm thinking of giving it up to simplify my life and put a dent in the bills I pay. Plus, I would reduce the environmental impact – which we need to think about. I'm thinking about giving up my car to make things easier."

"Many years ago, I was poor and didn't have a car and I walked everywhere and was healthier."

(All from Burlington session)

- **Self-determination around where you live, staying in your house**

"It would probably be cheaper for me to live with another person, but I like getting up and not having anybody there and making the decisions about what I do and what I eat, and I don't want anybody there."

- **Having self-determination can have its downsides; it's okay (but hard) to ask for help**

"You have to be careful with self-determination because I put snow tires in the back of my car, and I herniated my back, two discs. My mind still thinks I'm 25 and my body thinks my mind is an idiot. It was a very poor decision. Sometimes it's important to know when to ask for help."

(Someone else responded, "There's value in making a mistake – it's okay.")

"It is very difficult to realize that there are certain things at 75 that I probably shouldn't be doing like getting up on a ladder, etc. Knowing when to ask for help, and part of that is wanting to continue to do things myself and part is being cheap, and not wanting to pay somebody else. I want to be active and independent as I can, but I want to be safe and not break bones."

(Someone else responded, "Frugal Yankee, not cheap!")

"[It's] Not being stubborn. Self-determination is not stubbornness, and you need to advocate what you need. You can ask for help for what you need. It is hard for some people to ask for help. If you are brought up to be independent, you make all the decisions and you are the tree. And all of a sudden there's something wrong with the tree... Trying to break down that barrier. It's a really hard thing for me to do."

Minor themes:

- **End-of-life decisions (supportive legislation, living will)**

- **Age Well: “wonderful organization;” “understands and promotes self-determination”**
- **“I feel very confident when talking to the doctors or anybody.”**
- **“Not yet” not had self-determination.**

There were a lot of comments offered by those caring for their parents in this section of the listening sessions.

Q2. What are times when you didn’t have as much self-determination – when others were trying to make decisions for you, and you didn’t feel like you could say no?

Major Themes:

- **In conversations with doctors, healthcare decisions, medications**
 - Pressure to buy insurance, take medications
 - Distrust of, difficulties with doctors/healthcare providers –
 - Do they have my best interests in mind?
 - Are they billing insurance when they make me wait?
 - Giving contradictory information – which to trust?
 - Time so short for appointments, told have to come back
 - Talk to son/daughter or husband rather than me
- **Driver’s license taken away, lack of choice/control in getting around without it**

“I knew the day had come when my dad drove with my mom on the wrong way on the interstate. And he blames me. But my mom is in her 80’s and she still drives. This was the hardest.”

“I have an unusual circumstance. I went to get a driving assessment and I failed at every place. What, I failed? How can that be? They took my driver license away. Now I need to rely on others like my friend to get my groceries. It’s a terrible feeling.”

[Someone responded, “How brave you were to take the test.”]

As we learned in prior sections, even if alternative means of getting places is available, there isn’t a lot of choice or control over where you can go and when.

- **Lack of self-determination around housing**
 - Lack of housing, period – can’t fight a rent increase, can’t move into town

“I don’t think that with the way rents are now... my rent I just got notification they are raising it by \$300 and you had to respond within three days whether you are going to move out. I am negotiating but on the other hand, the choice is

where do I go? A friend on the third floor offered [to have me move in with them?] but I don't want to. I don't have a choice and I need a roof over my head. There are a lot of choices you feel you can't really make for yourself because you don't have retirement or money."

"I live in a very rural community with a dirt road and a few neighbors around and I've had neighbors who are older and couldn't really manage that anymore. What will be reasonable going forward? I may have to move into a more populated area and then there isn't a place to live there."

Minor themes:

- **Abrupt transition from "independent" to "assisted"**
- **Don't like to talk about death; don't have much choice in end-of-life decisions**
- **Adult child makes the decisions (by choice in one case, not at all in another)**
- **Poverty impacts ability to make own decisions**
- **People make assumptions about people in recovery, what they need**
- **Older Vermonters hurt by scams**
- **Trouble finding the words**
- *"Sometimes people **dwel more on what they can't do** than what they can do."*

Suggestions & Ideas for Self-Determination:

