AGING ROADMAP

San Diego County Regional Plan

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During the next twenty years, San Diego County's demographics will change in many ways. One major change will be in our older adult population, which will become a larger share of the total population. We are living longer: the number of people age 85 years and older will double by 2030.

As we are living longer, our region needs to work collaboratively to provide a community where everyone can thrive. The demand for care and support for older adults will continue to grow, and the supply will need to keep pace. Our region's affordability and livability are especially challenging for those on a fixed income. As we continue to become more culturally and ethnically diverse, our systems of care need to be flexible to meet a wider range of needs. How our systems of care and communities change to meet the needs of older adults and their families will have a major effect on everyone's quality of life. In addition, the older adults in our community bring a wealth of expertise and experience from which the entire region can learn and benefit.

The Aging Roadmap is San Diego County's regional plan. Developed by a wide range of community partners who support older adults, the Roadmap is supportive of the County of San Diego's *Live Well San Diego* vision and is guided by the County of San Diego Health and Human Services Agency, Aging & Independence Services (AIS). AIS convenes partners and provides services to older adults, people with disabilities, and their family members to help keep clients safely in their homes, promote healthy and vital living, and celebrate positive contributions made by older adults and persons with disabilities.

The Aging Roadmap vision and implementation is organized by 10 focus areas that collectively represent our county's comprehensive system of care, including person-centered and community-wide efforts. This builds on successful collaboration and encompasses Age Well San Diego, the Older Americans Act, and the Regional Area Plan.

The County and community partners will build on current collaboration on the Aging Roadmap journey, coordinate service delivery, measure progress, and connect our efforts to statewide and national initiatives. Strengthening San Diego County's comprehensive system of care will improve the lives of older adults, their families, and quality of life for everyone.

The Role of Aging and Independence Services (AIS)

AIS provides services to older adults, people with disabilities, and their family members, to:

- Help keep clients safely in their homes
- Promote healthy and vital living
- Promote and celebrate positive contributions made by older adults and persons with disabilities
- Serve as the region's Area Agency on Aging
- Administer, coordinate, and deliver care through more than 30 programs:
  - Adult daycare
  - Counseling
  - Meals
  - Educational opportunities
  - Employment
  - Health promotion
  - In-home support
  - Legal assistance
  - Money management
  - Respite care
  - Transportation
- Convene partners to create innovative solutions
- Help strenghten a comprehensive and coordinated system
- Implement the Alzheimer's Project

What is Age Well San Diego?

In 2016 at the direction of our Board of Supervisors, the County applied to join the World Health Organization and AARP® 's Network of Age-Friendly Communities and became a Dementia-Friendly America community partner. Age Well San Diego is a marriage of these two important global initiatives. In San Diego, age-friendly plus dementia-friendly equals Age Well San Diego.

Five core themes were identified by the community to take action and create an age-friendly and dementia-friendly San Diego County. These themes are Social Participation, Dementia-Friendly, Health & Community Support, Housing, and Transportation.

Why the Aging Roadmap?

- Provides a comprehensive regional plan
- Adds 5 new focus areas, and complements Age Well San Diego
- Government can't do it alone- we need community stakeholders, older adults, businesses, community partners, and individuals to help us clear the roadblocks to aging safely and comfortably

What is the Roadmap?

The Aging Roadmap is the San Diego region's vision and framework for supporting healthy aging for everyone

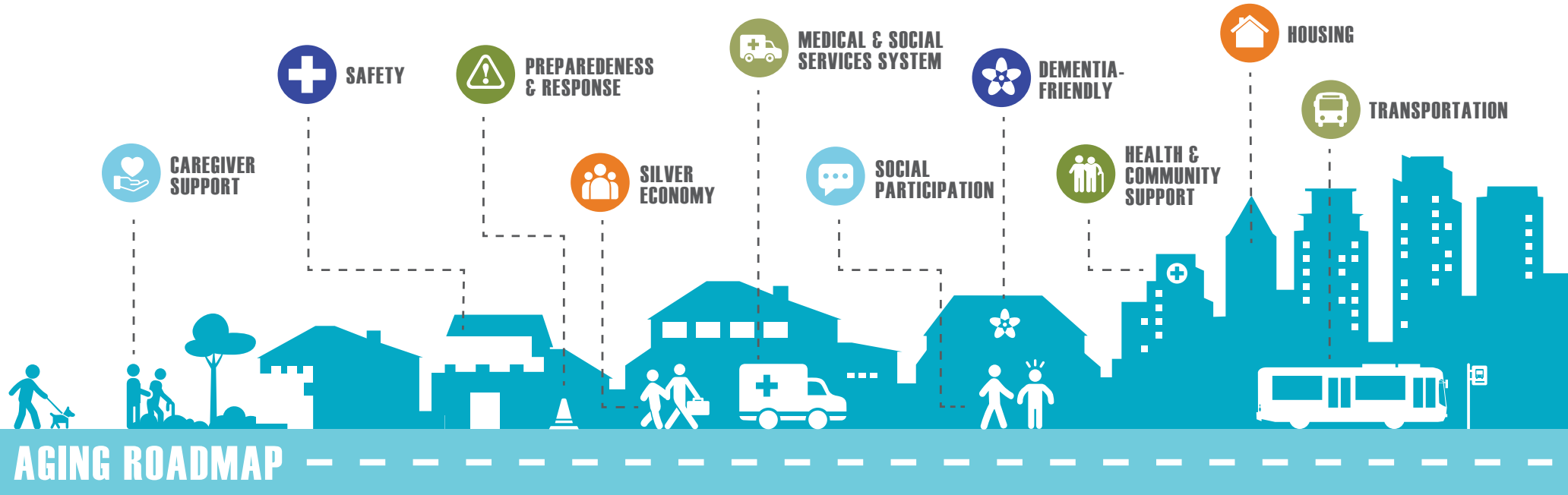
- Supports the *Live Well San Diego* vision
- Created and implemented through partnerships
- Targeted and adaptable to meet the emerging and greatest needs
- Established as a foundation for measuring success
- Encompasses Age Well San Diego and the Older Americans Act Regional Area Plan

Roadmap Focus Areas

- Caregiver Support
- Safety
- Preparedness
- Silver Economy
- Medical & Social Services
- Social Participation
- Dementia-Friendly
- Health & Community Support
- Housing
- Transportation

ROADMAP PARTNERS

- Home care providers
- Facility-based providers
- Healthcare
- Legal
- Law enforcement
- Workforce development
- Active living
- Transportation
- Mental health
- Philanthropy
- Research
- Disaster and emergency preparedness
- Community stakeholders
- Older adults



Focus Areas

Caregiver Support

Vision: Caregivers have access to the support and resources necessary to provide responsive and manageable care to older adults, while also tending to their own wellbeing

