



ODP Work Group Initiatives

Draft #1 - March 27, 2008

Why the Older Dominion Project:

The *Older Dominion Project* (ODP) exists to solve a problem:

We will have twice as many people over the age of 65 living in the Commonwealth in 20 years. We aren't ready for them; we have an incredible amount of work to do to prepare. We have to start now.

The ODP is a non-profit initiative by Virginia businesses, government, foundations, and non-profits to prepare Virginia for the age wave - the doubling of the Commonwealth's 65+ year old population from about 900,000 now to 1.8 million by 2030 caused by the aging of the Baby Boomer.

The ODP was created in 2007 by a group of business leaders, health system executives, executive directors of non-profit organizations serving Virginia's aging population, leaders from Virginia's philanthropic community, esteemed academicians from Virginia's universities, and state government officials.

The ODP serves as an inspiration, catalyst, and independent platform for networking, collaborating, planning, and supporting age wave planning initiatives. The goals of the ODP are to:

- 1) Build awareness of the coming age wave and its potential impact on the Commonwealth;
- 2) Attract a broad array of stakeholders who want to prepare for this demographic shift;

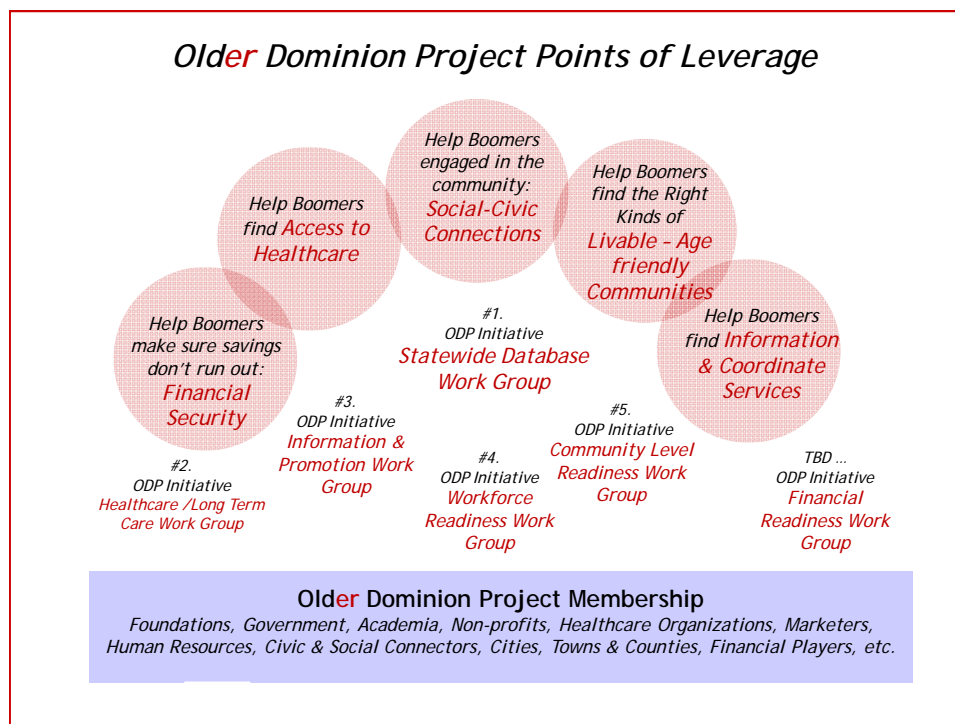
- 3) Help facilitate the creation and advancement of community-driven, overall strategies to accelerate Virginia’s age wave preparedness;
- 4) Support ODP members through strategic coordination and possible alignment of funding sources; and
- 5) Document and report on Virginia’s progress in preparing for the age wave.

A complete overview of the *Older Dominion Project* can be found at www.olderdominion.org.

Research-Inspired Work Group Areas:

The Southeastern Institute of Research, Inc. (SIR) conducted a statistical regression analysis on the ODP Residents’ Study data to explore and identify any linkages between how people rated their overall preparedness to navigate issues related to aging and how prepared they feel in currently addressing specific concerns. This process looks for relationships or predictors where a higher rating on an attribute positively or negatively impacts the overall preparedness rating.