- Volunteer list of teenagers you could call to get help around the house
- Mentorship programs
- Services to keep people in homes longer:
 - Reinstigate/replicate a community nursing program - home visits to check in on basic overall health, help making appointments if higher-level care needed, etc.
- More SASH
- "In-between" housing: a step in-between living in your own home and assisted living. Something like between 65-75, purchase a condo type senior living so don't have the responsibility toward a more community based place you own or lease and have more services in a more neighborhood feel but not so incredibly expensive.
- Housing developments formed around the principle of "coming together as a group of people to watch over one another." Needs to be multi-generational.
- Expansion (eligibility, workforce) of Medicaid's Choices for Care Program
- End-of-life doulas
- Combine the Eastern and Western medical approaches
- Scams: *"We need to have the information and also the technology to say 'no' and when not to respond to things on your phone"*
- Advocate for continued legislative changes that support self-determination in end-of-life decision-making.

Housing, Transportation and Community Design

Principle: *Vermont communities should be designed, zoned, and built to support the health, safety, and independence of older Vermonters, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.*

Note: these three topics were discussed separately during the sessions

HOUSING:

Q1. What are some good features of your current home, what do you like about it?

Major themes:

- **Have (or can) adapt house to meet changing needs** [live on one floor, only one floor, can build an ADU (Accessory Dwelling Unit), bathroom changes, someone can live upstairs in future and help, installed a stair lift, etc.]
- **Close to (or with) family (or planning to be)** (ADU, daughter two blocks away, living with daughter, etc.)
- **Lighting** (well-lit, has good natural light/sun)
- **Home share situation, both sides benefit** (rent-free in exchange for painting, cleaning, assistance)
- **Location is close to things, convenient to get around** (walking distance, bus stops, paved roads)
- **Rural, “middle of nowhere” - “peaceful and quiet”** (“I love living where I can’t see my neighbors,” “I don’t bother anybody, and nobody bothers me.”)
- **Living in “community,” “village”** – children playing; like hearing, spending time with neighbors

“I appreciate more and more that we actually live in a village. It is still rural, but we are still in a village. We have become very cohesive. We all get along and we all get together. We do TGIF at somebody’s house every Friday and everybody brings something to share with everybody else. Community is important with people around you that you know and that you can depend on and that has to do with housing.”

“I live in an independent living facility... I absolutely love it. I tend to be a shy person, but I am forced to interact with people every day when I leave my apartment and I have neighbors. To live in a community these days is precious, valuable, and amazing.”

Minor themes:

- **SASH**
- **Nice view (trees, field)**

- **Being independent**
- **Soundproof – can sing and not bother my neighbors**
- **Cross-country ski out my door**
- **Heat pump**
- **Garage**

Q2. On the other side, what are some not-so-good features of your home, what's not working well?

Major themes:

- **Housing has need for maintenance, updating, housing-keeping**
 - Landlords not doing upkeep, making needed updates
 - Senior housing, told updates “not in the budget”; owners not “taking pride” in older buildings, lack of housekeeping
 - Own houses – older, need expensive repairs, maintenance (windows, insulation, etc.); can't do all the housekeeping/chores anymore

“For those who are living in single housing, the houses are aging with them.”

- **Housing is not affordable**
- **Where you live affects your ability to get around (e.g., no public transportation, bad sidewalks, no sidewalks, etc.)**
- **Housing will not meet my needs in the future (full bath upstairs, stairs to main level)**
- **Housing shortage – hard to find, especially if want to downsize**

Minor themes:

- **Where you live can make you isolated, affect your mental health**
- **Lack of soundproofing, noisy**
- **Fall hazard (cement floor)**
- **Close to family**
- **Don't know all my neighbors**
- **Get “stuck” where you are, a lot of change**

Suggestions & Ideas for Housing:

- More housing inspectors to ensure homes owned by out-of-state (or inattentive local) landlords are safe
- Fix zoning, perhaps, to get new housing for older Vermonters located in downtowns/within walking distance of services, centers
- Shortage: *“get rid of all the impediments and get the commercial builders into it”*

