



CITY OF BURLINGTON, VERMONT  
 CITY COUNCIL COMMUNITY DEVELOPMENT &  
 NEIGHBORHOOD REVITALIZATION COMMITTEE  
 c/o Community & Economic Development Office  
 City Hall, Room 32 • 149 Church Street • Burlington, VT 05401  
 802-865-7144 VOX • 802-865-7024 FAX • www.burlingtonvt.gov/cedo

# Sharon Bushor Conference Room, 1st Floor City Hall 149 Church Street, Burlington

Wednesday, June 18, 2025, 6:30 PM

**Join Zoom Meeting**

<https://zoom.us/j/94933339492?pwd=UjwDuNGxRZJsXwhLOQk3CazpBamIx7.1>

**Meeting ID: 949 3333 9492**

**Passcode: 782232**

---

**One tap mobile**

+13092053325,,94933339492#,,,,\*782232# US

+13126266799,,94933339492#,,,,\*782232# US (Chicago)

---

**Meeting ID: 949 3333 9492**

**Passcode: 782232**

**Find your local number: <https://zoom.us/u/aeEkaXIBRO>**

## 1. Agenda

---

1.1. Motion to amend/adopt agenda

## 2. Adopt Minutes

---

<b>Subject</b>	<b>2.1. Approval of 5/1/25 Minutes</b>
Meeting	June 18, 2025 - CDNR Committee Meeting - Wednesday, June 18, 2025, 6:30 PM, Sharon Bushor Conference Room, 1st Floor City Hall 149 Church Street, Burlington
Category	2. Adopt Minutes
Department	
Type	
Recommended Action	

### 3. Public Forum

---

**Subject**                    **3.1. PUBLIC FORUM - Verbal Comments**

Meeting                    June 18, 2025 - CDNR Committee Meeting - Wednesday, June 18, 2025, 6:30 PM, Sharon Bushor Conference Room, 1st Floor City Hall  
149 Church Street, Burlington

Category                    3. Public Forum

Department

Type

### 4. Initial Discussion & Planning: Council on Aging Report referred by City Council (30 MIN)

---

**Subject**                    **4.1.**

- **Staff/departmental support for the Aging Council’s work**
- **Next steps with the Aging Council / appointing members**
- **Which recommendations from the report to focus on first**

Meeting                    June 18, 2025 - CDNR Committee Meeting - Wednesday, June 18, 2025, 6:30 PM, Sharon Bushor Conference Room, 1st Floor City Hall  
149 Church Street, Burlington

Category                    4. Initial Discussion & Planning: Council on Aging Report referred by City Council (30 MIN)

Department                Community & Economic Development Office (CEDO)

Type

Recommended Action

### 5. HTF Reports & Update - Rebeka Lawrence-Gomez, CEDO (45 MIN)

---

**Subject**                    **5.1.**

- **Presentation overview from Rebeka with time for Committee questions, feedback, and next steps.**

Meeting                    June 18, 2025 - CDNR Committee Meeting - Wednesday, June 18, 2025, 6:30 PM, Sharon Bushor Conference Room, 1st Floor City Hall  
149 Church Street, Burlington

Category                    5. HTF Reports & Update - Rebeka Lawrence-Gomez, CEDO (45 MIN)

Department                Community & Economic Development Office (CEDO)

Type

Recommended Action

### 6. Initial Discussion & Planning: Syringe Litter Report from Board of Health referred by City Council (45 MIN)

---





CITY OF BURLINGTON, VERMONT  
CITY COUNCIL COMMUNITY DEVELOPMENT &  
NEIGHBORHOOD REVITALIZATION COMMITTEE  
c/o Community & Economic Development Office  
City Hall, Room 32 • 149 Church Street • Burlington, VT 05401  
802-865-7144 VOX • 802-865-7024 FAX • [www.burlingtonvt.gov/cedo](http://www.burlingtonvt.gov/cedo)

---

**Councilor Evan Litwin (EL), Chair, Ward 7**  
**Councilor Carter Neubieser (CN), Ward 1**  
**Councilor Allie Schachter (AS), East District**

**CDNR Committee Meeting**  
**Thursday, May 1<sup>st</sup>, 2025**  
**6:00 – 7:30 PM**

**Sharon Bushor Conference Room, 1<sup>st</sup> Floor – City Hall**

**Committee members:** Evan Litwin (EL), Carter Neubieser (CN), Allie Schachter (AS)  
**City Staff:** Christine Curtis, CEDO  
**Other Attendees:**

**Draft Minutes**

**Meeting Started at 6:07 PM**

1. Approve agenda  
MOTION by Councilor Schachter, SECOND by Councilor Neubieser, to approve the agenda  
VOTING: unanimous; motion carries.
2. Public Forum
  - No one spoke at public forum
3. Councilor Neubieser overview and status update on NPA Resolution
  - CN updated the committee on past work on the NPA resolution
  - Draft resolution gives NPAs input on who gets hired for the NPA support position in CEDO

The programs and services of the City of Burlington are accessible to people with disabilities.  
For accessibility information, call 865-7144. For questions about the meeting,  
contact Christine Curtis at [ccurtis@burlingtonvt.gov](mailto:ccurtis@burlingtonvt.gov)

- Defines requirements of the NPAs – CEDO will help train steering committee members on their roles
  - CEDO to come up with a standardized process to keep the NPAs informed on major city decisions and items that are going to City Council
4. CDNR Planning Session and Priorities Discussion including meeting schedule
- NPA resolution
  - Financial disclosures for City Councilors and Mayor
  - HTF resolution
  - Housing agenda – tenant rights, funding, HTF, IZ, UVM quality housing – dorms
  - How to encourage strong neighborhoods? Find more ways to come together
  - Graffiti clean-up
  - Housing team to attend meetings
  - Bill Ward to talk about enforcement of problem properties
  - Draft Resolution: fire and police budget – increasing gross receipts tax on alcoholic beverages
  - Syringe resolution – report is coming
  - CDNR upcoming schedule: potentially the 3<sup>rd</sup> Wednesday of every month – 6:30-8:30 PM. Committee will finalize schedule over email
5. Adjournment
- ADJOURN at 7:29 p.m. by Councilor Litwin with no objection

Comments to the Community Development and Neighborhood Revitalization Committee:

Downtown Burlington is in trouble. The normalization of open drug use and anti-social behavior is threatening the future of the city. As a property owner in Ward 3, I believe the social programs operating downtown are acting without concern for the community and the hard-working tax payers who live and work in the downtown.

Core to my concern as a property owner on Clarke St, is the ungoverned operation of the syringe distribution program situation on Clarke St. The situation on Clarke St is a disaster which overflows into the overall downtown area. Residents no longer feel safe. Neighbors avoid walking the street. Livability on the street has declined as residents and visitors are harassed by drug addicts. Used and unused syringes litter the city.

The Howard Center has dug in its heels and refuses to acknowledge that it cannot safely operate its needle distribution program. It is supposed to be a gateway to treatment but it fails at that objective, with only 1 in 10 visitors entering treatment. Rather it enables drug abuse and attracts addicts and drug dealers to residential Clarke St and downtown Burlington. The negative impact of the program far outweighs its benefits.

Residents and property owners of Ward 3 and other downtown districts appear unified in opposition to the current syringe distribution program and the concentration of ungoverned social services in the downtown area. The petition I started asking the Howard Center to move the program has 200 signatures. The Ward 3 NPA does not want the OPC and the Howard Center program located in downtown. The social support programs must be distributed to other parts of the city rather than concentrated in the economically vital downtown and in residential areas.

Planner for the OPC recognize the need to involve the community and consider the impact the impact of the location. The City Council should require that the Howard Center regain approval for its current location or find a new location, proceeding in the same manner as the OPC siting project. The Clarke St residents and property owners will certainly oppose it continuing in its current location.

# Age Strong Burlington Plan

by the Burlington Aging Council (BAC)



May 19, 2025

Presented by: Brian Pine, CEDO Director &  
Glenn McRae, Co-Chair, BAC

## Mission & Vision

*The City Council created the Burlington Aging Council by resolution at their April 26, 2021 meeting. The purpose of the committee is to elevate the contributions of older adults in Burlington, raise issues facing older in Burlington and the organizations that serve them, and make policy recommendations to the Mayor and City Council to address service gaps, needs, and opportunities that impact older adults in the Burlington community.*



To make Burlington a community where older residents have the respect, support and connections to maintain independence, continue making contributions to their community and have the ability to age in place with dignity and security.

# City Council charge for the Aging Council

- Elevate the contributions of older adults in Burlington;
- Raise issues facing older adults in Burlington and the organizations that serve them;
- Make policy recommendations to the Mayor and City Council to address gaps, needs, and opportunities that impact older adults in Burlington;
- Ensure that the voices of older adults in Burlington are at the forefront of City policy;
- Create and maintain a “Burlington Plan on Aging” to act as a guiding template for City policy and initiatives.

## **Burlington Aging Council**

- Symphorien Sikyala, Congolese Community
- Frederick Neu, UVM Center on Aging
- Molly Dugan, Cathedral Square
- Jane Catton, Age Well Vermont
- Kelly Stoddard Poor, AARP-VT
- Andrea Viets, Heineberg Senior Ctr
- Alison Miley, Howard Center
- Christopher Damiani, GMT
- Brian Pine, CEDO
- Barbara Shaw-Dorso, Resident
- Martha Molpus, Resident
- Charles J Messing, Resident
- Lorna Kay, Resident
- Glenn McRae, Resident

# Why is this a priority now?

The census estimates there are 5,400 people in Burlington 65 and older.

There are an additional 3,744 people between the ages of 55 and 64.

20% of people in Burlington are older than 55, 12% are 65 and older.