What Our Partners Say:

- Home-based and age-in-place care may outpace assisted living
- Family caregivers are constrained by child-rearing and employment responsibilities
- Grandchildren are taking a more active role
- Employers have a vested interest in supporting their employees

Policy and Strategic Directions:

- Expand supports and resources across the spectrum of caregivers
- Elevate the business community's involvement in supporting employees who are family caregivers

Safety

Vision: Older adults and persons with disabilities are safe in their homes and community

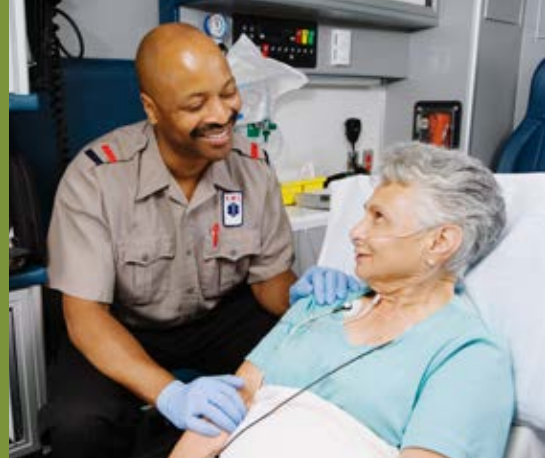
What Our Partners Say:

- Social isolation will be more common
- Reports of elder abuse and criminal activities continue to increase, including by family members, and are difficult to prosecute
- Prevention awareness is necessary among caregivers and family members
- Longer lifespans will result in higher rates of dementia

Policy and Strategic Directions:

- Expand public awareness of elder abuse
- Strengthen legal supports to prevent elder abuse
- Strengthen protection for and prevention of elder abuse

Preparedness



Vision: Older adults and their caregivers are prepared to be safe during disasters

What Our Partners Say:

- Services and residents are dispersed throughout the region
- Access and mobility will become more constrained
- First responders will encounter higher numbers of older adults, including those requiring special care
- Neighborhood cohesion can help

Policy and Strategic Directions:

- Strengthen preparedness
  - First responder training specific to access and functional needs
  - Resource guide for older adults
  - Power outage tips
- Strengthen response capability
  - Neighborhood cohesion
  - Partner-matching platforms
  - Data driven response capability

Silver Economy

Vision: A skilled and diverse workforce with supporting technologies and products support healthy aging in our community. Older adults have opportunities to work and volunteer

What Our Partners Say:

- Demand for care is increasing, and there is a need for a skilled workforce
- Workforce competencies must mirror our diverse communities
- Many older adults can and want to contribute as workers or volunteers

Policy and Strategic Directions:

- Expand the skilled workforce to build capacity
- Develop approaches to focus workforce and service development on cultural dynamics and norms
- Promote work and volunteer opportunities for older adults

Medical & Social Services

Vision: Care coordination among medical and social services provides proactive, seamless, prevention-focused, and responsive support

What Our Partners Say:

- Coordinated systems are growing in importance
- Awareness is growing of linkages among determinants of health: physical, mental, and social
- Baby boomers are not their parents, and systems must evolve to meet their needs and preferences
- State and federal policies and funding will call for greater coordination
- AIS should promote continued collaboration and innovation

Policy and Strategic Directions:

- Enhance the care infrastructure throughout the region, including Geriatric Emergency Department Accreditation (GEDA) certified hospitals
- Elevate the focus on social determinants of health
- Expand screening and support to reduce out-of-home care
- Create infrastructure and communication channels for home-based care
- Elevate the importance of the impact of dental health care on nutrition and isolation

Social Participation

Vision: A range of social and community engagement opportunities for older adults to promote active living and enriching experiences across all age groups and generations

What Our Partners Say:

- Social isolation is common among older adults who age-in-place and receive home-based care
- Social participation is associated with active living and healthier lifestyles
- Targeted efforts are needed for specific groups, including dementia-focused and non-English speaking
- Intergenerational and volunteer opportunities are highly desired

Policy and Strategic Directions:

- Facilitate intergenerational engagement and the development of shared spaces for intergenerational activity
- Implement and expand recreational and educational programming that is safe, dementia-friendly, and diverse
- Create and implement a targeted social support plan for outreach, engagement, and education, especially for those who are isolated
- Develop leadership and empowerment opportunities for older adults

DF

Dementia-Friendly

Vision: Individuals with dementia live as independently as possible and are encouraged and welcomed by everyone to participate in community life

What Our Partners Say:

- Longer lifespans will result in more dementia occurrences
- Early prevention and intervention are critical
- Support systems are important to advocating for health and service needs

Policy and Strategic Directions:

- Incorporate dementia-friendly elements into each of the Roadmap focus areas, including but not limited to:
  - Resource and referral networks (Health & Community Support)
  - Aging-in-place and assisted living policies (Housing)
  - Training for care providers and first responders (Health & Social Services System; Preparedness and Response)
  - Recreational and educational programming (Social Participation)
  - Training for transportation providers (Transportation)

Health & Community Support

Vision: When changes and challenges in health occur, older adults and their families know how to find relevant resources, support, and care planning in their community

What Our Partners Say:

- Community services are essential for those living alone and family caregivers, but public awareness is lacking
- Many older adults are reluctant to ask for help; even from family
- Village-like support systems and technologies can support aging-in-place
- Affordable dental care is limited, but oral health is critical to overall health
- Serving Baby Boomers requires new thinking about relevant services and programs

Policy and Strategic Directions:

- Create an outreach, education and engagement plan that is comprehensive, proactive, inclusive, and culturally appropriate to increase awareness of existing resources
- Utilize and further develop access best practices and technology
- Encourage the development of village-like community support systems

Housing

Vision: Older adults live in safe and affordable housing that is located near goods, services, and activities, all of which allows them to age in their community

What Our Partners Say:

- While nearly three-quarters own their home, many others are strained by housing costs and very limited affordable housing options
- Living with family members can be burdensome for the whole family
- Home design and amenities for older adults will become more important
- Many live in communities that are dependent upon cars to access services

Policy and Strategic Directions:

- Implement zoning ordinances and design requirements that create accessible, mixed-use villages with a variety of housing types and services
- Implement policies programs to prevent and overcome homelessness
- Institutionalize a coordinated approach to creating and financing affordable housing stock
- Develop comprehensive supports associated with housing for successfully aging in community