- “In-between” housing: a step in-between living in your own home and assisted living. Something like between 65-75, purchase a condo type senior living so don’t have the responsibility toward a more community based place you own or lease and have more services in a more neighborhood feel but not so incredibly expensive.
- Housing developments formed around the principle of “coming together as a group of people to watch over one another.” Needs to be multi-generational.
- *different models for senior housing. I’d like to have more intergenerational housing or smaller housing. A lot of times in current housing situations the younger people have mental health challenges. What about human services professionals living with them? Senior center and preschool nearby with back-and-forth interaction. We don’t see this enough.*
- More funding for mental health services for those feeling isolated in their homes
- Home Share program – expand it to NEK
- Move in with your kids
- Somehow utilize homes that aren’t being lived in
- More supports for people aging in place; more money in modification needs program (e.g. housekeeping).
- Find a “better way of promoting and making palatable 3-4 people living in the same house” – boardinghouse concept
- *“In Scandinavian countries there is like a little neighborhood with tiny houses with lots of light and maybe with a central building for meetings with its own kitchen and people keep an eye on everybody and maybe a nurse or doc comes in once in a while...”*
- *“Create artificial communities with a central courtyard with a mixture of older and younger people and they all live in a way where they help solve issues like daycare.”*
- *“There are 16 tech centers throughout the state and kids going through electrical, plumbing, etc. programs and to give them experience going out to fix things and interact intergenerational in the community – even change a lightbulb. All these kids give them an opportunity to learn and use skills in the environment in the community. There is an underutilized opportunity out there. Every one of them has an auto repair place. They will change your oil for free – you just pay for the oil and they take care of that. How many people know that?”*
- Put more funding into programs to assist people to “put an apartment into your house for more income”; spread the word on this, including a possible tax credit?
- Have local agencies do what Efficiency Vermont offer: Free Virtual Home Tour - you use your phone to walk from the basement to the attic and they tell you what you need to do to make your home more efficient
- Create advocate program for older Vermonters who own their own homes, who can help them make decisions about improvements they need to do re: insulation, heating systems, etc. (*“We are afraid of getting ripped off because people aren’t knowledgeable about home improvements and the home improvement industry has a very bad reputation. So we are afraid of the industry and do nothing. As I said before, we need qualified advocates that work for the buyer and not the seller.”*)

- Better access to information about what is available: *“Where are the retirement complexes both CCRCs and independent living for 55+ in Vermont?”*
- Help *“people who live rurally and struggle to maintain their own housing”* with *“how do I adjust my home to have a co-living situation or rent a part of the house or do Air B&B? They aren’t handy and can’t do it.”*
- Have *smaller apartments in assisted living*
- *“More intergenerational housing, maybe people who work in social services could live amongst aging community members”*
- *“I wish you could call someone when you need help with things around the house such as washing your windows”*
- A program to look at someone’s living situation with “fresh eyes” re: how it needs to be adapted to be able to age in place

Transportation:

Q3: How do you get where you need to go these days, and what do you like about that?

- Most people are getting places by **CAR**. They like:
 - Convenient (don’t have to rely on other people, can go when/where want)
 - Accessibility (can get into car, door-to-door)
 - Can bring pets
 - Can transport groceries, etc. home
 - COVID protection – don’t have to travel with anyone else
- Some people **WALK** places.
 - Free
 - Social aspect: *“People are great here. People talk to you; everybody talks to everybody.”*
 - Health (physical & mental) benefits:

“I can walk within reason depending on my mood. The angrier I am the further I can walk. The more determined I am the better I can walk. Try to get 5000 steps a day.”
- People also use the **BUS** (public, *“big bus that comes to Heineberg Housing”*)
 - Free & money saving (sold one car)
 - Bus stop nearby
- **SSTA**
 - *“system is good”*
 - *“There’s a company called SSTA – you call them up with where you need to go – they will come and get you and come back 90 minutes later and get you – it’s worked beautifully for me.”*
- People also mentioned getting places by **CARPOOL** and **BIKING**.

Q4: What don't you like about your transportation?

Things people don't like about using a **CAR**:

- Expenses
- Impact on environment
- Car with many miles on it, maybe will break down
- No Carport
- Don't like/not able to drive at night, in icy/snowy conditions

Things people don't like about using the **BUS**:

- No shelter to wait in (from sun, snow, or rain)
- Confusing routes (have to make changes)

Things people don't like about using **MICROTRANSIT**:

- Visually impaired friend didn't get picked back up
- Have to sign up on-line (technology barriers)

Things people don't like about **WALKING**:

- Snow, ice
- Other safety concerns mentioned earlier (drivers, no sidewalks or in bad repair, etc.)

Things people don't like about **Senior Housing Vans, Green Mountain Transit, etc.:**

- So many rules, inflexible
- Family members and caregivers can't accompany their older Vermonter

Q5. If you have to stop driving in the future, what could you do for transportation?