*Does this program/service advance our priorities of community safety, housing, or climate sustainability?* The work proposed to achieve Age Strong Burlington directly addresses community safety and housing and given that climate change disproportionately impacts the health and well-being of older adults it matches this city priority as well.

*Does this program/service fill a gap in community programming or services for underserved community members?* There is limited city investment in key services and programming for older residents, and our nonprofit community partners are also strapped to fill the gaps. There is a unfulfilled need that requires city leadership to coordinate a response.

# Creating an Age-Friendly Burlington

## How we accomplish that charge: Age Strong Burlington Action Areas

1. The Age-Strong Burlington Plan requires a coordinated effort, with central facilitation and tracking.
  - a. ACTION: Formalize BAC as a City commission. Re-establish BAC membership with an "implementation" oriented membership.
  - b. ACTION: ID one city department to host staffing support and allow BAC initiatives to be embedded in multiple departments. Designate a key contact in each City Department, as well as partner organizations, to coordinate and connect with the BAC.
2. Tracking Progress: Baseline data on key indicators
  - a. ACTION: Working with City Data resources and local partners, create baseline data on key indicators of successful social connection and engagement with all city departments around their programming
3. Create an Official Online City Resource Site
  - a. ACTION: City Staff working with the BAC will set up a web-based City Resource site

# Creating an Age-Friendly Burlington

## How we accomplish that charge: Age Strong Burlington Action Areas (Continued)

4. Advance an age-friendly city policy agenda.  
ACTION: Conduct a comprehensive policy review and identify key policy development to best advance the Age Strong Burlington Action Plan.
5. Support City Departments & Partners to Advance or Expand Programming for Older Adults.  
ACTION: Expand and create new programming in City departments and community partners.
6. Community Outreach and Engagement  
ACTION: Support a Robust Outreach and Engagement Process.  
ACTION: Focus on Specific Initiatives & Identify Funding to advance Action Plan and Outcomes.
7. Support New and Existing Partnerships.  
ACTION: Build out new and enhanced partnerships as the strategy to advance Age Strong Burlington.  
*BPRW, DPW, CEDO, Planning, Police Department, GMT, Heineberg Community Senior Center, Age Well, Howard Center, UVM Center on Aging, AALV, Congolese Community, Cathedral Square, AARP-VT, Age Strong Vermont (DAIL)*

Discussion

*Age-Strong  
Burlington*

**THANK YOU!**

---

# AGE STRONG

---

September 2024

## ACTION RECOMMENDATIONS FROM THE BURLINGTON AGING COUNCIL

- Elevate the contributions of older adults in Burlington.
  - Raise issues facing older adults in Burlington and the organizations that serve them.
  - Make policy recommendations to the Mayor and City Council to address gaps, needs, and opportunities that impact older adults in Burlington.
  - Ensure that the voices of older adults in Burlington are at the forefront of City policy.
  - Create and maintain a “Burlington Plan on Aging” to act as a guiding template for City policy and initiatives.
- 



---

## Contents

AGE STRONG BURLINGTON: Priority Measures.....	2
1. Dedicated City Staff Support: .....	2
2. Issue Key Proclamations and Host Special Events .....	3
3. Create an Official Online City Resource Site .....	3
4. Advance a Focused City Policy Agenda .....	3
5. Direct City Departments to Advance or Expand Programming for Older Adults.....	4
6. Support a Robust Outreach and Engagement Process .....	4
7. Support New and Existing Partnerships .....	4
AGE STRONG BURLINGTON: Vision of an Age-Friendly City .....	6
Age Strong Burlington Goals.....	7
What Does an Age Strong Burlington Look Like?.....	7
Aging and Equity in Burlington.....	10
BAC PLAN: Objectives & Action Steps for an Age Strong Burlington .....	12
Action Plan for an Age Strong Burlington.....	13
SOCIAL CONNECTION AND ENGAGEMENT .....	13
FAMILY CAREGIVER SUPPORT .....	18
FINANCIAL SECURITY .....	21
OPTIMAL HEALTH AND WELLBEING.....	24
HOUSING, TRANSPORTATION, AND COMMUNITY DESIGN.....	31
BURLINGTON SUPPORT INFRASTRUCTURE FOR THE FUTURE .....	36
City Positions and Functions.....	36
Support Tasks and Functions.....	36
Network of Providers and Partners .....	37
Burlington Aging Council.....	37
AGE STRONG VERMONT: How Does the Age Strong Burlington Plan Fit into the State’s Plan? .....	38
APPENDICES – Age Strong Burlington.....	41
A. Acknowledgements.....	42
B. City Council Charge Creating the Burlington Aging Council .....	43
C. Organizations Promoting Equity in Aging.....	46
D. Detailed State Age Strong Objectives and Strategies.....	47
E. BAC Interim Actions.....	63
<b>E.i. HomeShare Vermont Pilot Incentive Program .....</b>	<b>63</b>
<b>E. ii. Family Caregiver Month 2023 Proclamation .....</b>	<b>66</b>

## BURLINGTON AGING COUNCIL Age Strong Introduction

Ageism and Ableism are engrained in societal attitudes, public policies, our institutions, and our community infrastructure. They are systemic. People over the age of 65 are often considered a homogenous population in cognitive and physical decline. It is time to understand and relate to our older adult community in a similar manner to how we view and treat those under the age of 18, as a diverse group with different age-related abilities, needs and opportunities, an asset to the present and future. The goal for Burlington is one of inclusivity, building an age-friendly community for all. The universal benefit accruing from the Age Strong Burlington plan is that improving the conditions of and opportunities for older adults in a community improves the lives of everyone.

On April 26, 2021 the City Council [formally created the Burlington Aging Council](#), and on May 2<sup>nd</sup> the Mayor signed the resolution, with the purpose of:

- elevating the contributions of older adults in Burlington;
- raising issues facing older adults in Burlington and the organizations that serve them;
- making policy recommendations to the Mayor and City Council to address gaps, needs, and opportunities that impact older adults in Burlington;
- ensuring that the voices of older adults in Burlington are at the forefront of City policy;
- creating and maintaining a “Burlington Plan on Aging” to act as a guiding template for City policy and initiatives.

The detailed Action Plans that follow are consolidated around 5 principal areas:

- a. Social Connection and Engagement
- b. Family Caregiver Support
- c. Financial Security
- d. Optimal Health and Wellness
- e. Housing, Transportation and Community Design

The objective in organizing actions is to raise awareness of both needs and opportunities, and to provide guidance on moving Burlington along a conscious path to being a fully Age-Friendly Community. Burlington, as a single entity cannot do everything to ensure that as members of our community age, they are offered opportunities and support that allow them to contribute and have a sense of belonging, as well as provide them with the care and support they need to continue their lives with dignity. The action plans that have been incorporated into this document are not comprehensive, but they are targeted to what the Aging Council believes is possible. The action plans align, as much as possible with the State’s [Age Strong Plan](#), and provide a basis for synergy and coordination with the many partners who provide direct services. These action plans are meant to engage our community of all ages to make Burlington a city that works for all. To achieve this, the Burlington Aging Council urges the city to make the investments and policy changes needed to create a truly Age-Friendly city.

### **Burlington Aging Council Members**

*Symphorien Sikyala, Congolese Community*

*Rick Neu, UVM Center on Aging*

*Molly Dugan, Cathedral Square*

*Jane Catton, Age Well*

*Kelly Stoddard Poor, AARP VT*

*Andrea Viets, Heineberg Community*

*Senior Center*

*Alison Miley, Howard Center*

*Christopher Damiani, GMT*

*Brian Pine, CEDO*

*Barbara Shaw-Dorso, Resident*

*Martha Molpus, Resident*

*Charles J Messing, Resident*

*Lorna-Kay Peal, Resident*

*Glenn McRae, Resident*

## AGE STRONG BURLINGTON: Priority Measures

The Burlington Aging Council addressed its charge by determining those actions needed to simultaneously provide for both self-determination and for necessary safety and protection in this diverse sector of our community. Burlington residents, aged 65 and over, represent approximately 11.6% of the city's population, some 5,175 residents, slightly more than the number of those 18 and under. Members of this demographic are all too often lumped in a single class of "seniors, old people, elderly," or some other term that connotes declining capability and need for care, representing a deficit to the community. The story not told is that this portion of our community is as diverse as any other group of Burlington citizens in their background, heritage, capabilities, and needs. The Council developed its action agenda by emphasizing a systemic approach to recognizing opportunity for and the contribution of our older citizens. It also calls for a coordinated and efficient system of services to meet their diverse needs, with dignity, in coordination with the many partner organizations working with this sector and the state of Vermont with its new Age Strong Vermont plan.

### A Summary of Priority Actions for Consideration:

#### 1. Dedicated City Staff Support:

- **Fills the role of an Older Adult Ombudsperson** to coordinate the efforts of the Aging Council and City Departments to:
  - **Provide direct service to employers**, and work with partners to advance opportunities for training, education, and resources for older workers of all backgrounds.
  - **Build Age-Friendly criteria** into city employee job descriptions and performance reviews.
  - **Provide city staff with adequate training and upskilling** to succeed in supporting these efforts, expanding City staffing functions in key city departments (e.g., REIB, CEDO, Planning, DPW, Parks, Recreation & Waterfront).
  - **Connect to and Coordinate with the State of Vermont Age Strong lead.**
- **Supports functions to advance social connection and engagement**, and optimal health and wellbeing across city departments and the coalition of local service organizations in Age Strong Burlington.
- **Provides full support for a reinvigorated Burlington Aging Council** to continue in its mission to elevate the contributions of older adults in Burlington; raise issues facing older adults in Burlington and the organizations that serve them; support current and address new policy recommendations to the Mayor and City Council to address gaps, needs, and opportunities that impact older adults in Burlington; ensure that the voices of older adults in Burlington are at the forefront of City policy; and maintain and monitor the "Burlington Plan on Aging: Age Strong Burlington," acting as a facilitator for City policy and initiatives, and to advance advocacy at the state level for adequate program resources, and targeted investments at the local level.