Transportation

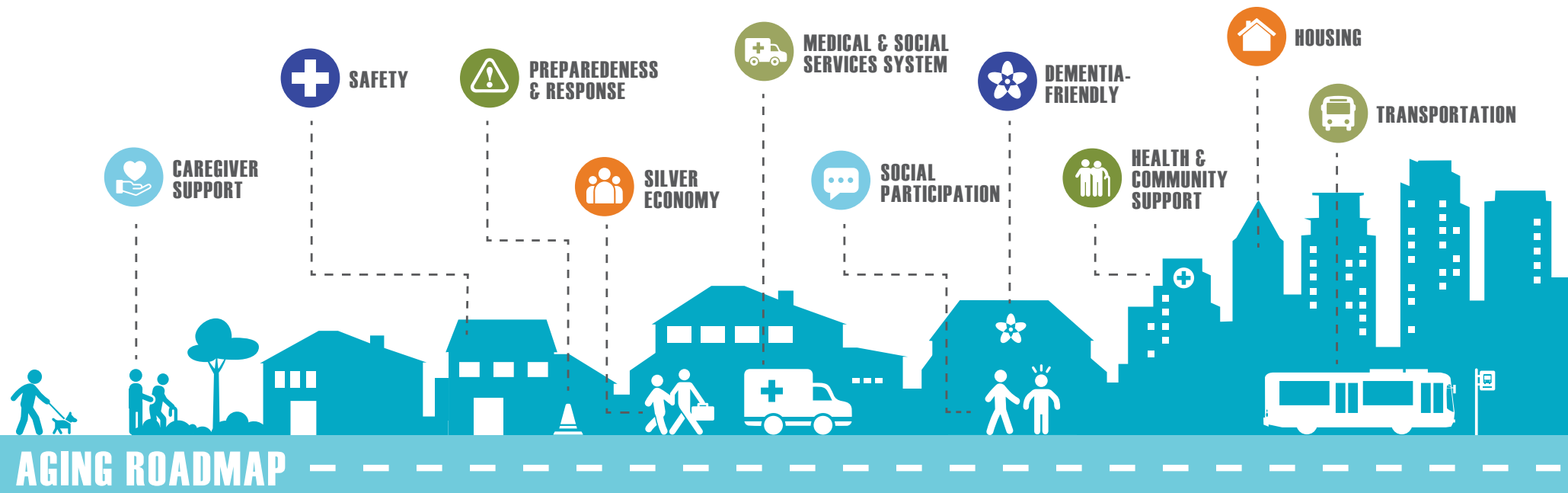
Vision: Older adults have access to safe and affordable transportation options that are accessible for all ages and abilities

What Our Partners Say:

- Our region is auto-oriented: services and residents are dispersed
- Public transportation is limited in its reach, convenience, and comfort

Policy and Strategic Directions:

- Implement the Complete Streets policy and design approach as routine practice in jurisdictions across the region: emphasize safe accommodation of bicyclists, pedestrians, transit riders, and drivers
- Institute regional planning policies to promote smart growth
- Set transportation mode-split goals and allocate funds accordingly
- Implement a comprehensive regional transit policy



Move Forward Together

Everyone has a role in supporting healthy aging in our communities. Together we will move forward and implement the Aging Roadmap through these key steps:

- Develop metrics
- Prioritize and implement actions
- Collaborate with statewide initiatives
- Track progress
- Update plans and priorities

LEGEND

AIS - *Aging & Independence Services*

DA - *Office of the District Attorney*

GWEP - *Geriatric Workforce Enhancement Program*

HRSA - *Health Resources and Services Administration*

IHSS - *In-Home Supportive Services*

MCSD - *Medical Care Services Division*

OES - *Office of Emergency Services*

System - *Implementation requires partnership beyond County departments.*

Appendix

CAREGIVER SUPPORT ACTION PLAN (C)

Caregivers have access to the supports and resources necessary to provide responsive and manageable care to older adults, while also tending to their own wellbeing.

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
C1. Expand support and resources for the spectrum of caregivers (working professionals, older adult spouses, and grandchildren)	AIS	1. Conduct a focus group to determine needs from the caregiver perspective	**Short Term:** • Policy statements • Focus group completed
	AIS	2. Explore caregiver training that promotes selfcare and reduces burnout conditions	**Medium Term (2 yrs.):** • Caregiver training identified • # caregiver webinars • 70% of caregivers surveyed will report that they feel more confident in their ability to manage their caregiver role.
	AIS and System	3. Provide caregiver webinars through various organizations	**Long Term:** • # organizations providing webinars

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
C2. Elevate the business community's involvement in supporting employees who are family caregivers and understanding the impact on their bottom line	AIS and System	1. Promote collaboration with professional associations to explore new solutions for caregiver support	**Short Term:** • Policy statements **Medium Term (2 yrs.):** • # new caregiver supports/solutions • Chamber certifications developed **Long Term:** • # County certifications issued • # chamber certifications issued
	System	2. Issue *Live Well San Diego* or Age Well San Diego Caregiver Support certification to organizations that implement caregiver support programs for their staff or membership	
	System	3. Encourage local chambers of commerce to develop and issue their own certifications to businesses that embed policies and practices that support caregivers	

SAFETY ACTION PLAN (S)

Older adults and persons with disabilities are safe in their homes and community.

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
S1. Expand awareness of abuse	AIS	1. Develop and conduct community awareness campaign leveraging and expanding existing communication networks for: a. Protective measures for older adults and caregivers to report abuse b. Early estate and financial planning before self care begins to decline c. Issues, dangers, and needs including mental health, dementia, and abuse d. "Take Me Home" program	**Short Term:** • Policy statements **Medium Term (2 yrs.):** • Awareness campaign • # enrolled in Take Me Home • # trained • Chamber certifications developed **Long Term:** • # County certifications issued • # chamber certifications issued
	AIS	2. Develop training to recognize and report signs of abuse and deficiencies in health and care. Conduct and promote training to: a. Mandated reporters, caregivers, first responders, and service providers (e.g., cable technicians who visit homes, etc.) b. "You Are Not Alone" volunteers	

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
S1. Expand awareness of abuse	System	3. Issue *Live Well San Diego* or Age Well San Diego Abuse Awareness certification to organizations that embed ongoing training for their staff or membership into their process	
	System	4. Encourage local chambers of commerce to develop and issue their own certifications to businesses where appropriate that embed related policies and practices	
	System	5. Convene stakeholders to determine measures of success	
S2. Strengthen legal support to prevent abuse	DA	1. Expand resources and supports for addressing financial and civil abuse, particularly among legal providers	**Short Term:** • Policy statements • # new resources
	DA	2. Advocate for one prosecutor on a case from start to finish for crimes against older adults and persons with disabilities	**Medium Term (2 yrs.):** • % of cases that remained with the same prosecutor
	DA and AIS	3. Build partnership with the California District Attorneys Association (CADA) to expand standards and practices for abuse	**Long Term:** • Demonstrated changes to standards and practices with the CA DA's Association

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
S3. Strengthen protection for and prevention of abuse of older adults	AIS AIS	1. Provide timely assistance and resources that help protect older adults who live in the community 2. Provide timely assistance and resources that help protect older adults who live in care facilities	**Short Term:** • % of clients in need of assistance who are provided with supportive services • # of clients receiving Adult Protective Services (APS) specialized case management services who close with a stable or higher rating • 100% of skilled nursing facilities visited quarterly by the Long Term Care Ombudsman program • 90% of residential care facilities for the elderly visited quarterly by the Long Term Care Ombudsman program **Medium Term (2 yrs.):** • Call Center accuracy **Long Term:** • Ombudsman complaint resolution

PREPAREDNESS ACTION PLAN (P)

Older adults and their caregivers are prepared to be safe during disasters.