- **Would have to move (closer to a bus route, closer to my kids, etc.)**
- **Don't know; "it won't work"**
- **Continue to walk or bike to the bus stop**
- **"Rely on the kindness of my neighbors"**

Suggestions & Ideas for Transportation:

- Bring back the Senior Center van; make schedule less confusing
- "Uber for Elders"
- Figure out how to get more people to staff SSTA
- Allow family members and caregivers to sign a liability waiver to ride transportation with their person
- Bring back inexpensive delivery services for groceries, etc. like during COVID
- Figure out how to help older Vermonters overcome technology barriers to using microtransit
- Make microtransit more accessible for Vermonters with disabilities

- Put shelters at bus stops
- Create carports at senior housing complexes
- Ease the rules/create more flexibility at GMT
- More transportation options; more public transportation – especially in rural areas
- More door-to-door transportation; accessible (can't climb in those vans, bus stop down a steep hill, etc.) SJ: I live at the Pines and it would be a good idea to have a bus to go to St. J. the driver won't take him to work. They stop at a bus stop and he has to walk with his cane to the market and it's a busy travel section. If he can get a bus to come to his door somewhere close to pick him up, it would be nice.
- Figure out ways to find more volunteer drivers; drivers who are younger/not aging out of driving themselves (might be insurance barriers here that need to be fixed to get more volunteers)
- More Ride Share type of options.

Community Design:

Q6. What features of your community work well for you, do you enjoy using?

Burlington:

- **Bike path**
- **Centers (Heineberg, Miller)**
- **Parks**
- **Library**
- **Churches**
- **Being close to things**
- **Hair salon**
- **Grocery store**
- ***"live on the lake"***
- **Neighborhood is *"beautiful,"* with *"flowers and decorations"***
- **Get to see kids playing in the park, walking to school**
- **Can walk**

Outside of Burlington:

- **Have a pharmacy that delivers**
- **Many community buildings now accessible**

"In Putney there was a time when many buildings weren't accessible, but many are now with ramps and push buttons for doors. But people advocated very strongly for accessible housing and those people are now reliant on accessibility."

Q7. And on the other side, what is your community missing?

- **Community center, café, etc. – a place to drop in and see people**
- **Good sidewalks**
- **Lighting**
- **Adult daycare**
- **SASH – community component is missing**
- **Community Watch**
- **Indoor place to walk in the winter**
- **Accessible public spaces for those using a wheelchair or walker**
- **Bike lane (in the road)**

“Before COVID there was a [coffee?] shop in _____ that was well known as an older population hangout mid-morning. You could go there any weekday and get a coffee and a donut and they had tables and you would find somebody you knew. It was a good social setting and informal and it still hasn’t opened. They sell coffee but there is no table service there anymore. That was very helpful, men and women would go there.”

“In my neighborhood there was a Community Watch but it kind of disappeared. It connected you to your neighbors – the telephone numbers were there. We knew everyone in the neighborhoods’ numbers. Now neighborhoods are disconnected and it’s difficult to get in touch with your neighbors.”

Suggestions & Ideas for Community Design:

- Make buildings more accessible but *“Do it in a historically responsible and aesthetic way.”*
- *“Village model of volunteering ...can be part of every village design to make sure that is something in every community.”*
- More dedicated bike lanes (in the road). Look to what Boston is doing.
- Use solar lighting

Other Solutions/Needs

- Reliable Cell-service across Vermont
- Better, more reliable internet service
- Classes on basic computer skills (to help people with on-line applications for services, etc.) (Make it accessible, use of pictures)
- Replication/expansion of Council on Aging’s program where they hired someone to do home visits to train people on technology (remotes, phones, etc.) – “Geek Squad”
- Find interns from the colleges and high schools to do community service in IT
- More help with finding resources and possible solutions to medical issues or any of the issues that you might have (“Village to Village idea”)

Final Comments:

- *“What happens to all this information?”*
- *“There are ways to give feedback but no accountability and follow through for higher-ups in the organizations providing services for aging people.”*
- *“Would love to hear more. Thank you!”*
- *“I’d love to join your statewide committee.”*
- *This was “Very helpful and informative. I am glad I came.”*
- *“I think this is great that you are going around the state.”*
- *“This has been really wonderful! Thank you!”*
- *“Thanks for all you do and best of luck with the future seminars!”*