---

**2. Issue Key Proclamations and Host Special Events** to educate the community, elevating the contributions of and raising issues facing older adults in Burlington, ensuring that the voices of older adults in Burlington are at the forefront of City policy.

- **Family Caregiver Awareness Campaign** – Beginning in November 2024 (Family Caregiver Month).
- **National Employ Older Workers Week** – September.
- **Provide a clear public resolution declaring Ageism and Ableism as public health threats**, and committing Burlington to actively fighting ageism and ableism through policy and programs, providing resources and attention needed to enable all community members to enjoy a full and fruitful life, contributing to the greater good, and receiving support as it is needed.
- **Create baseline data on key indicators of successful social connection and engagement** with all city departments around their programming and work and add it to the City Dashboard.

### **3. Create an Official Online City Resource Site**

- **City Staff working with the BAC will set up a web-based City Resource site** that will include:
  - a list of family caregiver resources.
  - resources to support older workers and employers seeking to hire and retain older workers.
  - a single point of information access to City Programming that enhances social engagement and connection and advances healthy aging.
  - resources for older adult housing and transportation information.
  - a Dashboard indicating progress on the Age Strong Burlington Plan with connections to the State's Age Strong Plan progress reports.

### **4. Advance a Focused City Policy Agenda**

- **Review of City Human Resource policies that affect accommodation for employees of the city who are family caregivers** and report to the Burlington Aging Council with recommendations and a timeline for what modifications and enhancements can be made to flexibly meet the needs of the city and the employee.
- **Expand investment in digital literacy resources** specific to the needs of older community members. Include alternatives that are culturally appropriate and translated into a variety of languages.
- **Increase opportunities for Home Share programming** in Burlington.
- **Direct DPW and BPRW to coordinate planning efforts put in place supportive physical amenities** to make Burlington a year-round accessible active city providing opportunity for activity in support of health in line with the WHO's Active Aging Policy Framework.
- **Require all new construction to adhere to Universal Design Standards.**
- **Update PlanBTV: Burlington's Comprehensive Plan (2019) with a focus explicitly including the growing older population.**
  - **Require PlanBTV to incorporate a comprehensive strategy** to prioritize the needs of older adults in elements of community design.

- **Build a Policy/Program/Resource Framework** to address the specific needs of older adults in the event of another emergency (e.g., pandemic) and to meet the challenge of the ongoing climate emergency as it specifically impacts older adults.
- **Assess the status and future need for staffing and funding** of efforts needed to expand age-friendly infrastructure and design efforts across all city departments.

## 5. Direct City Departments to Advance or Expand Programming for Older Adults

- **Evaluate and provide additional funding** to continue and expand the CEDO/Age Well pilot to train/develop PCAs to increase the workforce for in-home supports/Personal and Home Health Aides to increase this critical and skilled workforce in providing services in home and institutional settings.
- **Recommend that City departments that make use of national service programs (e.g., AmeriCorps) will also make use of national service programs for older adults (e.g., AmeriCorps Senior).** Determine if these programs can also fulfill some of the functions required to support the future work of the Aging Council.
- **Provide incentives to fill the gaps** with volunteer and assisted ride programs.
- **Expand the 50+ Programming of Burlington Parks, Recreation, and Waterfront Department** to ensure that all older adults can access a variety of affordable opportunities for exercise within an inclusive environment. Align planning with the state's comprehensive physical activity plan and provide evidence-based physical activity and strength training programs to promote positive health outcomes.
  - Build on the success of the CORE Adult Center (run by Burlington Parks, Recreation, and Waterfront Department) and engage partners to support the development of a part-time care facility in Burlington to assist older adults with higher-intensity care needs (Adult daycare) and provide respite to family caregivers.
- **Expand funding for and promotion of the Housing Access Modifications** program at CEDO.

## 6. Support a Robust Outreach and Engagement Process

- **Allocate funding to support the education of the BIPOC and New American advocates and associations** on family caregiving practices and supports. Develop multilingual resources for Burlington residents, and support training and education for service providers to better understand and support the variety of cultures of caregiving in our community.
- **Fund a Marketing Campaign to highlight older worker experiences** and employer success stories and narratives.
- **Work with Green Mountain Transit (GMT) to increase usage** of public transportation, with special attention to the needs of older adults.
- **Conduct a comprehensive Needs Assessment**, with a targeted emphasis on understanding the needs of older adults, including BIPOC and New American communities, addressing technology access, affordability, and supports focused on infrastructure, capabilities, training/education, path to 6G.

## 7. Support New and Existing Partnerships

- 
- **Work with GMT, DPW, and other relevant agencies on processes and funding needed to support a standardized bus stop amenity plan** that addresses winter maintenance.
    - Apply a similar process to handicapped parking spaces.
  - **Direct City Departments, such as the Police Department to pursue partnerships with community organizations** (e.g., UVMHC Emergency Department, Chittenden Housing Alliance, CVOEO) to identify older individuals at risk of experiencing homelessness (or experiencing homelessness) so that they can more effectively connect with resources.
  - **Collaborate with and include diverse social and cultural groups to ensure inclusion of all older residents** in a concerted effort to increase usage of public transportation, with special attention to the needs of older adults, and support GMT staffing and resource needs to accomplish this.
  - **Work with GMT to ensure that the fare structure is transparent and understandable** to riders, and that it considers the needs of older riders in terms of access, comfort, and *affordability*.
  - **Build a Technology for Connection Initiative for older adults**, based on a community needs assessment. Identify and secure funding for technology infrastructure and access. Collaborate with partner groups (e.g., [Technology for Tomorrow](#)) to expand and standardize the use of in-home technology to help older adults age in place.
  - **Promote the newly adopted BTV Neighborhood Code to increase opportunities for middle housing** with an emphasis on accessibility and affordability for older adults.
  - **Increase collaboration between city departments (e.g., Fletcher Free Library and Parks and Recreation)** to collaborate with community partners to expand the accessibility to and participation in volunteer programs, especially those that offer additional support and assistance to help older adults stay in their homes. Provide focus on outreach to local BIPOC, New American, LGBTQ+, and other groups to promote volunteer information and opportunities within these groups.
  - **Support the expansion of existing Burlington programs that work to connect housing, health care, and social supports for aging residents**, with an emphasis on broadening the provision of diverse types of housing options/situations depending on level of independence.
  - **Expand the supply of affordable age-specific housing options.** Work with housing organizations to increase affordable and accessible assisted living opportunities. Collaborate with developers and partners to create opportunities to provide affordable dementia-focused housing.

# AGE STRONG BURLINGTON: Vision of an Age-Friendly City

**Burlington Aging Council Mission:** To understand the opportunities and challenges facing all older community members, and to recommend policies and programs that respect and empower all older Burlington community members, to ensure and expand their quality of life.

**Age-Friendly Burlington:** An Age-Friendly Burlington will balance offering and enhancing self-determination and self-actualization with an infrastructure for safety and protection.

- **Self Determination** will be at the core of a coordinated and efficient system of opportunity. Older residents bring years of experience, wisdom, and energy to their lives and communities. They are an asset to the community and pathways to afford them the opportunity to contribute to the social, civic, and economic fabric of the community should be enhanced, and they should be actively engaged as workers, volunteers, and leaders.
- **Safety and Protection** will be at the heart of a coordinated, efficient, and self-evident system of services. Older residents can benefit from a system of services, supports, and protections, that is coordinated, equitable, and efficient, promoting choice, flexibility, and creativity. The system should be easy for individuals and families to access and navigate, including as it relates to the major transitions of care.



The Burlington Aging Council built a **plan of action** for the City around five core areas: Social Connection and Engagement; Family Caregiver Support; Financial Security; Optimal Health and Wellness; Housing, Transportation and Community Design. For each

---

core area of focus, we outline key investments, action steps, and how the city can measure its progress.

## **Age Strong Burlington Goals**

### **• Social Connection and Engagement**

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

### **• Family Caregiver Support**

Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions are respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient.

### **• Financial Security**

Older Residents will receive an adequate income and maintain assets for a reasonable quality of life as they age. They can seek and maintain employment without fear of discrimination and with any needed accommodations. Mechanisms are in place to protect from consumer and financial fraud. Older Residents can retire after a lifetime of work, if they so choose, without fear of poverty and isolation.

### **• Housing, Transportation, and Community Design**

Burlington is designed, zoned, and built to support the health, safety, and independence of older residents, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.

### **• Optimal Health and Wellness**

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

## **What Does an Age Strong Burlington Look Like?**

Burlington's population, aged 65 and over, represents approximately 11.6% of the city's population, some 5,175 residents, slightly more than the number of those 18 and under. Members of this demographic are all too often lumped in a single class of seniors, older adults, old people, elderly, or some other term that connotes declining capability and need for care. They are a diverse population requiring a multifaceted city strategy to ensure that they prosper, have opportunities to contribute, and feel safe and assured of services to support them as they age.

Asset-based thinking is not often applied to a community's older population. As in the recent series in *Seven Days* ("Getting On: An Aging Population Is Transforming Vermont's Schools, Workplaces and Communities" | [https://www.sevendaysvt.com/news/getting-on-an-aging-population-is-transforming-vermonts-schools-workplaces-and-communities-](https://www.sevendaysvt.com/news/getting-on-an-aging-population-is-transforming-vermonts-schools-workplaces-and-communities-40368495)

**Vermont's 50-plus population creates outsize economic impact and will drive economic growth for the next 30 years.**

- In 2018, the 50-plus population accounted for 42% of Vermont's population yet contributed 47%—or \$18 billion—of the state's total GDP.
- Their activities also supported 227,000 jobs and generated \$12 billion in wages and salaries.
- The purchasing power of Vermont's 50-plus population will generate tax revenue for decades to come. In 2018, the market activities of people 50-plus supported \$1.7 billion in state and local taxes (44% of Vermont's total). That figure will more than triple to \$5.7 billion by 2050.
- People aged 50-plus will continue to play a significant role as part of Vermont's workforce: by 2030, 50-plus workers in the state are projected to number 130,000, representing 37% of the state's total labor force.
- Beyond their economic contributions, the 50-plus cohort also spends time engaging in vital activities like volunteering and caregiving for children and adults. The 50-plus population in Vermont contributed \$421 million in volunteering activities and \$0.9 billion in unpaid caregiving in 2018.