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
P1. Strengthen preparedness	OES System	1. Expand and diversify the Access and Functional Needs (AFN) Work Group	**Short Term:** • Policy statements • Expanded AFN Workgroup role
	AIS and OES	2. Conduct training for first responders on: a. How to meet needs of older adults during emergencies b. Understanding conditions, caregiving issues, and warning signs of dementia, abuse, and poor physical health	**Medium Term (2 yrs.):** • New training • Emergency Prep Resource Guide • Power outage PSAs and resources **Long Term:** • # trained • # prepared
	AIS and OES	3. Develop a simple resource guide for older adults to prepare for emergencies	
	AIS and OES System	4. Develop public service announcements (PSAs) and resources for older adults and persons with disabilities to prepare for power outages	

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
P2. Strengthen response capability	AIS and OES and System	1. Promote neighborhood/community based cohesion to support older adults day to day and during emergencies (i.e., Be on the lookout and assist with evacuation)	**Short Term:** • Policy statements **Medium Term (2 yrs.):** • Neighborhood program • Matching platform • GIS heat map **Long Term:** • # neighborhoods adopting program • # matched
	AIS and OES and System	2. Create community networks or "matching platforms" in local communities and neighborhoods to connect older adults to neighbors	
	AIS and OES and System	3. Explore how a GIS data heat map may identify locations/clusters of older adults and persons with disabilities to inform OES planning	

THE SILVER ECONOMY ACTION PLAN (SE)

A skilled and diverse workforce with supporting technologies and products support healthy aging in our community. Older adults have opportunities to work and volunteer.

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
SE1. Expand the skilled workforce to build capacity to meet the needs of an aging population	System	1. Create workforce development and continuing education targets based on population and diversity projections	**Short Term:** • Policy statements • Workforce development and continuing education targets
	System	2. Advocate with the State for standards and scales of caregiver professionalism to create pathways for professional development and commensurate compensation	**Medium Term (2 yrs.):** • Caregiver standards added to County legislative program • Caregiver incentives added to County legislative program • Partnerships in place and functioning • Enhanced training curriculum
	System	3. Explore and promote incentives (e.g., compensation, housing, taxes, etc.) to improve the value and viability of career pathways	
	System	4. Issue *Live Well San Diego* or Age Well San Diego Silver Economy Education certification to colleges and universities that help to meet the education targets	

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
SE1. Expand the skilled workforce to build capacity to meet the needs of an aging population	System	5. Develop partnerships between academia, primary care delivery sites, and community based organizations to educate and train a workforce to provide value based care to improve health outcomes for older adults. (GWEP HRSA Objective 1)	**Long Term:** • Workforce development and continuing education targets met • New caregiver standards • New caregiver incentives • # certifications issued • New age friendly processes • New or enhanced community-based programs • Local communities that adopt age and dementia friendly approaches
	System	6. Train geriatrics specialists, primary care providers, and health professions students, residents, fellows, and faculty to assess and address the primary care needs of older adults. (GWEP HRSA Objective 2)	
	System	7. Transform clinical training environments into integrated geriatrics and primary care systems that are age friendly and provide value based care. (GWEP HRSA Objective 3)	
	System	8. Deliver community based programs that provide patients, families, caregivers, and direct care workers with the knowledge and skills to improve health outcomes for older adults. (GWEP HRSA Objective 4)	
	System	9. Provide training to patients, families, caregivers, direct care workers, healthcare providers, and health professions students, residents, fellows, and faculty on ADRD, dementia friendly communities, and recruitment for research. (GWEP HRSA Objective 5)	

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
SE2. Promote work and volunteer opportunities for older adults	System	1. With local businesses, develop and promote best practices that attract, retain, and protect older workers who want or need to stay in the workforce	**Short Term:** • Policy statements • # of volunteer hours annually **Medium Term (2 yrs.):** • Identify best practices • New worker framework • New senior intern program • Chamber certifications developed **Long Term:** • # senior interns • # County certifications issued • # chamber certifications issued
	County	2. Develop a framework for older adults to engage in the workforce without reducing social security benefits	
	County	3. Develop senior intern programs	
	System	4. Issue *Live Well San Diego* or Age Well San Diego Silver Economy Workforce certification to organizations that embed into their organizations related policies and practices	
	System	5. Encourage local chambers of commerce to develop and issue their own certifications to businesses that embed related policies and practices	

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
SE3. Develop approaches to focus workforce and service development on cultural dynamics and norms	AIS and System	1. Develop culturally appropriate and diverse resources for the various demographics in our community	**Short Term:** • Policy statements • Identification of most impactful gaps
	AIS and System	2. Promote to community	**Medium Term (2 yrs.):** • Action plan to bridge gaps • Promote to community • Chamber certifications developed
	System	3. Issue *Live Well San Diego* or Age Well San Diego Silver Economy Workforce Diversity certification to organizations that embed cultural diversity into their organization's policies and practices	**Long Term:** • # care providers trained • # organizations that embed training • # County certifications issued • # chamber certifications issued
	System	4. Encourage local chambers of commerce to develop and issue their own certifications to businesses that embed cultural diversity into their organization's policies and practices	

MEDICAL & SOCIAL SERVICES SYSTEM ACTION PLAN (M)

Care coordination among medical and social services provides proactive, seamless, prevention-focused, and responsive support.