Final Conclusions

The findings from the statewide listening sessions indicate there are many ways in which Vermonters are aging well in communities large and small. There are also multiple areas of need and opportunities for improvements to allow older Vermonters to thrive. Major themes across topic areas include:

- Availability, Access, and Connection to
 - Social interaction, inter-generational interaction
 - Health care
 - Nutritious and ample food
 - Exercise – physical and mental activities
 - Safe & comfortable community
 - Home modifications to support aging in place
- Obstacles to achieving the above
 - Isolation
 - Lack of and/or limited transportation or safe walkable areas (sidewalks, lighting, etc.)
 - Accessibility barriers
 - Winter weather
 - Cost – financial restrictions
 - Limited options – ex. medical providers
 - Not being heard, understood, or appreciated
 - Pride – difficulty asking for help

Additional input from populations not necessarily reached for these sessions is indicated. These populations include more marginalized groups such as low income, rural, minority (BIPOC, New

Americans, LGBTQ+, etc.), those in residential living and care (Assisted Living, Nursing Home, etc.), individuals with disabilities, family caregivers, and more.

These results will be used by the Vermont Action Plan for Aging Well Advisory Committee in drafting objectives and strategies for the 10-year multi-sector plan for building an age-friendly state. Learn more about the planning effort at:

www.dail.vermont.gov/resources/legislative/older-vermonters-act/vt-action-plan-aging-well-advisory-committee-2023/

Acknowledgements

Thank you to all the Vermonters who generously gave of their time and shared their voices in these listening sessions. Your contributions are incredibly valuable.

Thank you to the communities who hosted listening sessions.

Thank you to the Vermont Action Plan for Aging Well Steering Committee who helped coordinate and facilitate sessions.

A special thank you to Melissa Phillips, Evaluation Director at the Vermont Department of Health, for your work developing the question guide.

Contacts

If you have questions or comments about this report, please contact:

Angela Smith-Dieng, Director, Adult Services Division
Department of Disabilities, Aging and Independent Living
Angela.smith-dieng@vermont.gov
802-241-0294

Resources

[Older Vermonters Act Principles chart](#)

Listening Session Question Guide

Listening Session Question Guide

Aging Well Action Plan - Baseline Assessment

Topic	Minutes
Introduction	10
<p>Welcome, and thank you for coming. I'm _____ from _____ and this is _____ from _____.</p> <p>We're holding this listening session because it's important to learn about your experiences as we develop Vermont's Aging Well Action Plan. This Plan will be designed to make improvements in eight areas, following principles that address what it means to grow older in Vermont in a positive and healthy way. Before we can develop the plan, we need to know how things are going with you in these areas. This will give us a sense of our starting point and help us create a plan that is most helpful to you.</p> <p>In this session, we're going to talk about just 6 of the principles, so we don't take too much of your time. However, if you'd like to see the see the full set, we have printed copies. Feel free to take a copy home with you.</p> <p>We will do our best to keep anything you say or write anonymous, meaning that we will not match it with your name in any reports or presentations about these sessions. We do want to make sure we accurately and thoroughly gather your comments, so we have [NAME] here, taking notes.</p> <p>What we'll do during this session is to go through each of the principle topics, one by one, and discuss what's going well for you and where challenges lie. We'll take a short break if we need to, but feel free to get up, move around, and take care of your needs throughout. Please help yourself to refreshments.</p> <p>At the end of the principles, we'll ask for your ideas about actions we can take to improve things. If you have ideas come up as we talk about the different topics, please write them on your notepad and make sure you put the number of the principle it goes with. You can hold onto these until we collect them, and we'll address them later.</p> <p>What questions do you have? [Answer any questions.] Okay, let's get started!</p>	