[40368495](https://www.sevendaysvt.com/news/getting-on-an-aging-population-is-transforming-vermonts-schools-workplaces-and-communities-40368495)) an aging population is related to a host of interrelated and seemingly insurmountable problems—from economic stagnation to lack of safe housing and adequate care. While these are critical issues that need to be addressed, they have roots that extend beyond the narrow view of aging populations and negate our ability to see the large number of community members, aged 65+, as real and potential assets.

For example, suppose that just 22% of Burlington residents, 65+, are in the labor force, that is 1138 workers. How many businesses would be shut down without those workers? We don't have the numbers of those who are also business owners, or independently employed, full or part-time. Nor do we have solid numbers on what percentage of the volunteer workforce is 65+, powering our rich nonprofit sector in arts, recreation, social services, and education, but we know it is significant. We cannot measure the impact because we have not collected the data. The data we do have, and it is important, is focused on the need for services, care, and special housing. If that is the only lens, we will continue to move forward in a deficit-based approach to our aging population.

The Burlington Aging Council is recommending taking a new and activist approach to addressing our aging population, like the perspective we take with the members of our community under 18. There are special needs, structures, supports, and investments needed, but they are full of potential. We don't know what that potential is, but we invest in it willingly. The potential of the members of our community, 65+, (and that community is growing in numbers) is largely untapped. As with all our citizens we want to create the conditions that increase good health outcomes, provide secure and appropriate shelter, ensure food security, and create opportunity for

personal fulfillment in activities, both for personal and professional growth. Given the right conditions and incentives, how many more would join the formal workforce, would

volunteer hours, would apply to serve on commissions and boards and increase their contribution to the vitality of our community?

Those unanswered questions, as well as the necessary initiatives covered in this Action Plan, are at the heart of what the Burlington Aging Council sees as its future mission in supporting Burlington as a model Age-Friendly Community.

Burlington’s drive to be an Age-Friendly Community is a drive toward social justice. It is time to end Ageism once and for all in our community.

*Aging is not the problem, but the way we think and talk about aging is. Most people, without even thinking about it, use language that describes aging as a negative experience. Unfortunately, this negative thinking and language contributes to “Ageism” in our culture, which is a stereotyping or discrimination of a person or group of people because of their age. This is a serious challenge in our culture and communities, manifested in the unconscious thoughts we have, the actions we take, and the policies, institutions, and systems we create.*

*Ageism negatively impacts Vermonters’ health and well-being. It prevents people from seeking support they may need or gaining employment they are more than qualified for. It contributes to errors in the healthcare system. It leads to higher rates of chronic illness and morbidity. Older adults who have a negative view of aging have a life expectancy of 7.5 years less than older adults who have a positive view of aging (Breaking the Age Code by Becca Levy, 2022). Ageism also intersects with other forms of discrimination such as racism, quietly exacerbating inequities faced by people of color, LGBTQ+, speakers of other languages, those who are low income, etc.*

— **Age Strong Vermont Plan**  
**(February 2024, page 8)**

### **Aging Vermonters**

In 2021 about 133,173 Vermonters were 65 years or older, or about 20.6% of all Vermonters.

- In 2021 22.0% of 65+ Vermonters were in the labor force.
- The average income/earnings for the 65+ population in Vermont in 2021 was about \$59,180.
- 9.1% of Vermonters 65 years or older were at or below the poverty level in 2021.
- 18.7% of Vermonters 65 or older rent their home, with a median gross rent of \$889 in 2021.
- 81.3% of 65+ Vermonters own their home, with median monthly costs of about \$714 (those without a mortgage).
- 29.2% of Vermonters over 65 years of age have a disability

[Vermont State Data Center Source: 2011 & 2021 American Community Survey](#)

---

## Aging and Equity in Burlington

**Burlington’s vision of equity in aging is to transform every person’s older years into their golden years.** To achieve this vision, the City of Burlington, through the work of the Burlington Aging Council (BAC), must work to ensure that all residents have access to opportunities and services to age how and where we choose—regardless of age, disability, race, ethnicity, immigration status, religion/faith, income, geography, sexual orientation, gender identity, language, or family status. The BAC aging plan for the City of Burlington, through programs and partnerships will accomplish:

1. Engagement of all older adults in the civic life of the city with the expressed purpose of achieving the goals of an Age-Friendly Community.
2. Recognition of the wide range of capacities and resources among older people.
3. Expansion of culturally relevant and accessible services to older adults, people with disabilities, caregivers, and families.
4. Addressing health and other inequities that can become cumulative as we age.
5. Anticipating and responding flexibly to aging-related needs and preferences and respecting older person’s decisions and lifestyle choices.

*The commonly held view that old age is a period of declining faculties that is natural and inevitable is therefore not wholly accurate and has hidden preventable inequalities in the quality of life of older people. Importantly, the causal role of social conditions in the great variations in the quality of life of older individuals within a country – as well as across countries – raises profound questions of social justice and social action. (Venkatapuram S, Ehni HJ, Saxena A. [Equity and healthy aging](#). Bull World Health Organ. 2017)*

The community we build, the infrastructure we improve, the attitudes and institutionalized biases we counter, or change are choices we make to ensure that as we age in our community, we can maintain functional abilities, including maintaining roles and holding on to relationships, and enjoying the possibility of autonomy, pleasure, personal growth, and security. Our ability to thrive is not dependent on individual attributes and capacities alone. Maintaining our health and capacities as we age is greatly dependent on how we build out the community conditions that we have control over. There is no reason to assume that functional abilities and personal health must decline in direct relationship with age.

### Age Strong Burlington Strategies and Resources:

**AARP [Longevity Economy Report: Vermont](#)** details the outside economic impact of Vermont’s 50-plus population, supporting 227,000 jobs and generating \$12 billion in wages and salaries, anticipated to make up 37% of the state’s total workforce by the end of the decade, and contributing half a billion dollars of volunteer service labor.

**Engage with the work of [8 80 Cities](#) and adopt their theme:** *We are guided by the simple but powerful idea that if everything we do in our cities is great for an 8-year-old and an 80-year-old, then it will be better for all people.*

---

Engage with [The National Civic League’s Enhancing the Equity and Inclusiveness of Age-Friendly Initiatives](#), especially their focus on improved outreach to and engagement with ethnically and racially diverse older adult residents, who may not traditionally engage with government-driven community programs for older adults.

Engage with the work of The [Equity in Aging Collaborative](#) will address issues of poverty among older adults who have and continue to face inequities across their lifetimes. We will share stories of the impact of poverty on women, communities of color, LGBTQ+ individuals, low-income, and rural older adults. The Collaborative is building on 15 years of experience with the Elder Economic Security Standard™ Index, or [Elder Index](#) that may have applications for tracking progress in Burlington and Vermont.

## Pathways for Burlington

Following the WHO [Age-Friendly World initiative](#), Burlington’s efforts should be united in building *“age-friendly environments (such as in the home, community) to foster healthy and active aging by building and maintaining intrinsic capacity across the life course and enabling greater functional ability in someone with a given level of capacity.”*

In practical terms, age-friendly environments are free from physical and social barriers and supported by policies, systems, services, products, and technologies that:

- promote health and build and maintain physical and mental capacity across the life course; and
- enable people, even when experiencing capacity loss, to continue to do the things they value.

The BAC Age Strong Burlington Action Plan is a holistic approach to growing age-friendly practices help build older people’s abilities to meet their basic needs; learn, grow, and make decisions; be mobile; build and maintain relationships; and contribute.

The AARP [Network of Age-Friendly States and Communities](#) is one touchstone to identify sister cities that Burlington can use to benchmark our efforts and progress. The program advances efforts to help people live easily and comfortably in their homes and communities as they age. Older adults are encouraged to take a more active role in their communities and have their voices heard. Initiatives focus on areas such as housing, caregiving, community engagement, volunteering, social inclusion and combating isolation among older citizens.

For a list of national resources see **Appendix C**.

---

## **BAC PLAN: Objectives & Action Steps for an Age Strong Burlington**

Specific Action Plans for the five targeted goals follow and detail suggested investments, along with action steps broken out for various groups and city leaders, detailing ways that the city can measure progress to achieve a truly Age Strong Burlington. These goals and action steps represent a starting point for the city to be able to lay a foundation for an Age Strong community. It will require ongoing work, engagement, and investment to realize the vision.

### **Social Connection and Engagement**

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

### **Family Caregiver Support**

Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions are respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient.

### **Financial Security**

Older Residents will receive an adequate income and maintain assets for a reasonable quality of life as they age. They can seek and maintain employment without fear of discrimination and with any needed accommodations. Mechanisms are in place to protect from consumer and financial fraud. Older Residents can retire after a lifetime of work, if they so choose, without fear of poverty and isolation.

### **Housing, Transportation, and Community Design**

Burlington is designed, zoned, and built to support the health, safety, and independence of older residents, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.