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
M1. Enhance the care infrastructure throughout the region	System System	1. Promote Geriatric Emergency Department Accreditation (GEDA) hospital certification throughout the region 2. Expand capacity in the regional rural areas where many older adults live	**Short Term:** • Policy statements **Long Term:** • # GEDA certified hospitals • New or expanded resources in rural areas
M2. Strengthen identification of and address social determinants of health	System System System	1. Improve screening at every opportunity and touchpoint for the social determinants of health and other risks including food insecurity, malnutrition, transportation needs, social isolation, etc. 2. Strengthen and promote systems to connect persons in need with resources 3. Issue *Live Well San Diego* or Age Well San Diego Medical & Social Services System Social Determinants of Health certification to organizations that embed this screening into their policies and practices	**Short Term:** • Policy statements • Screening tool **Medium Term (2 yrs.):** • Screening training • Identify ways to strengthen and promote resources **Long Term:** • Address food insecurity by providing 1,000,000 meals annually via congregate settings to address social isolation and home delivery for those who are homebound • Systems to connect persons with resources • # certifications issued

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
M3. Expand screening and support to reduce out of home care	System System System AIS and System	1. Create the "San Diego Care Corps" of retired health professionals, faith based community, and others to assist in early intervention 2. Develop a home visitation model to reduce readmission rates and screen for high-risk conditions 3. Identify new opportunities and involvement levels for volunteers and semi-retired older adults who may support the needs of other older adults 4. Provide programs to improve health outcomes	**Short Term:** • Policy statements **Medium Term (2 yrs.):** • San Diego Care Corps established • New home visitation model • 75% of Feeling Fit Club members report that due to their participation they have increased energy, feel better overall, or are more able to conduct activities of daily living **Long Term:** • New models and programs
M4. Create infrastructure and communication channels for home based care (i.e., care plans, re-admission, etc.)	System System	1. Develop a case management structure within medical settings to support the shift to managed/assisted care 2. Issue *Live Well San Diego* or Age Well San Diego Medical & Social Services System Integration certification to organizations that embed a case management structure within a medical setting in their organization's policies and practices	**Short Term:** • Policy statements • 97% of annual reassessments for In Home Support Services (IHSS) are completed within one year of the last reauthorization end date **Medium Term (2 yrs.):** • Identify a partner to fund and coordinate **Long Term:** • New structure developed • # certifications issued

RECOMMENDATION	TYPE	INITIAL ACTION STEPS	TIME FRAME & MEASURES OF SUCCESS
M5. Elevate the importance of dental health care on nutrition and isolation	AIS and MCSD	1. Conduct research to make the case for older adults	**Short Term:** • Policy statementss
	System	2. Identify cost effective resources for dental care for older adults	**Medium Term (2 yrs.):** • Use case • Campaigns
	System	3. Implement information campaign for older adults	**Long Term:** • # cost effective resources

NOTE: The following Age Well San Diego Action Plan goals are included in their original Action Plan format

SOCIAL PARTICIPATION (SP)

A range of social and community engagement opportunities for older adults to promote active living and enriching experiences across all age groups and generations

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
SP1. Create policies and practices that facilitate intergenerational engagement and the development of shared spaces for intergenerational activity	1. Identify existing programs and successful models that create physical and cultural environments that encourage intergenerational activities. Document best practices	1. August 2018	**Short Term:** • Creation of best practices report • Survey results on current adoption and interest in IG programs and policies. Survey should include an estimate of actual IG friendly spaces in County by municipality (Provides baseline info)
	2. Identify policies that facilitate intergenerational opportunities. Document findings	2. Sept. 2018	
	3. Develop and disseminate a survey tool to be shared with targeted community partners to assess their or their clients' interest in participating in intergenerational activities, and/or adopting IG friendly policies. Survey tool will be shared with at least 12 potential pilot sites	3. Nov. 2018	
	4. Provide technical assistance to community partners (such as school districts) that are interested in adopting policies and procedures that promote intergenerational activity	4. May 2019	**Medium Term (2 yrs.):** • Number of pilot programs and policies actually adopted by June 2020

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
SP1. Create policies and practices that facilitate intergenerational engagement and the development of shared spaces for intergenerational activity	5. Initiate one pilot intergenerational activity in each Health and Human Services Agency Region (Central, East, North Central, North Coastal, North Inland and South)	5. June 2019	• Actual change in IG programs, policies and spaces since baseline surveys **Long Term:** • Creation of zoning ordinances which encourage intergenerational housing development and inclusion of shared social space (gardens, pathways, performance spaces) that can host IG programming • Create transportation policies that provide all ages access to such shared and IG friendly spaces • Creation of organizational (e.g., school district) policies that create spaces/support use of existing spaces (community gardens, community room) and programs for IG activities during school hours
SP1. Create policies and practices that facilitate intergenerational engagement and the development of shared spaces for intergenerational activity	6. Share community successes and project updates for ongoing engagement via at least two annual blog stories on the *Live Well San Diego* website and/or articles in the Aging and Independence (AIS) monthly newsletter	6. January 2020	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
SP2. Implement and expand recreational and educational programming that is safe, dementia friendly, and diverse	1. Create and/or promote a list of resources including membership organizations, volunteer opportunities, events and classes for all ages (including programs for isolated individuals) 2. Research and report on best practices 3. Develop a recreational and educational programming toolkit for service providers. The toolkit will include a focus on how to create programs that are dementia friendly and culturally diverse and supportive for caregivers and older adults 4. Distribute toolkit to staff at recreation centers, educational settings from preschools to universities and at other multigenerational gathering spots such as churches and libraries, so that they can implement new programs	1. Dec. 2018 2. Dec. 2018 3. June 2019 4. Dec. 2019	**Short Term:** • Baseline number of programs • Best practices report completed • Toolkits completed • List of programs completed **Medium Term:** • Number of toolkits distributed to community organizations (at least 25 by June 2019) • Number of organizations offering existing programs **Long Term:** • Number of new programs developed

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
SP3. Create and implement a targeted social support outreach, engagement, and education plan, especially for those who are isolated	1. Convene a workgroup of community partners to strategize ways to reach isolated older adults, including those with dementia	1. Dec. 2018	**Short Term:** • Current number of isolated adults being served by coalition partners (baseline) • Campaign developed
	2. Develop a marketing and outreach campaign, including an easily shareable toolkit and ensure development/translation of campaign materials a. Require that materials be culturally and linguistically competent. This can be achieved by having representation on development team from various target populations	2. June 2019	**Medium Term:** • Number of ambassadors and advocates trained • Number of outreach events
	3. Identify, support, and engage volunteers to promote opportunities for target population (using outreach campaign materials) a. Identify and train ambassadors/advocates	3. Dec. 2019	**Long Term:** • Change in number of "isolated" adults successfully engaged and served

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
SP4. Develop leadership, advocacy and empowerment opportunities for aging adults (including intergenerational opportunities)	1. Form a coalition to bring together representatives of groups with volunteer opportunities for older adults and representatives of groups that have such individuals, to facilitate more effective cooperation and focus on diversity a. Coalition will assess the current landscape regarding: • Participation of older adults and representatives of diverse groups on organizational advisory boards and other decision making bodies • Language, policies, and procedures that support diverse leadership and participation on organizational advisory boards and decision making bodies b. Coalition will craft model policy language regarding age/ethnic diversity for boards, committees, steering groups	1. Sept. 2018	**Short Term:** • Completion of baseline survey of target boards and organizations for language, policies, and practices that support diverse leadership and participation • Model language drafted **Medium Term:** • Measure change in number of boards implementing such language, policies, and practices **Long Term:** • Increase in the number of diverse older adults (age, gender, race) serving as members of targeted boards and leadership groups
	2. Develop a marketing and outreach campaign, including an easily shareable toolkit and ensure development/translation of campaign materials	2. March 2019	
	3. Identify, support, and engage volunteers to promote opportunities for target population (using outreach campaign materials)	3. June 2019	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
SP4. Develop leadership, advocacy and empowerment opportunities for aging adults (including intergenerational opportunities)	4. Utilizing the Resident Leadership Academy (RLA) model, schedule a training for older adults on strategies and steps to be effective change advocates in their communities	2. Dec 2019	
	5. Create a media campaign to educate the public on the significance of older adults and identify opportunities to educate the public that aging adults are a vital part of our community and continue to give back	3. June 2020	