The ODP’s initial research findings suggest there are five primary areas that are directly related to Boomers’ sense of preparedness to navigate issues related to aging. These areas are depicted in the red circles below.



Overview of ODP Work Group Initiatives:

To help answer this call, the ODP Implementation Team has identified priority initiatives for Work Group areas. These Work Group areas do not match up precisely to the preparedness focus areas. There is overlap with some and one work area - managing finances - may need an entirely separate Work Group that has not yet been named. Below are quick descriptions of each Work Group's initial area of focus that will start the discussion:

1. *Statewide Shared Database Work Group:*

This Work Group will be responsible for creating a statewide database to profile accurately the state's aging population and to monitor age wave preparedness.

2. *Healthcare, Wellness & Long-term Care Insurance (LTCI) Work Group:*

Healthcare cost is a top issue for everyone - individuals, businesses, elected officials. It is also one of the most complicated. Health, wellness, affordable healthcare, and individual financial management to afford healthcare are all inter-related concerns of Virginia's aging Boomers. This ODP Work Group, comprised of leaders from Virginia's health systems and businesses, will discuss the optimal way to approach this broad topic area. Should additional Work groups be created? Should one topic, such as Long Term Care Insurance, be prioritized as starting point or example of ODP support? In the case of LTCI, should this Work Group potentially explore a new business model that could help more Virginians sign up for long-term care insurance?

Based on all of this, the initial task of this Work Group is to formulate the optimal ODP focus on what is one of the most complicated topics facing Virginia.

3. *Information Coordination & Promotion Work Group:*

This Work Group will work to find ways to help inform and educate Virginians about pro-aging support programs and services that are currently available for eldercare-givers and aging citizens. This includes organizing a communications campaign.

Long-term, this group may also look for ways to disseminate ODP research findings to help inform the long-term evolution of Virginia's aging services, programs, and policies to be more align with aging Boomers' sensibilities. For example, if a new 20-year facility is being planned, the building's Board and design team may benefit from the knowledge this Work Group has to share.

4. *Workforce Readiness Work Group:*

This Work Group will help the business community prepare for the potential mass retirement of aging boomer *knowledge workers* (the so called "*brain drain*") and potential overall shortfall of workers.

5. *Community-Level Readiness Work Group:*

This Work Group will explore the development of programs, protocols, and possibly incentives to encourage communities around Virginia to begin planning for the inevitable age wave.

This document outlines these five initial ODP initiatives. Work Groups will be formally established at the March 27, 2008, ODP meeting held at the *Richmond Times-Dispatch*. Each Work Group will establish its own goals and timeline. The plan is for each Work Group to build on the ideas in this document and submit a formal work plan to the ODP. As needed, the ODP will use those work plans to solicit additional funding from appropriate sources.

ODP Initiative #1:

Solve the problem that there is not a statewide database that accurately profiles Virginia's aging population community by community, nor is there a way to subsequently monitor age wave preparedness.

Rationale: We can't operate in the dark.

Statewide Shared Database Work Group

ODP's Statewide Database Goal:

Create a shared online database of household statistics that profile Virginia's aging population, community by community, that can serve as a source of ongoing assessment of a local community's health in regard to serving its senior population (aging indicators) and preparing for assessing a locality's age wave preparedness.

The Need for a Statewide Database:

(Much of the following narrative describing the Database was taken from Dr. Lindsay's and Dr. Ansello's request to the General Assembly, submitted in prior years, for funding of a similar statewide database concept. This concept has not been funded to date.)

Virginia's human service agencies need an up-to-date research database on Virginia's aging population in order to plan and deliver the most appropriate services to those most in need, as well as consider the increase in existing and new services in the future. Simply put - Virginia must match needs to services and services to needs - *for today's seniors and the seniors of tomorrow*. Today, we do not have the information

to do so. This will become an even more acute need as Virginia's senior population doubles.

Current and prospective databases on older Virginians are neither comprehensive nor readily accessible. The Behavioral Risk Factor Surveillance System (BRFSS) of the Virginia Department of Health contains two questions on caregiving to a person over age 60. The U.S. Census 2000 Long Form does not contain questions on elders' mental health, functional status, health insurance status; nutritional status, dental health, transportation needs, need for personal care, physical therapy, homemaker-household services, legal or protective services, or other supportive services, to name some of the information deficiencies. Nor is Census 2000 data readily accessible for cross-tabulations on older Virginians.