### **Optimal Health and Wellness**

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

---

## **Action Plan for an Age Strong Burlington** **SOCIAL CONNECTION AND ENGAGEMENT**

### **As an Age-Friendly Community, in Burlington:**

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

Vermont is ranked 20th for risk of social isolation in America's Health Rankings Senior Report (composite of poverty; living alone; divorced, separated or widowed; never married; disability; and independent living difficulty). According to US Census data (ACS 2018): 71,000 (42%) of Vermonters age 60+ are not married (divorced, separated, widowed or never married); 48,000 (28%) have a disability; 43,000 (25%) live alone in community; 18,000 (11%) live below the federal poverty level; 28,000 (28%) live below 200% FPL.

Social Isolation is a public health concern. It is significantly associated with increased mortality from all causes. The magnitude of health risks associated with social isolation and loneliness are equivalent to smoking and obesity. Social **connection**, however, is associated with a 50% reduced risk of early death.

### **Moving Toward an Age-Friendly Community, in Burlington:**

- ✓ Burlington residents ages 65+ receive the social and emotional support they need, and each year there is a decreasing number who feel socially isolated, exhibit elevated levels of stress, report poor physical health, are unhoused or inadequately housed, are food insecure, and for whom mobility is compromised.
- ✓ Mobility options (e.g., GMT, NeighborRides, CarShareVT) report increased usage by older residents.
- ✓ The proportion of older adults engaging in regular, year-round, physical exercise shows annual increases.
- ✓ Calculate neighborhood walkability and transit scores around the needs and uses of older adults living in the city, demonstrating annual increases in scores.
- ✓ Burlington's network of viable senior centers and other local community institutions such as libraries and churches offer quality and equitable programming for older adults.
- ✓ Older adults in Burlington increasingly indicate that they have the resources and information they need to age well in the city.
- ✓ Older adults in Burlington have equitable access to the highest level of affordable high-speed internet connectivity of any small city in the country, enabling them to have the ability to effectively communicate, receive services, engage as citizens, and access life-long learning opportunities as well as employment opportunities via technological engagement.
- ✓ Older adults in Burlington seeking to volunteer within their communities will have the means to engage with such opportunities accessibly and inclusively.
- ✓ Older adults in Burlington reliably and safely utilize volunteer services to seek assistance in areas such as day-to-day home maintenance and activities of daily living, which allow them to age in place.

- 
- ✓ Intergenerational engagement opportunities abound with the support of the City's schools and other institutions.

### **Actions: City Council & The Mayor's Office**

1. Support a Social Connection and Engagement function across city departments and the coalition of local service organizations to:
  - a. Create baseline data on key indicators of successful social connection and engagement.
  - b. Create greater efficiency and increase resources available across city departments that provide programs and infrastructure for social connection and engagement.
  - c. Collaborate with and include diverse social and cultural groups to ensure inclusion of all older residents.
2. Update PlanBTV: Burlington's Comprehensive Plan (2019) [www.burlingtonvt.gov/planbtv](http://www.burlingtonvt.gov/planbtv) with a focus explicitly including the growing older population.
3. Produce a Burlington-specific resource book for healthy aging and social inclusion.
4. Build a Policy/Program/Resource Framework to address the specific needs of older adults in the event of another emergency (e.g., pandemic) and to meet the challenge of the ongoing climate emergency as it specifically impacts older adults.
5. Build a *Technology for Connection Initiative* for older adults in Burlington starting with a comprehensive Needs Assessment, with targeted emphasis on understanding the needs of the older Burlington residents, including BIPOC and New American communities, addressing technology access, affordability, and supports focused on infrastructure, capabilities, training/education, path to 6G. Identify and secure funding for technology infrastructure and access. Collaborate with partner groups to expand and standardize the use of in-home technology to help older adults age in place (<https://www.nia.nih.gov/news/nih-initiative-tests-home-technology-help-older-adults-age-place>) to support health, safety, and caregiving.
6. Increase collaboration between city departments (e.g., Fletcher Free Library and Parks and Recreation) to collaborate with community partners to expand the accessibility to and participation in volunteer programs, especially those that offer additional support and assistance to help older adults stay in their homes. Provide focus on outreach to local BIPOC, New American, LGBTQ+, and other groups to promote volunteer information and opportunities within these groups.

### **Summary of Key Investments:**

- Dedicated funding from the city to support:
  - A Social Connection and Engagement function across city departments
  - Planner and Outreach functions to update PlanBTV; create a targeted emergency response framework; map out particular issues and approaches to older adults and the climate emergency.
  - Research, compilation, and update of an Aging Resource Guide (electronic and print-on-demand) with translation into key languages.
  - Technology of Connection Initiative staffing, technology, infrastructure, and subsidies to support universal access.

- Library and Parks and Recreation Departments staff to increase programming and support volunteerism.
- City specific Data and Tracking capabilities to identify the need and track impact of investments and interventions.

### **Actions: Burlington Aging Council and Age-Friendly Organizational Network (including City Departments) with Staffing Support**

1. Support development of baseline data on key indicators of successful social connection and engagement and link this data to the city and private investment in programs and infrastructure.
  - a. Convene Stakeholders regularly to support a continuous assessment addressing barriers and opportunities to advance a framework into action for Burlington in coordination with the local and regional efforts of the Stakeholders, and the State aging plan, Age Strong Vermont.
  - b. Request that DAİL be proactive with their consultants to have a way to parse out service area-specific data to help localities home in on specific groups of older adults.
  - c. Collaborate with and include diverse social and cultural groups to ensure inclusion of all older adults in Burlington in the development and provision of social connection and engagement resources.
2. Support the updating [PlanBTV](#), Burlington’s Comprehensive Plan (2019) with a focus explicitly including the growing older population. Expand the limited reference in the plan with clear metrics to determine how Burlington is achieving the goals set. Advocate for a similar update of the Regional [ECOS](#) Plan with the Chittenden County Regional Planning Commission.
3. Support the production of a Burlington-specific resource book for healthy aging and social inclusion and ensure direct comprehensive distribution and access (physical copies and online access, available in multiple languages). Tie the distribution of the resources to polling for feedback on individual and collective attributes of social connection and engagement. Include specific dimensions for individuals facing Alzheimer’s and dementia to better inform them and their caregivers about healthy aging social inclusion for this population, with specific attention to [utilizing social connection as a preventative strategy](#) for symptoms of cognitive decline.
4. Support city planning to provide a framework for a future emergency (e.g., pandemic) response that will include methods to sustain community connection and engagement and reduce isolation. Coordinate an annual review with key stakeholders and city departments to keep current. Add to resources already available, <https://www.fema.gov/fact-sheet/seniors-prepare-now-emergency> and YouTube videos and Podcasts for older adults and Emergency Prep and a How to guide which could be accessed/replicated. E.g. <https://www.fema.gov/about/news-multimedia/podcast>, and at Ready.gov, <https://www.ready.gov/>.
5. Support city planning to specifically address the needs of the older adult population considering the [Climate Emergency](#), as older adults face additional challenges as a result of their health or financial conditions, and they are far more likely to die or be adversely impacted in climate-fueled disasters.
6. Support a *Technology for Connection Initiative* for older adults living in Burlington.

- 
- a. Conduct a comprehensive Needs Assessment to understand the needs of the older Burlington residents, including BIPOC and New American communities, addressing technology access, affordability, and supports focused on infrastructure, capabilities, training/education, path to 6G.
  - b. Implement strategies on how to increase technology access among older BIPOC and New American adults using culturally appropriate education techniques. Explore ongoing technology training and education for older adults to promote accessibility, including collaborations with local tech centers, universities/colleges, and libraries. Identify and involve Businesses already having a record of recruiting, training, and employing older workers.
  - c. Promote the [Vermont Assistive Technology Program](#), offering free support and hardware assessments.
  - d. Expand safety and security access by collaborating with companies to offer older adults access to security systems at a low cost, such as “Ring app” on the iPhone or other security systems for their home.
  - e. Work with partner groups to expand and standardize the use of in-home technology to help older adults age in place (<https://www.nia.nih.gov/news/nih-initiative-tests-home-technology-help-older-adults-age-place>) to support health, safety, and caregiving.
7. Work with Age Well, United Way, and local senior centers to expand the accessibility to and participation within volunteer programs. Additionally, conduct work with local community partners, such as senior centers and health care providers, to increase awareness of Age Well’s volunteer resource helpline for those in need of additional support staying in their homes.
    - a. Collaboration with Fletcher Free Library and local senior centers to provide in-print resources on Age Well and United Way volunteer programs and helpline – one pager, FAQ sheet, how to apply information.
    - b. Screenings of volunteer informational videos at local community centers (e.g., Fletcher Free, Heineberg) to better inform community members about how to become involved in volunteering with Age Well.
    - c. Work with local BIPOC, New American, LGBTQ+, and other groups to promote volunteer information and opportunities within these groups.
  8. Review strategies and evidence-based programs from other similar communities that work to provide affordable and sufficient mobility options for older residents for all their needs.
  9. Draw on existing data sources to build a thorough understanding of where our residents over the age of sixty-five are living and what kind of conditions they are living in. Maintain an active database to understand the location and situation of older residents.
    - a. Utilize data and reporting materials from Feeding Chittenden and Meals on Wheels to determine the areas of Burlington most heavily populated by older residents, and thus could best utilize social connection programs targeted towards the aging population.
    - b. Address how different demographic trends and clusters can inform where diverse types and varieties of resources should be promoted to increase use.

Advancing equity and inclusion:

- 
- Engage those groups serving needs of specific groups (e.g., Vermont Association for the Blind and Visually Impaired ( <https://www.vabvi.org/>); Vermont Center for Independent Living (<https://vcil.org/>)), Veteran’s organizations.
  - Collaborate with local New American and BIPOC community groups to address cultural and social norms that may make social connection and engagement needs different for those in certain cultural groups. Develop culturally informed and translated resources to encompass Burlington’s diverse cultural and ethnic groups.
  - Recognize the additional challenges that those with Alzheimer’s, dementia, and other forms of cognitive decline may see in acquiring resources to promote social connection and engagement. Consult with the Alzheimer’s Association of Vermont to identify the best strategies and resources.