DF

DEMENTIA-FRIENDLY (D)

Individuals with dementia live as independently as possible and are encouraged and welcomed by everyone to participate in community life

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
D1. Incorporate dementia friendly elements into each of the other Age Well San Diego theme teams' work (Health & Community Support, Housing, Social Participation, and Transportation)	1. Health & Community Support: a. Create an inventory of tested, effective technologies related to aging/disability/ dementia that support aging in community b. Ensure health and community support organizations that address the needs of individuals with dementia and their caregivers are in the 2-1-1 and AIS databases c. Incorporate dementia-friendly concepts into trainings conducted for new or existing village organizations' staff and volunteers 2. Housing: a. Ensure that the model mixed use zoning language created by the Housing theme team explicitly allows for and encourages assisted living facilities, including memory care	1a. Dec. 2018 1b. June 2019 1c. June 2019 2a. Dec. 2018	**Short Term:** • Health & Community Support: Completion of baseline assessment regarding 2-1-1/ AIS awareness • Housing: Development of model mixed use zoning language • Social Participation: Development of toolkit • Transportation: Development of a strategy to reach rideshare drivers to provide training • Transportation: Number of transit system staff trained on dementia

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN)	METRICS (WAYS TO MEASURE SUCCESS)
D1. Incorporate dementia friendly elements into each of the other Age Well San Diego theme teams' work (Health & Community Support, Housing, Social Participation, and Transportation)	3. Social Participation *Expanding Programming* a. Develop a recreational and educational programming toolkit for service providers. The toolkit will include a focus on how to create programs that are dementia friendly and culturally diverse and supportive for caregivers and older adults b. Share this toolkit with interested community partners so that they can implement new programs *Outreach to isolated older adults* c. Convene a workgroup of community partners to reach isolated older adults, including those with dementia d. Develop a marketing and outreach campaign, including a focus on dementia needs	3a. June 2019 3b. Dec. 2019 3c. Dec. 2018 3d. June 2019	**Medium Term (2 yrs.):** • Health & Community Support: Incorporation of 2-1-1 database registration for new *Live Well San Diego* partners • Housing: Number of municipalities exposed to new zoning language • Social Participation: Number of toolkits distributed to community organizations • Social Participation: Launch of marketing/ outreach campaign • Transportation: Number of transit system and rideshare program staff trained on dementia friendly concepts

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
D1. Incorporate dementia friendly elements into each of the other Age Well San Diego theme teams' work (Health & Community Support, Housing, Social Participation, and Transportation)	4. Transportation: a. Identify opportunities to educate transit system staff on dementia friendly concepts, such as dementia friendly signage (e.g., high contrast, simple images) and communication basics for serving riders with dementia b. Work with community partners to provide training for drivers in various rideshare programs (e.g., Uber, Lyft, and volunteer driver programs)	4a. June 2019 4b. Dec. 2019	**Long Term:** • Health & Community Support: Increased public awareness of 2-1-1/AIS information and assistance systems • Housing: Number of new assisted living/ memory care facilities in mixed use zones • Social Participation: Percentage of older adults considered "isolated" in the community • Social Participation: Number of older adults with dementia who are accessing programming • Transportation: Dementia friendly concepts infused into transit system and rideshare program standard operations (e.g., for training)

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
D2. Promote concepts and tools provided by Dementia Friendly America	1. Conduct a train the trainer workshop on Dementia Friends concepts for interested community partners a. Train *Live Well San Diego* partners on dementia friendly best practices relevant to their sector b. Work with local Chambers of Commerce to educate businesses on dementia friendly best practices, such as the Purple Tables restaurant reservation program	1. June 2019 1a. Dec. 2019 1b. Dec. 2020	**Short Term:** · Creation of train the trainer workshop on Dementia Friends **Medium Term (2 yrs.):** · Number of *Live Well San Diego* partners trained **Long Term:** · Number of businesses trained · Number of new dementia friendly best practices implemented by local businesses
D3. Coordinate with The Alzheimer's Project roundtables to identify opportunities to maximize the impact of each group's efforts	1. Add dementia-friendly concepts to The Alzheimer's Project presentations conducted by AIS staff 2. Include links to local dementia friendly activities and resources on The Alzheimer's Project website (www.sdalzheimersproject.org)	1. Dec. 2018 2. Dec. 2020	**Short Term:** · Completion of updates to Alzheimer's presentations **Medium Term (2 yrs.):** · Completion of updates to The Alzheimer's Project website **Long Term:** · Increase in traffic to The Alzheimer's Project website

HEALTH & COMMUNITY SUPPORT (HCS)

When changes and challenges in health occur, older adults and their families know how to find relevant resources, support, and care planning in their community

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
HCS1. Create a comprehensive, proactive, inclusive, culturally appropriate outreach, education and engagement plan to increase awareness of existing resources	1. Determine levels of awareness: a. Assess current knowledge and awareness, especially among underserved communities, of 2-1-1 San Diego and the AIS Call Center and website as the regional resources for information and assistance (I&A) regarding existing health and community support resources b. Identify baseline level of community awareness, and identify if there are disparities in awareness among different communities c. Plan for reassessment to track increases in awareness among community members, clients/patients, and patient advocates	1. June 2019	**Short Term:** • Baseline measure of awareness of I&A services (2-1-1 and AIS Call Center) • Identification of gaps in awareness • Number of materials disseminated, ad views, and participants reached in presentation and community events **Medium Term:** • Step added to *Live Well San Diego* partner engagement process **Long Term:** • Increased percentage of older adults who are aware of 2-1-1 and AIS I&A systems