Topic	Minutes
<p data-bbox="203 233 1260 275">1. Optimal Health and Wellness</p> <p data-bbox="203 317 1260 390">Let's start by talking about Optimal Health and Wellness. Optimal means the best that it can be.</p> <p data-bbox="253 432 989 464">1. What things have helped you to be healthy and well?</p> <p data-bbox="396 512 1255 585">[Probes: Going to the doctor, dentist or therapist, going to yoga or other exercise classes, eating vegetables, etc.]</p> <p data-bbox="396 632 1187 705">[Facilitator: Ensure mental health comes up. If it doesn't, ask: What has helped your <u>mental</u> health?]</p> <p data-bbox="253 747 1166 779">2. What things have gotten in the way of you being healthy and well?</p> <p data-bbox="396 827 1195 932">[Probes: Cost of medications or food, not being able to drive, unsafe roads/no sidewalks, not having a doctor you know and trust, not feeling comfortable going to a therapist, etc.]</p> <p data-bbox="203 978 1224 1083">Thank you for your sharing your stories. Remember to write down any ideas you have for how we can help you improve your health and wellness on your notepad. Hang onto them for now. Let's move to the next topic.</p>	<p data-bbox="1333 233 1369 264">10</p>
<p data-bbox="203 1125 605 1167">2. Safety and Protection</p> <p data-bbox="203 1209 1239 1356">Now let's talk about the topics of Safety and Protection. This principle is about you being able to live in safe communities, but also that you are protected from abuse, neglect, and being taken advantage of, or exploited. Let's talk about feeling safe, and then about protection.</p> <p data-bbox="253 1398 753 1430">1. Where and when do you feel safe?</p> <p data-bbox="302 1478 1151 1509">[Probes: Maybe in your home, during the daytime, in your town?]</p> <p data-bbox="302 1558 1187 1631">Facilitator: If it doesn't come up, ask: What is it about those times or places that makes you feel safe?</p> <p data-bbox="253 1673 786 1705">2. Where and when do you feel <u>unsafe</u>?</p> <p data-bbox="302 1753 1114 1785">[Probes: At night, when I'm alone, in Burlington, on stairs, etc.]</p> <p data-bbox="302 1833 1187 1906">Facilitator: If it doesn't come up, ask: What is it about those times or places that makes you feel <u>unsafe</u>?</p>	<p data-bbox="1333 1125 1369 1157">10</p>

Topic	Minutes
<p>3. Now onto protection: What things make you feel protected?</p> <p>[Probes: Maybe having neighbors close by, having a Neighborhood Watch group, having someone I can call if my home health provider doesn't show up, having police in my town, etc.]</p> <p>Facilitator: If it doesn't come up, ask: Is there anything that protects you from being taken advantage of, or exploited – like phone scams?]</p> <p>4. And what do you <u>not</u> feel protected from or what protections are you missing?</p> <p>[Probes: Maybe you or someone you know got that phone call asking for money and you didn't know who to ask if you could trust them; You don't have police in your town anymore; You don't know what to do if someone doesn't show up or is being mean to you, etc.]</p>	
<p>3. Financial Security</p>	<p>10</p>
<p>Let's move to the topic of financial security, meaning you have enough money to take care of yourself, to pay your bills – worries about money don't keep you up at night.</p> <p>1. If you feel financially secure (or that you will be in the future), what makes you feel that way?</p> <p>[Probes: Maybe you have a job that pays the bills, or you'll have a pension when you retire, etc.]</p> <p>2. If you don't feel financially secure (or you worry about the future), what makes you feel that way?</p> <p>[Probes: Maybe you worry about having enough money to cover your medical bills or the cost of your prescriptions, or you might not be able to retire when you want to, worry about prices of everything going up, etc.]</p>	

Topic	Minutes
4. Social Connection and Engagement	10
<p>Let's continue our discussion. Our next topic is social connection and engagement. This means doing things with people, talking with people, feeling like you're a part of the community.</p> <ol style="list-style-type: none"> 1. What things have you been able to do to keep yourself socially connected and engaged? <p style="margin-left: 40px;">[Probes: These could be things like, going to Town Meeting, going to the theater, walking to the park, etc. Or maybe you volunteer or video chat with people?]</p> 2. What things have gotten in the way of you being socially connected and engaged in the ways you wish to? <p style="margin-left: 40px;">[Probes: Maybe you can't drive, and don't have internet or a computer, or there aren't a lot of things to do in your community for people your age. Keeping safe from COVID may have been a big barrier.]</p> 	
OPTIONAL BREAK	10
<p>Let's take a short break. Help yourself to refreshments, use the restroom if you need to (remind people where they are). I'll take your notes now. Let's plan to be back in our seats and ready to continue at [TIME].</p>	
5. Self-Determination	10
<p>[Welcome back!] Let's talk now about the topic of Self-Determination. For this topic, we'd like to read you some of the principle. It says,</p> <p style="margin-left: 40px;">"Older Vermonters should be able to direct their own lives as they age so that aging is not something that merely happens to them but a process in which they actively participate. ...older Vermonters deserve dignity and respect and must be at the core of all decisions affecting their lives, with the opportunity to accept or refuse any offering."</p> <p>So, self-determination means being in control of your life, being the one who decides what's right for you.</p>	