### **We measure progress as we:**

- Develop and track reliable Burlington-specific data on needs of, participation by, and programming for older adults.
- Increase participation in programming and use of facilities for social engagement (e.g., local senior centers, Fletcher Free, Parks and Recreation, Age Well).
- Increase in the number of volunteers/applications and usage of the helpline within AgeWell volunteer services program, and United Way volunteer programs (RSVP and Foster Grandparent programs)
- Develop programming and attract participants in the *Technology for Connection Initiative* programs.
- Track website hits and physical copy distribution numbers for Burlington-specific resource book.
- Increased programming for and participation of older adult BIPOC and New American populations.
- Increase in neighborhood walkability and transit scores.

---

## Age Strong Burlington Action Plan

### FAMILY CAREGIVER SUPPORT

#### As an Age-Friendly Community, in Burlington:

**The essential role of family caregivers is recognized, supported, and valued** in our community, in both the public and private sectors. Family caregivers have easy access to culturally appropriate education, resources, and support, particularly for the care of seniors living with various forms of dementia. Employers have access to education and resources to provide accommodations for employees to help balance the needs of work with the needs of older family members. Healthcare providers recognize and care for the unique needs of family caregivers. Support services in the city and region are robust and sustainable providing respite for family caregivers.

We acknowledge that family caregivers provide the preponderance of care for those seniors who need assistance with daily care. According to the AARP Public Policy Institute, Vermont's 70,000 **family caregivers provide approximately \$1.23 billion in unpaid care annually** (March 2023). In addition to being unpaid, family caregivers report feeling isolated, needing more support/connection from peers and experts, and needing help balancing the demands of their workplace and the needs of their older family members, and often the needs of their own children as well. In Burlington, this situation is made visible by the community's commitment to providing necessary support that results in better health outcomes for those in need, those caring for them, and for the **economic vitality of the city** as those who are employed and serve as family caregivers remain productive and supportive in their jobs at home and work.

#### Moving Toward an Age-Friendly Community, in Burlington:

- ✓ All residents have easy access to learn about family caregivers and the outsized role they play in the care of our community's older adults.
- ✓ Service providers, community partners, employers, and family caregivers work in concert with the City of Burlington developing support groups for caregivers and Memory Cafes to help support the many forms that caregiving takes in our community.
- ✓ Service providers, community partners, employers, and family caregivers create an easily accessible, age-friendly, comprehensive collection of resources and a mechanism to collaborate with community partners to assure distribution/access for family caregivers.
- ✓ The City of Burlington creates policies to accommodate the needs of employees of the city who are caregivers. Provide these as a model that other employers in the city can follow. Employers that follow these policies are recognized for their contributions to making Burlington a more Age-Friendly City.
- ✓ The City of Burlington collaborates with partners to increase the workforce for in-home support / Personal and Home Health Aides who can make a significant difference in respite/caregiver support needs.

---

### Actions: City Council & The Mayor's Office

1. **Family Caregiver Awareness Campaign** – Beginning in November 2024 (Family Caregiver Month). Provide a Proclamation with press release (see 2024 proclamation).
2. City Staff working with the BAC on Age-Friendly City efforts will compile a list of family caregiver resources on an **age-friendly webpage** on the City of Burlington website. The webpage will serve as a clearinghouse with links to local and state resources. Lists and links will be checked and updated as needed monthly. Print and translated alternatives with monthly updates will also be available in accessible locations.
3. **Review of City Human Resource policies** that affect accommodation for employees of the city who are family caregivers and report to the Burlington Aging Council with recommendations and a timeline for what modifications and enhancements can be made to flexibly meet the needs of the city and the employee. The recommended changes and how the changes support family caregivers will be reported out and shared with employers in the city to encourage them to develop similar flexible policies. The definition of family caregivers will be all-encompassing to include the diversity in familial structures and living situations.
4. Evaluate and provide additional funding to continue and expand the **CEDO/AgeWell pilot to train/develop PCAs** to increase the workforce for in-home supports/Personal and Home Health Aides to increase this critical and skilled workforce in providing services in home and institutional settings.
5. Allocate funding to support the **education of the BIPOC and New American advocates and associations on family caregiving practices and supports**. Develop multilingual resources for Burlington residents, and support training and education for service providers to better understand and support the variety of cultures of caregiving in our community, fostering understanding and respect for practices and values that may be different from the dominant culture.

### Summary of Key Investments:

- Funding from the City of Burlington to support:
  - Production and airing of PSAs.
  - Printed material in English, Braille, and languages reflective of our community members
  - City staffing to develop and maintain an Age-Friendly City website and provide facilitation/coordination to support BAC work with its partners.
  - Additional staffing (translators, graduate intern, outreach facilitation) to produce and maintain information for the website, develop public education materials (translated) and professional training and guidance materials, and conduct comprehensive community outreach to assess need and evaluate impact.
  - Expanding PCA training and education.
  - City specific Data and Tracking capabilities to identify the need and track the impact of investments and interventions.
- Collaboration of Fletcher Free Library and Parks and Recreation for space and programming support for caregiver education, support groups, and Memory Cafes.
- Potential policy changes to incorporate caregiver accommodation for city employees, with attention to culturally appropriate caregiving and housing arrangements, with associated increased benefit costs.

---

## Actions: Burlington Aging Council and Age-Friendly Organizational Network (including City Departments) with Staffing Support

1. **Family Caregiver Awareness Campaign** – Beginning in November 2024 (Family Caregiver Month)
  - a. Coordinate annual Proclamation from Mayor/City Council with a press release (see 2024 proclamation).
  - b. PSAs highlighting Family Caregivers, available resources, and support (e.g., CARERS, Vermont Alzheimer’s Association Chapter, Age Well) on Radio, TV, and social media.
  - c. Partner with Vermont Public and “Across the Fence” for longer form stories and public awareness pieces.
2. The **Age-Friendly City website** will host a list of family caregiver resources. This clearinghouse will host links to local and state resources. Lists and links will be checked and updated as needed monthly. Print and translated alternatives with monthly updates will also be available in accessible locations.
3. The **review of City Human Resource policies**, the recommended changes, and an evaluation of how the changes support employees of the city who act as family caregivers will be reported out and shared with employers in the city to encourage them to develop similar flexible policies. Information and resources from the AARP Employer Pledge Program will be used as a guide (<https://www.aarp.org/work/employer-pledge-companies/>). The definition of family caregivers will be all-encompassing to include the diversity in familial structures and living situations across all cultures.
4. Support the evaluation of the **CEDO/Age Well pilot to train/develop PCAs** to increase the workforce for in-home support/Personal and Home Health Aides. Research additional models and funding to support ongoing workforce expansion to meet local needs, and to coordinate with other programs in the state.
5. In partnership with BIPOC and New American advocates and associations, and in cooperation with REIB, support the development and distribution of resources for the **education of the BIPOC and New American advocates and associations on family caregiving practices and supports**, increasing community knowledge on the variety of cultures of caregiving in our community, fostering understanding and respect for practices and values that may be different from the dominant culture.
4. Provide support for **libraries as “third spaces” for the support of family caregivers** and their family members. The UVM Center on Aging will assist in the development of the “third space” concept with Fletcher Free Library, Parks & Recreation, senior centers, community centers, and wellness centers. In addition to support networks, such “third spaces” can be used for educational offerings and opportunities for family caregivers on relevant topics. This will include working with local BIPOC, New American, LGBTQ+, and other groups to implement culturally informed third spaces for caregivers of various backgrounds.
5. Increase the **awareness of opportunities and resources to provide respite to caregivers**, such as Age Well’s volunteer services hotline. Respite Volunteer programming at Age Well (through an innovative pilot with DAIL) is training more people to become “Respite Squad Volunteers” who provide needed support to caregivers. This should be leveraged further and advanced. Additionally, work with

---

UVMHC to increase usage of system navigators to increase awareness about opportunities for respite included within the healthcare systems, such as [Medicare and Medicaid “prescriptions” for respite among family caregivers](#). Evaluate innovations such as Trualta (an online evidence-based caregiver support platform) with Stakeholders to determine if this is an effective support for local caregivers.

6. Reach out and partner with the Vermont DAIL and V4A (statewide association of Area Agencies on Aging) and other partners to examine the success and failure of **Adult Day Services** in Vermont and beyond to give respite opportunities to family caregivers. Work with other state partners in developing strategies to create sustainable day care and programming for seniors who require constant supervision.
7. In partnership with The University of Vermont Health Network Medical Group and the Vermont Medical Association, develop a **campaign to heighten the awareness among medical professionals of the role of family caregivers** and the importance of integrating these caregivers in the Community Health Team. The Vermont Blueprint for Health (2022) and Community Health Needs Assessment (2022) make no mention of family caregivers as integral members of the team providing care. This same partnership will connect with AHS and UVMHC Community Health Improvement to request family caregivers be represented in future Blueprint revisions and Community Health Needs Assessments.

#### **We measure progress as we:**

- Increase the percentage of family caregivers who report knowing about respite options and how to access them. (State goal by 2028 is to increase to 80%).
- Reduce the number of family care partners reporting a negative impact on their financial security due to caregiving. (State goal is to reduce from 32% to 10%).
- Increase usage of Burlington’s Age-Friendly City Family Caregiver Web pages and resources.
- Conduct specific surveying and engagement with the community of caregivers to assess the need and impact of programming.
- Work with local employers to establish metrics for increased employee productivity when provided with caregiver support.
- Coordinate with [Dementia Family Caregiver Center](#), [Alzheimer’s Association of Vermont](#), Age Well, AARP, UVM Center on Aging, local BIPOC and New American service groups, and local senior centers to build a framework for local data gathering and impact tracking.
- Increase the number of people served by support groups, Memory Cafes, and educational events.