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
HCS1. Create a comprehensive, proactive, inclusive, culturally appropriate outreach, education and engagement plan to increase awareness of existing resources	2. Increase outreach regarding Information and Assistance resources:		
	a. Ensure health and community support organizations are in the 2-1-1 and AIS resource database, and ensure periodic updates	2a. June 2019	
	b. Secure and/or create 2-1-1 and AIS Call Center/ website outreach materials (e.g., brochures, print ads, social media ads, videos, promotional items, and PowerPoint presentations). Ensure that outreach materials about I&A services include information about the scope of resources available	2b. June 2019	
	c. Increase dissemination of the materials/ads/ presentations in the communities identified as having awareness gaps in the baseline assessment. Utilize the network of *Live Well San Diego* partners, community members, clients/ patients, patient advocates, and community based organizations (CBO's), with a particular focus on nontraditional entities such as schools, businesses, and chambers of commerce. Identify opportunities for public private partnerships to expand reach	2c. June 2020	
	d. Incorporate 2-1-1 registration as part of the process for qualified organizations to come on board as *Live Well San Diego* partners	2d. June 2020	
	Note: For any community needs that are discovered in the course of completing action steps 1 and 2, document those needs and convey the information to organizations conducting relevant community needs assessments and community health improvement plans		

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
HCS2. Utilize and further develop access to, and best practices with, technology	1. Create inventory of tested, effective technologies related to aging/disability/ dementia that support aging in community	1. Sept. 2018	**Short Term:** • Inventory of available technologies created and categorized
	2. Analyze technology inventory; develop criteria for how to focus efforts	2. Dec. 2018	**Medium Term:** • Focus groups conducted; recommendations reported
	3. Conduct focus groups around the use of and potential barriers to use of existing and needed technology	3. June 2019	**Long Term:** • Pilot project planned and implemented with results reported (will include effectiveness measures such as reduced health risk factors, health care utilization, and costs)
	4. Conduct a pilot project to assess effectiveness, satisfaction, and other outcomes regarding selected technology	4. Dec 2019	• Medicare coverage of technology if its use results in positive health outcomes
	5. Promote policies that would provide access to technology for people in need via working groups for at least two possible policy areas related to adaptive technology (e.g., modify building codes to include adaptive technology for aging, pursue Medicare coverage of effective assistive devices)	5. June 2020	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
HCS3. Encourage the development of village like community support systems	1. Assemble or create educational materials about villages and co-ops 2. Educate various communities/stakeholders (e.g., nonprofit organizations, residents, funders, local government leaders, and others) 3. Work with an interested community to develop a pilot project 4. Incorporate dementia friendly concepts into trainings conducted for new or existing village organizations' staff and volunteers 5. Identify stakeholders to invest in public/private partnerships to support the pilot project	1. Sept. 2018 2. Dec. 2018 3. June 2019 4. June 2019 5. June 2020	**Short Term:** · Village "promising practices" summary created, with prioritized list of keys to success **Medium Term:** · Create baseline measure of age 50+ housing units currently in or accessing "village" arrangements **Long Term:** · Increased number of age 50+ households currently in or accessing "village" community support systems

HOUSING (H)

Older adults live in safe and affordable housing that is located near goods, services, and activities, all of which allows them to age in their community

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
H1. Implement zoning ordinances and design requirements that create accessible, mixed use villages with a variety of housing types and services	1. Develop model language for zoning ordinance based off preexisting municipality's zoning ordinance that meet the needs of unincorporated county areas and could be used by municipalities		**Short Term:** • Model zoning language developed • Model zoning language adopted by the County of San Diego
	a. Provide AARP® research to County Planning & Development Services	1a. Dec. 2018	**Medium Term:** • Number of municipalities exposed to new zoning language
	b. Identify model language for mixed use (MU) zoning ordinances based on preceding county Form Based Code/ Village Core language. Ensure that language allows for and encourages assisted living/memory care facilities	1b. March 2019	**Long Term:** • Number of new projects utilizing new zoning
	c. Draft amendment to SD County Zoning Ordinance and submit Board Letter to seek approval of Zoning Ordinance amendments	1c. June 2019	• Number of municipalities that the evaluation was distributed to • Number of municipalities that implement new zoning language

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
H1. Implement zoning ordinances and design requirements that create accessible, mixed use villages with a variety of housing types and services	2. Implement the mixed use village zoning ordinance through the community planning process a. Identify 3-4 blighted, vacating, or failing properties (Failing retail centers, big box store, resorts, etc.), in village candidate areas b. Evaluate each property for benefits and barriers – cost to repurpose as mixed use village c. Conduct 7-10 charrettes to choose property and move forward with design plan for village-mixed use development	2. Dec. 2019	
	3. Share lessons learned with municipalities	3. June 2020	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
H2. Implement policies and programs to prevent and overcome homelessness	1. Analyze and compare policies that are proven to prevent/reduce senior homelessness		**Short Term:** • Completion of analysis on senior homelessness prevention • List of resources for homeless
	a. Review and compare policies on affordable rental housing. Monitor result of Costa-Hawkins Repeal Initiative	1a. Oct. 2018	
	b. Based on review and ballot initiative result – brief AIS Advisory Council	1b. Feb. 2019	**Medium Term:** • Number of older adults who access homeless services • Percentage of older adults who experience homelessness
	2. Identify and promote programs that provide assessment and counseling to seniors who are homeless or at risk of becoming homeless	2. Feb. 2019	
	3. Develop model policy language	3. Sept. 2019	**Long Term:** • Percentage of senior population that spends > 30% of income on housing (through various disparity lenses)
	4. Share lessons learned with municipalities	4. June 2020	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
H3. Institutionalize a coordinated approach to creating and financing affordable housing stock	1. Identify and stimulate activity that is already in place to create and finance affordable housing	1. Mar. 2019	**Short Term:** • Completion of inventory of current efforts underway to create and finance affordable housing
	2. Identify best practices and roadblocks. a. Create a pool of experts who could assemble best practices to share b. Identify best practices in other regions and within San Diego County c. Identify land zoned for high density development d. Identify zoning strategies and incentives for real estate developers, builders, and landlords, including creative uses of blighted land e. Identify champions currently involved and showcase these efforts f. Compile best practices into a briefing document	2. June 2019	**Medium Term:** • Completion of best practices briefing document **Long Term:** • Number of new affordable units added to housing stock
	3. Educate voters and businesses to gain more support for affordable housing	3. Sept. 2019	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
H4. Develop comprehensive supports associated with housing for successfully aging in community	1. Create training for homeowners and homeowners associations on Accessory Dwelling Units (ADUs) and home retrofits that would allow seniors to age in their homes	2. Dec. 2019	**Short Term:** • Training materials created • Number of trainings conducted
	2. Conduct training for homeowners' associations on ADUs	2. Mar. 2019	**Medium Term:** • County planning process modified
	3. Add to the County Community Planning Process information for planning groups, builders' information, and suggestions on how to create housing in communities to enable aging in place/community	3. Mar. 2019 - ongoing	**Long Term:** • Increase in the number of accessory dwelling units

TRANSPORTATION (T)

Older adults have access to safe and affordable transportation options that are accessible for all ages and abilities