Aging- and human service-related agencies at both the state and local levels require current and comprehensive information on such characteristics of Virginia's senior population as: (1) demographics, (2) housing and neighborhood, (3) social resources, (4) economic resources, (5) mental health, (6) physical health, (7) overall functional status, (8) disabilities, etc. At the same time, agencies need to assess older Virginians' awareness of and appropriate use of an array of community-based services, including: (1) home maintenance and homemaker-household services, (2) safety, legal and protective services, (3) social services, (4) employment training, (5) mental health, (6) healthcare and home health, dental care, assistive devices, (6) health insurance, (7) long-term care insurance, (8) access and use of Web-based information, etc.

All of this kind of information is self-reported behavioral data. It is vastly different from the ODP's two initial kickoff studies - the Residents' and Business Leaders' Studies. These two surveys collected information regarding attitudes and opinions about aging, as well as stated preferences for services for an older self (i.e., *how aging Boomers see themselves growing older in Virginia and what services they would like*).

Overview of ODP Statewide Database Initiative:

To gather the kind of statistical information needed for the ODP Database Initiative, the ODP Work Group will employ a comprehensive statewide mail- or telephone-based survey among a representative sample of older households - aging boomers and seniors (Virginia's adult population 50 plus). Follow-up work may be conducted as well, such as identifying caregivers of older Virginians with chronic impairments.

For comparison purposes, the information that will be collected from the Database Initiative survey will be similar to the information collected in the 1979-1980 Statewide Database survey. The 1979-1980 survey included the following topics. (*Note: Those with an asterisk were not covered in the U.S. Census 2000.*)

Characteristics and Resources Demographics Housing and Neighborhood Social Resources Economic Resources	<ul style="list-style-type: none"> * Mental Health * Physical Health * Dental Health ADI's * Nutrition * Elderly as Caregivers 	<ul style="list-style-type: none"> * Transportation * Social and Recreational Services * Employment-Related Services * Remedial Training
<ul style="list-style-type: none"> * Mental Health Services * Personal Care * Nursing Care Physical Therapy * Continuous Supervision * Checking Services 	<ul style="list-style-type: none"> * Relocation and Placement Services * Homemaker-Household Services * Food and Groceries * Meal Preparation * Admin/Legal/Protective Services 	<ul style="list-style-type: none"> * Multidimensional Evaluation * Information/Referral Services * Supportive Devices and Protheses * Dental Care

This ODP Initiative will be directed by the ODP Statewide Shared Database Work Group and facilitated by the ODP. The Work Group leader is Dr. Richard Lindsay. Members include the Virginia Department for the Aging, the Virginia Association of Area Agencies on Aging, and all of the Technical Advisors on the ODP.

The final study design will be formulated by the Work Group. Work Group members will also help design the survey instrument. The survey fieldwork and data analysis will be conducted by SIR and the Boomer Project.

The database will be housed and maintained on the *Older Dominion Project's* Web site (www.olderdominion.org). The ODP will aggressively promote the database to state and local agencies and aging services organizations. SIR will provide customized runs on the data as requested.

The Benefit to Virginia's Age Wave Preparedness:

Creating the shared database will help Virginia prepare for the age wave in a number of important ways. First and foremost, the ODP Database Initiative will provide robust and vital information that all ODP members can use for current and long-term resource planning needs. The previous database, based on the 1979-80 statewide survey, proved to be such a rich information resource that it was consulted routinely for over a decade by Virginia's human service agencies for service development, planning, and delivery. It is envisioned that the 2008 ODP Database will be just as valuable and will be used for years to come by all ODP stakeholders.

Second, the ODP Database Initiative will provide information to create an overall "state of aging" assessment. This assessment will be based on an array of "pro-aging

indicators” - such as access to healthcare, continued education, civic and social engagement, transportation, etc. The ODP Shared Database Work Group will use comparison measures to other states where data is available. (Note: Several states, such as Indiana and Kentucky, have conducted age wave preparedness studies using this approach of collecting self-reported behavioral data.)