## **Action Plan for an Age Strong Burlington**

### **FINANCIAL SECURITY**

#### **As an Age-Friendly Community, in Burlington:**

Older residents should be able to receive an adequate income and maintain assets for a reasonable quality of life as they age. They should be able to seek and maintain

---

employment without fear of discrimination and with any needed accommodations. Mechanisms should be in place to protect older residents from consumer and financial fraud. Older residents should be able to retire after a lifetime of work, if they choose, without fear of poverty and isolation.

Being financially secure is closely correlated to the health and well-being of individuals, family and a community. We know that older adults in Burlington and Vermont have significant challenges in achieving the goal of financial security as they age. Inadequate savings for retirement, discrimination in the workplace, and rising healthcare costs despite access to Medicare are all too often exacerbated by inflationary pressures adding to the cost of housing, food, and other essentials. Those on truly fixed incomes can be particularly hard-pressed.

Working past the age of 65 is valued. For some, it is essential to afford shelter, food, medicine, heat, and cooling. For others, it is an opportunity to contribute to an economy short of workers at all levels and find meaning and value in doing work and being compensated for it. Not dismissing workers simply for turning 65, or actively discriminating against them results in benefits both for individuals and the community.

#### **Moving Toward an Age-Friendly Community, in Burlington:**

- ✓ City officials strongly support the Vermont Strong objective to increase the amount of income available to older Vermonters working with elected and appointed state and federal officials to advance initiatives.
- ✓ Increasing the 60+ workforce participation rate is a priority, and employers have ready access to best practice information on hiring and retaining older workers and increase the number of workers aged 65+, advancing age-appropriate work conditions.
- ✓ The Burlington employer community, led by the City, presents a united front against age discrimination by enlisting 100 local employers in the AARP Employer Pledge (*Believe in equal opportunity for all workers; Recognize the value of experienced workers; Recruit across diverse age groups and consider all applicants on an equal basis, regardless of age; Believe that 50+ workers should have a level playing field in their ability to compete and obtain jobs*).
- ✓ Older adults seeking to work have direct access to local education and training, equipping them with the necessary skills and knowledge to be of high value either continuing their career or opting for an encore job.
- ✓ All residents have knowledge of and easy access to clear, up-to-date, and culturally relevant guidance and resources to make choices about working or retiring with financial security as they approach and become eligible for Medicare and Social Security benefits. Burlington supports lifelong learning for its citizens, where a full continuum of education and training is actively engaged to address this with city and partner programming.

#### **Actions: City Council & The Mayor's Office**

1. Provide a strong staffing function in appropriate departments to provide the equivalent of an Older Worker Ombudsperson to facilitate the efforts of the Aging Council, provide direct service to employers, coordinate with state initiatives for older workers, and support local partner efforts to advance opportunities for training, education, and resources for older workers of all backgrounds.

- 
2. Provide funding (city and/or partners) for a Marketing Campaign to highlight older worker experiences and employer success stories and narratives. Align campaign with build-up to [National Employ Older Workers Week](#) (September TBA) with a Mayoral Proclamation and events to acknowledge and celebrate).

*National Employ Older Workers Week, held annually the last full week of September, recognizes the vital role of older workers in the workforce. National Employ Older Workers Week aims to increase awareness of this labor segment and develop innovative strategies to tap it. It also highlights the Senior Community Service Employment Program (SCSEP), which provides on-the-job skills training to individuals fifty-five or older with limited financial resources.*

3. Through the Library, Burlington Parks & Rec, and other partners (e.g., Burlington High School, UVM, Champlain College, local senior centers, Association of Africans Living in Vermont (AALV)), expand investment in digital literacy resources specific to the needs of older community members. Include alternatives that are culturally appropriate and translated into a variety of languages.

### Summary of Key Investments:

- Dedicated staffing function (new, not an add-on) as an Older Worker Ombudsperson
- Funding to develop and run a long-term marketing campaign on older workers, culminating in Burlington being recognized as an Age Friendly Working Community.
- Providing translation services for programming and the development of online and print materials for outreach and information.
- Additional program funding for the Library and Parks and Rec to expand digital literacy programming through their respective outlets and develop partnerships with community groups to expand their reach.

### Actions: Burlington Aging Council and Age-Friendly Organizational Network (including City Departments) with Staffing Support

1. In coordination with the city's Older Worker Ombudsperson create an advisory panel of employers to advise on the marketing campaign, support the AARP Employer Pledge Campaign, and seek out resources to advance best practices in employing older workers, including emphasis on older BIPOC, New American, non-native English speaker workers. Create a value proposition around part-time and flexible work, job share, and opportunities for mentoring.
2. Partner with Associates for Training and Development ([A4TD](#)) in developing programming.
3. Convene a semi-annual peer group of mature workers (from different fields, backgrounds, experiences, and employers) to share and learn techniques for satisfying work and provide support whether one is returning to the workforce, shifting to a new area or field, reducing hours, or negotiating other flexibility. Document the lessons learned into a deliverable for other older workers to utilize.
4. Consolidate and promote education, training, and guidance resources in Burlington for older workers. Bring together providers (e.g., Library, Parks and Recreation, Senior Centers, Age Well, Community College, Burlington School System/Tech Center, AALV, A4TD's Senior Community Service Employment Program and The Vermont Returnship

---

Program; AARP's Resources for Building An Age-Inclusive and Caregiving-Friendly Workforce; Encore's work engagement initiatives; and Vermont's developing Workforce Expansion Team (WET) with regional coordinators; HireAbility Vermont) to devise a focused plan and program.

5. Support and advocate on behalf of state initiatives to provide for secure retirement (e.g., [VTSaves](#) Retirement Program at the office of the Vermont State Treasurer) through active engagement of state representatives. Promote programs such as VTSaves to all Burlington residents. Include resources for those without access to the internet and those who do not speak English to access these programs. Establish programs to emphasize this for all ages.
6. Work with community partnering organizations, such as SASH® (Support and Services at Home) and the Vermont Ethics Network, to promote and increase access to educational programs to help older Burlington residents understand the types of legal and financial documents within end-of-life documentation. Work with relevant cultural affinity organizations to include culturally appropriate resources and translated education materials.

#### **We measure progress as:**

- The Burlington employer community enlists 100 local employers in the AARP Employer Pledge, starting with City Government, and then doubling the number of pledges each year for three years.
- Change in City policy to
  - signing on to AARP Employer Pledge;
  - issue a Mayoral proclamation for National Employ Older Workers Week;
  - action on the part of the city to follow through with policies that open the door to more older workers in city government (negotiated agreements as necessary with unions);
  - resulting in specific numbers to showcase of older workers in city government, allowing the city to model behavior for other employers.
- Have a better understanding of the demographics of Burlington's workers, 60+ and how they impact the local economy.
- Employers share data on hiring practices and employment of older workers.
- The marketing campaign builds awareness.
- Enrollment grows for all programs offered in Burlington.

## **Action Plan for an Age Strong Burlington OPTIMAL HEALTH AND WELLBEING**

#### **As an Age-Friendly Community, in Burlington:**

Prioritizing optimal health and well-being among older adults involves developing strategies that address all facets of an older adult's health needs. This includes optimizing access to and quality of health care, exercise, and nutrition resources. All Burlington residents should receive, without discrimination, optimal physical, dental, mental,

---

emotional, and spiritual health through the full course of their lives. Holistic options for health, exercise, counseling, and good nutrition should be both affordable and accessible. Access to coordinated, competent, and high-quality care should be provided at all levels and in all settings.

The City of Burlington identifies Ageism as a public health threat, often rendering older adults invisible, and minimizing resources and attention needed to enable all community members to enjoy a full and fruitful life, contributing to the greater good, and depending on it for support as it is needed.

### **Moving toward an Age-Friendly Community, in Burlington:**

- ✓ Older adults can safely access a variety of affordable opportunities for exercise within an inclusive environment. Resources are available to expand accessible and free community-based physical activity classes at senior centers, Adult Day Centers, congregate housing sites and other community gathering spaces that are accessible and seek to include health professionals.
- ✓ PlanBTV and other community design projects support year-round infrastructure supporting increased physical activity among older adults.
- ✓ Older adults can access comprehensive mental health care from qualified providers, including trauma-informed mental health professionals, without fear of stigma or discrimination.
- ✓ Older adults are food secure through the combined efforts of community partners such as Age Well, Feeding Chittenden, local senior centers, and others in the “Free Food in Burlington” network. Food security considers culturally appropriate food.
- ✓ Older adults have equitable access to primary health care.
- ✓ Older adults can live safely in their home, with ready access to in-home assessments and adaptations to prevent falls.
- ✓ Older adults have ready access to programs and resources for social interaction and connection, including exercise programs, which are evidence-based interventions for suicide prevention.
- ✓ The city encourages and supports active educational programming and city policy specifically calls out ageism as detrimental to healthy aging, continues to identify and advance policies and communications that combat ageism.
- ✓ The city promotes public education efforts for wellness, e.g., [Vermonters Taking Action Against Cancer](#), promote and increase cancer screening rates among all Vermonters that meet clinical guidelines, and programs that address and reduce substance misuse of alcohol, cannabis, tobacco, and opioids to improve health and reduce chronic diseases, including cognitive decline.
- ✓ All resources and programming consider the diverse cultural, ethnic, and language background of Burlington residents and provide pathways to access and understand opportunities for all.

### **Actions: City Council & The Mayor’s Office**

On April 26, 2021, City Council passed a Resolution creating the Burlington Aging Council, noting that older residents of Burlington must be valued members of the community, and that ageism and social isolation for seniors are deeply embedded in our culture leading to increased mortality and poor health outcomes. In support of increasing the conditions to

---

support optimal health and wellness for older adults in Burlington specific actions by city government and its partners are recommended.