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
T1. Implement the Complete Streets policy and design approach as routine practice in jurisdictions across the region. This approach emphasizes safe accommodation of bicyclists, pedestrians, transit riders, and drivers	1. Develop a regional Complete Streets Task Force/Oversight Committee	1. Sept. 2018	**Short Term:** • Creation of task force • Assessment completed • Number of TA events • Number of jurisdictions that adopt, implement, and measure NACTO guidelines and requirements for routine repaving and maintenance
	2. Assess current Complete Streets policies in each region/municipality	2. Jan. 2018	
	3. Coordinate with SANDAG to prioritize funding for communities/jurisdictions with most need	3. Ongoing	
	4. Conduct technical assistance (TA) to propose implementation approaches like adding to routine paving program	4. Dec. 2019	
	5. Adopt National Association of City Transportation Officers (NACTO) guidelines and requirements that all routine repaving and maintenance programs are put through complete streets assessments	5. Jan. 2020	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
T1. Implement the Complete Streets policy and design approach as routine practice in jurisdictions across the region. This approach emphasizes safe accommodation of bicyclists, pedestrians, transit riders, and drivers	6. Implement policy to prioritize Active Transportation Program (ATP) funds/public resources for comprehensive complete streets policies, permitting, and implementation 7. Work with SANDAG/Circulate San Diego to develop and distribute a best practices toolkit (based on existing best practice resources) for jurisdictions to implement Complete Streets policy, including small-scale neighborhood programs	1. Jan. 2020 2. Jan. 2020	**Medium Term (2 yrs.):** • Number of toolkits distributed • Number of miles of on-street bike lanes • Number of miles protected bike lanes/ trails • Number of miles of road with full sidewalks • Number of miles of bike boulevard • Number of miles per street mile • Number of miles per capita **Long Term:** • Reduction in annual traffic volume • Reduction in annual traffic crashes • Increases in bike/ pedestrian trips (i.e., mode split)

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
T2. Institute regional planning policies to promote smart growth	1. Use existing data sources to identify current mobility trends (walk, bike, transit) in different areas and map with/ground truth municipal development plans	1. Fall. 2018	**Short Term:** • Creation of mobility map • Number of policy proposals
	2. Leverage existing SANDAG community workgroups to propose potential regional planning best practices/policies	2. Fall. 2018	• Number of interdisciplinary forums
	3. Facilitate and convene an "interdisciplinary coordination" forum with lead decision makers including land use and public health	3. Jan. 2019	**Medium Term:** • Number of jurisdictions that adopt policies
	4. Implement the Regional Bike Plan Early Action Program (EAP) and Downtown Mobility Plan (DMP), two initiatives that provide for safer, easier, and more attractive biking opportunities	4. June. 2018	• EAP and DMP implemented **Long Term:** • Air quality

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
T3. Set transportation split mode goals and allocate funds accordingly	1. Make the case for target setting a. Research best practices from MPOs/cities b. Create recommendations and present to Age Well Tech Working Group (AWTWG)	1. Dec. 2018	**Short Term:** • Development of best practice portfolio **Medium Term:** • Updated survey questions for data collection
	2. Collect better data a. Assemble AT stakeholders (transit/senior/ paratransit) in addition to AwTWG b. Scan existing data, identify gaps and set baseline, once funding is identified c. Install equipment, counters, and surveys d. Develop State of AT Commute for region	2a. Jun. 2019 2b. Dec. 2019 2c. Dec. 2019	• Number of counters or bike/pedestrian hand counts executed • State of AT Commute published • Percentage increases in AT goals
	3. Set mode share goals for AT and transit consistent with Sustainable Communities Strategy (SCS) a. As part of Regional Transit Plan (RTP), adopt mode share targets that are equitable, ambitious and funded	3. Dec. 2019	**Long Term:** • Percentage of funds spent on pedestrian projects/ mode share for pedestrians • Percentage of funds on bike/ mode share bike • Percentage of funds transit/mode share transit
	4. Recommend funding levels proportionate to mode share goals as part of RTP	4. Date TBD	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
T4. Implement a comprehensive regional transit policy	1. Research best practices in peer communities: a. Smart trips (e.g., Portland, OR) b. Unified Fare Card (integrated bus, rail, bike/ ride share) c. Transportation Improvement Program (TIP) project prioritization (Nashville, TN) d. Development ordinances i. Parking policy ii. Transit Oriented Development (TOD)/ transit proximity iii. Mobility hubs iv. Reward/require Transportation Demand Management (TDM) [showers, bike parking/ sharing, transit passes, market rate parking, shuttles, van pool, telework] v. Business TDM incentives/ transport mgt. districts	1. June. 2019	**Short Term:** • Findings & Recommendations Report • Number of pilots launched • Number of TIP scoring and performance recommendations adopted by SANDAG **Medium Term:** • Number of pilots taken to scale • Number of TMDs launched • Low car ownership/ income • Land use/network density • Percentage of population within walking distance of transit
	2. Launch pilots a. TDM (member funded pilot district) b. TOD (overlay ordinance)	2. June. 2020	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
T4. Implement a comprehensive regional transit policy	3. Propose new TIP scoring factors & performance measures to SANDAG (health, income, car ownership, land use, etc.)	3. June. 2022	**Long Term:** • Transit mode split (percentage of total trips not involving single occupancy car rides) • Health measures (obesity) • Air quality
	4. Take pilots to scale (TDM/TOD ordinance)	4. June. 2023	
	5. Launch more TDMs	5. Ongoing	
	6. Educate transit system staff on dementia friendly concepts, such as dementia friendly signage (e.g., high contrast, simple images) and communication basics for servicing riders with dementia)	6. June. 2019	

GOAL	SPECIFIC ACTION STEPS (WHAT WILL HAPPEN?)	TARGET DATES (BY WHEN?)	METRICS (WAYS TO MEASURE SUCCESS)
T5. Develop a coordinated, innovative rideshare mobility system for all users (specialized transportation for disabled, older adults)	1. Create standardized definitions of ride types and other service measures for rideshare programs that will allow consumers to compare available options and SANDAG to assess baseline data on utilization and performance	1. Jan. 2019	**Short Term:** · Creation of definition dictionary · Number of jurisdictions adopting the Regional Transportation Plan
	2. Encourage cities to adopt/expand on the Regional Transportation Plan a. Evaluate vehicle repurpose (MTS) paratransit (i.e., earlier release retirement) b. Model best practices	2. June. 2019	**Medium Term:** · Number of rides utilized
	3. Expand existing systems to be more comprehensive and innovative, including village style/member based. rideshare programs	3. June 2020	**Long Term:** · Improvement in air quality
	4. Provide training to rideshare drivers to learn how to provide dementia friendly service	4. Dec. 2019	

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