The 2008 benchmark assessment will serve as the ODP’s *de facto* benchmark standard of performance - the current state of aging in Virginia. Future surveys will provide updates to the database and will measure how well Virginia is doing when it comes to care and services for its aging population. Is our senior population’s quality of life improving, remaining the same, or on a decline? The selected indicators and overall weight each is given will be formulated by the ODP Database Work Group under Dr. Lindsay’s and the Technical Advisors’ leadership.

Third, the ODP Database Initiative may be used to support another overall initiative contemplated by the ODP: the creation of a statewide community-by-community age wave certification program. The statewide survey will include adequate regional sample to report on Virginia’s 28 *Area Agencies on Aging’s* catchment areas. This regional data will not only help identify current needs and areas for action, but it can also be incorporated into a community’s long-range planning for age wave preparedness.

Tracking a region’s results over time could become a part of the ODP’s sanctioned designation/certification of a community as “age wave ready.” A similar model worked for Virginia’s economic development efforts, encouraging localities and counties to meet certain economic development standards in order to get on the list of possible sites from prospects interested in Virginia. Why not employ a version of this model for ODP’s age wave planning?

Fourth, the ODP Database Initiative will provide data and information for researchers all across the Commonwealth to use in support of their own research and grant requests.

Database Initiative’s Estimated Cost:

The estimated start-up cost to create this database is \$300,000. The majority of this money will fund the needed research to collect the data and build a Web-based repository for the data so it can be easily accessible 24/7.

Database Initiative Planning Team Leader:

Team Leader: Dr. Richard Lindsay

Next Steps:

1. Finalize the overall concept for the ODP Database Initiative, including content, survey approach, maintenance, and access. This work will take place at the March 27, 2008 ODP meeting.
2. Prepared a detailed and phased approach to implementation.
3. SIR/Boomer Project will aggressively work to line up funding for the Database project. One grant has already been submitted for \$150,000.
4. Present status of initiative at summer ODP meeting.

ODP Initiative #2:

Not enough Virginians are taking care of themselves from a health perspective, nor covering themselves from a long-term care insurance perspective.

Rationale: Improve the health of aging Virginians and having more Virginians insured for long-term care will increase the overall quality of life of Virginians and reduce the burden on the government and non-profits to care for the chronically ill and elderly, saving limited resources for other services.

Healthcare, Wellness & Long-term Care Insurance (LTCI) Work Group

ODP Healthcare & Long-term Care Insurance Initiative Goal:

Healthcare cost is a top issue for everyone - individuals, businesses, elected officials. It is also one of the most complicated. Health, wellness, affordable healthcare, and individual financial management to afford healthcare are all inter-related concerns of Virginia's aging Boomers. This ODP Work Group, comprised of leaders from Virginia's health systems and businesses, will discuss the optimal way to approach this broad

topic area. Should additional Work groups be created? Should one topic, such as Long Term Care Insurance, be prioritized as starting point or example of ODP support? In the case of LTCI, should this Work Group potentially explore a new business model that could help more Virginians sign up for long-term care insurance?

Based on all of this, the overall initial work of this Work Group is to formulate the optimal focus of ODP's work on what is one of the most complicated topics facing Virginia.

Assuming Long-term Care Insurance is Prioritized As Healthcare-related Initiative:

One of the largest, fastest growing cost drivers is long-term care for people with chronic illness or disability. As Virginia's aging population doubles, the state's cost for long-term care will skyrocket. If we don't change how we pay for and deliver it, it will place a growing burden on the state's resources and crowd out other important service needs. This situation has states across the country actively exploring different LTC insurance models. There are eight known state-sponsored LTC insurance pilot programs currently underway.

Virginia recently launched an innovative LTC insurance program called the *Virginia LTC Partnership*. This program gives Virginians access to high quality, long-term care insurance with "Dollar-for-Dollar Asset Protection," enabling participants to protect a portion of their assets if they ever choose to apply for Medicaid. Partnership and non-Partnership LTC insurance policies are virtually the same except that designated Partnership Policies have the added benefit of this Dollar-for-Dollar Asset Protection.

While the *Virginia LTC Partnership* is a great start, can Virginia offer more?

Overview of Health & LTC Insurance Work Group's Scope of Work:

This initiative will examine state-level pilot programs and test their potential as possible new platforms/business models for LTC insurance in Virginia, perhaps building upon the *Virginia LTC Partnership* offering. One component piece of this ODP initiative will be marketplace testing, through stated preference research, the most promising concepts. Here's how this will work.