Topic	Minutes
<p>1. What are some examples of times when you've had self-determination – you could say no to something?</p> <p>[Probe: Maybe you were able to say no to something that was offered to you, like a service or support you didn't want. Maybe you were able to stay in your home when someone suggested it was time to move. Maybe someone said, isn't it time to stop driving? Or told you what to eat and drink.]</p> <p>2. What are times when you didn't have as much self-determination – when others were trying to make decisions for you, and you didn't feel like you could say no? You can talk about a family member or friend's experience, too.</p> <p>[Probe: Maybe you or your friend were made to go to the doctor when you didn't want to, or you had to convince your parent to stop eating certain foods. Maybe you had to stop driving, or move to a different home.]</p>	
<p>6. Housing, Transportation and Community Design 10</p>	
<p>Now let's move on to the topics of Housing, Transportation, and Community Design. Let's talk about these one by one.</p> <p>1. What are some good features of your current home, what do you like about it?</p> <p>[Probes: Maybe you like it because it's comfortable and familiar, maybe you've lived there for a while, maybe it's close to friends or family. Maybe it has good heat.]</p> <p>2. On the other side, what are some not-so-good features of your home, what's not working well?</p> <p>[Probes: Maybe your home needs expensive repairs, maybe it's cold and drafty in the winter, maybe it's far away from your doctor or family or friends, maybe the stairs are steep, etc.]</p> <p>Now let's move to transportation.</p> <p>3. How do you get where you need to go these days, and what do you like about that?</p>	

Topic	Minutes
<p>[Probes: Maybe you like that you have independence, can go where you like, when; maybe you like to talk to other people on the bus, etc.]</p> <p>4. What don't you like about your transportation?</p> <p>[Probes: Maybe the bus doesn't come when you want or need it to, or maybe it doesn't stop near where you need to go, etc.]</p> <p>5. If you have to stop driving in the future, what could you do for transportation?</p> <p>Let's talk now about your community, and how it is designed or set up.</p> <p>6. What features of your community work well for you, do you enjoy using?</p> <p>[Probe: For example, maybe there's a park down the street from you, and a good sidewalk to walk there, or a movie theater with a ramp at the door, or you have a nice town library, etc.]</p> <p>7. And on the other side, what is your community missing?</p> <p>[Probes: Maybe your town doesn't have a grocery store, or sidewalks (or they are terrible), maybe you don't feel safe going to the town park, etc.]</p>	
<p>Overall Discussion</p>	<p>10</p>
<p>Okay now we've discussed the six principles, or topics. These were [POINT TO DISPLAYED FLIPCHARTS], 1. Optimal Health and Wellness, 2. Safety and Protection, 3. Financial Security, 4. Social Connection and Engagement, 5. Self-Determination, and 6. Housing, Transportation, and Community Design.</p> <p>Now let's talk about – what ideas do you have for improving things?</p> <p>[Facilitator: now or later, read off some ideas people came up with earlier.]</p> <p>[Probes: Maybe you'd like to take a class on something, or wish there was a club you could join. Maybe you'd like to add some stops to a bus route or get some help with home repairs. What do your friends or family in other places have that you'd like to have, too? What makes you annoyed? What makes your heart sing? Any other ideas, how about for [TOPIC]?]</p>	

Topic	Minutes
Closing	10
<p>Thank you for sharing your thoughts and ideas at this session. We really value your contributions. Once we're done with these listening sessions, we'll combine everyone's comments, and start to develop Vermont's Action Plan based on them. If you would like to receive more information about the plan, please give your email address to [NAME].</p> <p>We have one more request for you before you go. Because we are trying to hear from a wide variety of Vermonters as we develop this Action Plan, so it works for everyone, we'd like to know a little About You. We have a one-page survey we ask you to complete. It is your choice.</p> <p>Now the questions on this paper might feel a little personal. We assure you that your answers won't be linked with you in any way; please don't put your name on the paper. We ask them only to make sure we are hearing from a diversity of Vermonters. When you are finished, you can fold the paper in half and place it in the box here. If you need help filling it out, you can ask [NAME].</p> <p>Thank you, again, for coming. We hope you enjoy the rest of your day.</p>	