Right now, there are basically three consumer groups for long-term care: 1) a group that purchases LTC insurance; 2) a group that has sufficient assets to purchase LTC at the point-of-service; and 3) a group that does not, or will not, have the resources to purchase either, and instead, utilize public assistance (i.e., Medicaid) after a defined asset transfer period. Far too many elders end up in the third group than would be predicted by disposable resource analyses.

Why? There are a multiple reasons as identified by the ODP Residents Study. Regardless of the reason, they then enter into the asset transfer stage and eventually end up on Medicaid. This "crowds out" the private pay group, or those with LTC insurance, and the system ends up cost-shifting. The result, LTC recipients fly first-

class and coach - but on separate planes. Everyone may be better served to have a larger number of people in the first two groups who are capable of paying more modest amounts, and who in turn would generate a sufficient market with enough capitalization and margins to provide a more palatable product for a larger number of recipients.

For the first group, there may be small purchasing groups that develop around employers. For the middle group, there are virtually no purchasing groups and, therefore, the consumer is basically a solo buyer. Having no horizontally integrated purchasing group for LTC is not in the best interests of either the buyer, or the seller. The question before us is this: *can a better model be created for Virginia?*

This ODP initiative will explore the innovative approaches other states are pursuing and potentially test possible models for Virginia by researching the willingness of aging boomers to purchase LTC insurance under different circumstances (product offerings) and pricing considerations. SIR/Boomer Project will make a significant donation of professional time to support this research effort. The ODP LTC Insurance Work Group will work together at a pace that the committee sets. It will be up to this task force to decide what should be studied, what to deliver as a report, and when to deliver it.

How Healthcare & LTC Insurance Initiative Benefits Virginia's Age Wave Planning:

At the very minimum, this Work Group will deliver to the ODP (at a future meeting) information that outlines the innovative pilot programs going on in other states and how Virginia residents view some of these innovative concepts - if they were available in Virginia (using SIR research as directed by the group). At the most, this Work Group could help create a new LTC insurance model for Virginia that benefits everyone - participating partners and underwriters and, ultimately, all aging Virginians.

ODP Healthcare & LTC Insurance Initiative Estimated Cost:

Most of the cost for this Work Group will be in their donated time to the ODP.

The cost to conduct the supporting research for this initiative is estimated at \$100,000. SIR/Boomer Project will make a substantial donation of professional time to help support this effort. Additional funding sponsors will be explored to help defray a portion of the research costs, especially the anticipated out-of-pocket sample cost.

ODP Healthcare & Long-term Care Insurance Initiative Planning Team:

Team Leaders: Dr. Sheldon Retchin, VCU Health System
 Joel Mier, Genworth Financial

ODP Healthcare & LTC Insurance Work Group Next Steps:

1. The ODP's Healthcare & LTC Insurance Work Group will first discuss and debate the most appropriate focus and approach for this Work Group. This may include additional analysis of the ODP Residents' Study in relation to healthcare issues.
2. The Work Group will create a scope of work and final membership/roles.
3. Potentially, the Work Group will examine promising components from the other LTC insurance programs currently underway in other states and explore potential product platforms or models.
4. The Work Group will update the ODP on the progress of this initiative at the summer 2008 ODP meeting and make recommendations of the optimal structure of ODP healthcare-related initiatives.
5. Ultimately, the Work Group will make recommendations to the ODP that could include a request for more funding and/or additional partners to support further study; formally recommend a pilot program concept to the appropriate elected officials/partners, or any number of other potential follow-up actions.

ODP Initiative #3:

Most Virginians have little or no knowledge of existing aging services.

Rationale: Knowing where to turn is the first step in aging preparedness, and new programs underway by the Commonwealth would benefit from additional support by the ODP.

Information Coordination & Promotion Work Group

ODP Information Coordination & Promotion Goal:

This ODP initiative will build greater awareness and familiarity of the existing services and programs Virginia currently offers families who provide care for their aging relatives.

The Need for Information Coordination & Promotion Initiative:

There are many organizations across Virginia that currently offer information about or help assist residents who provide care services for seniors.

Individually, all of these services have a small voice. Their different messages compete for attention against one another. The result is that many people at that first moment of need don't know where to turn for help.

Overview of OPD Information Coordination & Promotion Initiative:

To provide a more unified voice, this Work Group will work to create a more unified, well-coordinated communications approach - where to turn for information from A to Z on how to get from A to B when it comes to taking care of your aging relative.

One potential resource for this Work Group is a state-wide pro-bono awareness building campaign that could be supported by ODP Partner's in-kind contributions. SIR will line up pro bono services from a marketing services/advertising agency.

The media could be donated by ODP partners and media companies recruited by this Work Group. This could include businesses who currently advertise in Virginia media - companies in the optimal position to ask for donated media support from publications, television, and radio stations across Virginia.

Benefit to Virginia's Age Wave Preparedness:

This is one challenge that must be met - people must know where to turn today *and tomorrow* when it comes to aging related programs and services.

Building awareness of unified source takes time. It requires a well-executed and sustained communications campaign. This ODP effort will begin this journey. Optimally, creating and advancing a memorable brand will benefit aging Virginians for decades to come.

ODP Initiative's Estimated Cost:

The immediate next step for this initiative is to organize a plan and invite the appropriate people into the ODP to serve this Work Group.

The most significant costs of this effort will include the design and production of the creative materials. Optimally, media sponsors will minimize any significant media cost.

There are considerable costs involved with this kind of initiative. Producing comprehensive campaign materials for TV and radio production, photography, brochures, magazine, and newspaper ad files, etc.

ODP Building Awareness of Existing Pro-Aging Services Initiative Planning Team:

Team Leader: Debbie Burcham, Deputy Commissioner
Virginia Department for the Aging

Next Steps:

1. Create the Work Group.
2. Expand the Work Group with appropriate communication experts, media contacts from ODP members' organizations, and associations - Virginia Press Association and Virginia Association of Broadcasters.
3. Line up pro bono media support. Once preliminary commitments are obtained proceed with creative development based on Work group's direction.
4. Present status of initiative at the summer 2008 ODP meeting.

ODP Initiative #4:

Virginia faces an aging workforce, an onslaught of retiring Boomers, and more family leave to provide eldercare in the coming years. In addition, there is a crisis in the shortage of needed healthcare workers across the state.

Rationale: Putting plans and policies in place in companies and healthcare systems and organizations across Virginia to accommodate these new workforce realities will enable Virginia to deliver a high quality of life for its citizens and remain a top draw for businesses and residents.

Workforce Readiness Work Group

Overview of Workforce Readiness Initiative:

This Work Group initiative will help Virginia's business community and healthcare industry collectively prepare for and manage the age wave impact on their workforce - more older workers who want to work but want more flexible hours, the "brain drain" cause by the retirement of aging Boomers, the strain on younger workers who take care of elder relatives, and recruitment of new workers into the healthcare industry.

The Need for This Initiative:

We know from many sources that Virginia is and will continue to experience a shortage in healthcare workers.

The ODP Business Leaders' Study revealed that 65% of business leaders feel that the "aging workforce" is an issue for the economy. One-third says it is a very serious threat to the economy. To a lesser, but still an important extent, 41% of business leaders believe the "aging workforce" is an *issue to their own business*.

Almost two-thirds feel that the impending retirement of a large number of workers in the future is a serious issue for the economy, and a third feel that this will have a significant *impact on their company*. Actual caregiver experience drives this concern higher. Business leaders who are or have been caregivers are significantly more likely to believe the impending retirement of a large number of workers is a serious issue to the economy. Two in five say they are prepared when it comes to knowledge transfer.

No surprise, 63% of business leaders feel planning efforts to help ensure their community prepares to adequately serve the projected growth in an aging population is an important initiative. Almost two in five would find information and assistance helpful. More than half of those who would like help are looking for assistance with specific information on the aging workforce issues.

Clearly, Virginia business leaders understand the coming tsunami and its potential impact on their company. Rather than stand idly by and let it happen, the ODP wants to help organize business leaders to discuss and address these issues.

Focus of This Initiative:

This initiative can take many different directions, from organizing and sharing information, to holding information forums to giving presentations. It can also start off broadly or with an industry-specific focus such as healthcare.

The immediate next step for this Work Group is to develop a specific plan of action.

Estimated Cost:

The costs to address the issues in this area are enormous, not nominal. Regardless of cost, it starts with a plan of attack and the development of that plan will rely heavily on volunteer time.

ODP Initiative Planning Team Leader:

Team Leaders: Jim Dunn, Greater Richmond Chamber
Lynn Shafer, Ukrop's

Next Steps:

1. Create the ODP Workforce Readiness Work Group.
2. Expand the Work Group with appropriate ODP members' technical staff and appropriate associations (SHRM) and organizations (State and Metro-area chambers).
3. Hold follow-up brainstorming session to further examine the Business Leader's data, discuss the relevance of including the healthcare industry workforce shortage crisis as part of this Work Group versus creating a separate initiative.
4. Create an action plan. Submit appropriate request for ODP support.
5. Present status of this initiative at the summer 2008 ODP meeting.

ODP Initiative #5:

Encourage Virginia Communities to develop and implement age wave plans.

Rationale: Most local communities have long-range plans for development, but few, if any, have long-range plans for an aging population. There is the opportunity for the ODP, working with the Commonwealth and other interested organizations, to develop plans and protocols local communities can follow for developing age-readiness plans.

Community-Level Readiness Work Group

Overview of ODP Community-Level Readiness Work Group Goal:

The ultimate success of the *Older Dominion Project* will be community level readiness for the age wave. That can only happen when local communities develop and implement their own age-wave preparedness plans and protocols.

The Charlottesville region and Fairfax County are two Virginia communities that have set the pace in putting a community-based age wave plan in place.

This is a critically important long-term initiative for the ODP and requires involvement from many stakeholders.

The Need for This Initiative:

“All politics are local” best summarizes the need for this initiative by the ODP. While the Commonwealth, and even the National Administration on Aging, has issued edicts about preparing plans for serving an aging population, most communities to date have only gone through the motions and done the minimum effort. This may be understandable, but it is not acceptable, given the inevitability of the demographic wave about to crash.

Around the country, states and other localities have had some success encouraging and motivating local plans for the age wave. AARP and others have put in place public/private initiatives to encourage community level planning.

In truth, the ability of local communities to put in place “first response” plans post 9/11 indicates that age wave planning can too be implemented across the Commonwealth. The age wave does not have the focused threat of a terror event as motivation, but it does come with 100% certainty: by 2030, we will have twice as many citizens over the age of 65 living in Virginia as we have today.

Overview of This OPD Initiative:

This Work Group can take on many different paths. Some preliminary ideas:

1. Review the *Older Dominion Project's* files (at SIR) that inventories dozens of city-level and community-level planning initiatives from around the country, public and private. Identify the best of the best for us to consider for Virginia.
2. Create a planning protocol - a guidebook to age wave planning - that can be adapted and easily used in local communities across Virginia.
3. Host an ODP Planning summit for cities and towns across Virginia. Profile best national and Virginia case studies. Share the ODP research.
4. Explore incentives and other encouragements that could be put in place to ensure age wave planning. Perhaps an “Aging Ready Certification” or similar

designation makes sense. This worked well with economic development preparedness for communities around Virginia.

5. Explore ways this initiative can be tied in with the shared database Work Group. The three-year survey that updates the database can be conducted in a manner that provides information down to an AAA region (28 regions across Virginia). Regional scores can be tracked over time.

It will up to the Work Group to decide the smartest and most effective approach to plan for this ambitious undertaking. One thing is for certain, this initiative should involve all key stakeholders across the Commonwealth, including but not limited to the state government, area agencies on aging, other aging services providers, the health care community, county and local governments, businesses, and non-profits.

ODP Initiative's Estimated Cost:

We think the costs for this initiative will consist initially only of the time volunteered by group members. Ultimately, once a planning protocol is developed, there will be costs for creating and preparing any materials to be disseminated across the state, and any communications effort to spread the word.

ODP Initiative Planning Team:

Team Leader: Linda Nablo, Commissioner, Virginia Department for the Aging

Next Steps:

1. Create the Work Group and hold an organizing meeting.
2. Expand the Work Group with appropriate ODP members' organizations, and associations.
3. Create an action plan with appropriate request for resources.
4. Present status of initiative at the summer 2008 ODP meeting.