1. Work to promote optimal health and well-being for older adults in Burlington, supported by a rigorous effort at education, information access, partner coordination, advocacy at the state level for adequate program resources, and targeted investments at the local level. To properly advance this agenda **staffing support** for a reinvigorated Burlington Aging Council is essential.
2. Provide adequate funding to ensure that essential information, resources, and updates are available in multiple languages.
3. Direct City Departments, such as the Police Department to pursue partnerships with community organizations (e.g., UVMMC Emergency Department, CVOEO, Chittenden Housing Alliance) to identify older individuals at risk of experiencing homelessness (or experiencing homelessness) so that they can more effectively connected with resources.
4. Build on the success of the CORE Adult Center (run by Burlington Parks, Recreation, and Waterfront Department) and engage partners to support the development an Adult Day Center in Burlington to assist older adults with higher intensity care needs and provide respite to family caregivers.
5. Expand the 50+ Programming of Burlington Parks, Recreation, and Waterfront Department to ensure that all older adults can access a variety of affordable opportunities for exercise within an inclusive environment. Align planning with the state's comprehensive physical activity plan, called for in Age Strong Vermont, to decrease isolation, increase social engagement, and provide evidence-based physical activity and strength training programs to promote positive health outcomes.
6. Direct DPW and BPRW to coordinate planning efforts to increase sidewalk safety year round to encourage outdoor activity and mobility, and to put in place other supportive physical amenities to make Burlington a year round accessible active city providing opportunity for activity in support of health in line with the [WHO's Active Aging Policy Framework](#).
7. Expand funding for and promotion of the Housing Access Modifications program at CEDO, including home assessments for fall prevention and other safety upgrades for older adults living in apartments or houses in concert with community partner programs.
8. Provide a clear public resolution declaring Ageism and Ableism as public health threats. Commit to identifying and addressing [structural ageism](#) and [ableism](#) through policy and programs, providing resources and attention needed to enable all community members to enjoy a full and fruitful life, contributing to the greater good, and depending on it for support as needed.

### Summary of Key Investments:

- Dedicated funding from the city to support:
  - City staff support for the Burlington Aging Council
  - Informational resource development, printing and web hosting, and translation services.

- City departmental personnel dedicated time and effort (and training) to support Healthy Aging initiatives (e.g., Burlington Police Department, BPRW, DPW, CEDO).
- Specific support to expand capacity of BPRW to build out programming and facilities.
- Funding for the Housing Access Modification Program.
- City specific Data and Tracking capabilities to identify the need and track the impact of investments and interventions.

**Actions: Burlington Aging Council and Age-Friendly Organizational Network (including City Departments) with Staffing Support**

- ✓ Support and advocate for evidence-based programs to ensure that older adults can safely access a variety of affordable opportunities for exercise within an inclusive environment. (State Age Strong Goal: By 2033, increase non-leisure physical activity among older adults 65+ to meet or exceed the “Healthy Vermonters” goal).
  - a. Advocate for and support updates to PlanBTV and other community design projects (e.g., ECOS) support year-round infrastructure supporting increased physical activity among older adults.
  - b. Identify resources to support the expansion of accessible and free community-based physical activity classes at senior centers, Adult Day Centers and other settings including hybrid classes that can be recorded for use at any time and which seek to include health professionals.
  - c. Create a centralized and comprehensive dashboard of Burlington-based exercise and wellness-related services provided by Senior Centers and other community groups. These resources will also be available in print format and translated into a variety of languages.
  
- ✓ Support programming innovation and partnerships to ensure that all older residents in Burlington are food secure.
  - a. Decrease the proportion of older individuals experiencing food insecurity or at-risk of experiencing food insecurity by increasing access to and knowledge about meal service providers.
  - b. Work with Age Well’s Meals on Wheels Program, Feeding Chittenden, and Burlington Free Meals and local senior centers to support an increase of supplemental free meal programs.
  - c. Ensure that knowledge about the availability of such programs is accessible, with print and translated options available.
  - d. Support and publicize the availability of culturally appropriate meals that represent the dietary needs and preferences of Burlington’s diverse cultural and ethnic groups.
  - e. Promote and link older Vermonters to Therapeutic Horticulture, which can be easily adapted to support various aspects of aging well and provide participants opportunities to make meaningful contributions to their communities by growing healthy food and creating beautiful gardens, and natural areas.

- 
- ✓ Support and advocate for programs that advance opportunities for all older adults to have equitable access to primary health care.
  - ✓ Partner with the Vermont Dept. of Health on promoting and establishing programs for the management of chronic conditions (such as hypertension, diabetes, etc.) in Burlington.
  - ✓ Work with Healthcare Organizations to recruit BIPOC doctors, nurses, and other health care practitioners to Burlington. Encourage organizations to provide ongoing education and training to all local health care providers regarding the impact of systemic racism on an individual's physical and mental health, and ongoing education and training to all local health care providers about the ways implicit bias and systemic racism affects their own beliefs and practices. Partner to increase access to medical interpreters, including ASL.
  - ✓ Improve accessibility of Burlington-area public transportation to ease ability of older Burlington residents to attend exercise opportunities and get to medical appointments. This includes making sidewalks safer, especially for those with limited mobility, increasing frequency of busing routes to UVMHC satellite locations, and maintaining low-cost fare options for older users of public transportation. Fares need to be income sensitive and encourage increased use, not decreased or non-use for older residents.
  - ✓ Expand the provision of resources and educational materials related to keeping older Burlington residents safely in their homes, such as in-home assessments and adaptations to prevent falls offered by Age Well. Materials need to be provided in multiple formats and translated into a variety of languages.
  - ✓ Increase accessibility of pre-existing educational materials and resources relating to health and wellness by requiring the provision of translated and in-print options. Developing media kits to provide community partner organizations with information on services and educational materials.
  - ✓ All older residents in Burlington can live safely in their homes. Promote annual falls risk assessment and environmental scans or surveys provided by partner organizations.
  - ✓ Collaborate with local community organizations and institutions, such as the UVMHC Emergency Department, CVOEO, Chittenden Housing Alliance, and the Burlington Police Department, to identify older individuals at risk of experiencing homelessness (or experiencing homelessness) so that they can more effectively connected with resources. This can also help to reduce emergency calls.
  - ✓ Collaborate with partners to support the development of a part-time care facility in Burlington to assist older adults with higher-intensity care needs and provide respite to family caregivers.
  - ✓ Advocate for and research program approaches that ensure all older adults can access comprehensive mental health care from qualified providers, including trauma-informed mental health professionals, without fear of stigma or discrimination.
  - ✓ Promote programs and help access resources to reduce the incidence of suicide among older adults in alignment with the Vermont state suicide prevention plan.
    - a. Educate and provide intervention for firearm and poison control safety for older Vermonters and their families including safe storage, firearm safety training, and advance care planning that includes firearms.
    - b. To prevent physical and mental health problems, focus on measures to increase social interaction and connection, including exercise programs, screening and providing education and resources for suicide prevention

---

among older residents, Vermonters with disabilities, who have served in the military, BIPOC, LGBTQ+ and/or are socially isolated.

- c. Create social hubs at schools, libraries, churches, and other locations to increase social connection and engagement (see also “Social Connection is Key” strategies).
- ✓ Advocate for and seek resources for the expansion of on-site mental health services at Burlington senior housing sites, with an emphasis on increasing the number of trauma-informed and culturally informed mental health providers.
  - ✓ Partner with the Vermont Dept. of Health on action areas through VDH programs and staff have specific expertise on the impacts of substance misuse on older adults and suicide prevention.
  - ✓ Collaborate with local community groups, especially in BIPOC and New American communities, to provide resources that work to dismantle the stigma against accessing and receiving mental health support with focus on older residents.
  - ✓ Identify and promote educational programming and city policy development that specifically calls out ageism as detrimental to healthy aging. Collaborate with partner to identify and advocate for city policies and messaging that combat ageism.
  - ✓ Promote public education efforts that:
    - a. Engages local hospitals and clinics to hold free, accessible physical activity and wellness program offerings throughout the year with the goal for each town to have at least one/year.
    - b. Coordinates with Vermonters Taking Action Against Cancer, promote and increase cancer screening rates among all Vermonters that meet clinical guidelines.
    - c. Addresses and reduce substance misuse of alcohol, cannabis, tobacco, and opioids including among older Vermonters to improve health and reduce chronic diseases, including cognitive decline.
    - d. Expands community-based falls prevention strategies including at Senior Centers, community centers, and congregate living facilities.
    - e. Works with health care partners to identify and prioritize practitioner training to increase access to geriatric ear, nose and throat care, balance and strength conditioning and heart health/brain health related medical and public health interventions that decrease risk for falls, heart disease and dementia.
    - f. Promotes referrals to the Vermont Association for the Blind and Visually Impaired for those who are visually impaired which can decrease risk of isolation, falls, lack of physical activity and healthy nutrition.
    - g. Increases access to affordable electronic alert systems.

#### **We measure progress as we:**

- By 2033, increase non-leisure physical activity among older adults 65+ to meet or exceed the “Healthy Vermonters” goal.
- Decrease the proportion of Burlington adults ages 60+ who “Rarely or never gets the social and emotional support they need” by 25% by 2026 from 2023, (Data collected by Chittenden County BRFSS Survey), indicating greater access to support and mental health services.

- 
- Decrease the proportion of older Burlington residents who have not seen a healthcare provider in the past year by 25%. (Data collected provided by Chittenden County BRFSS Survey)
  - Suicide Prevention State Goal: By 2033, decrease to 21 (from 26.4 in 2021) the rate of suicide deaths per 100,000 male Vermonters age 65+ in alignment with the VT Suicide Prevention Plan to be launched in 2024).
  - Decrease the proportion of older Burlington residents who have experienced a fall in the last year by 25%. (Data collected by Chittenden County BRFSS Survey)

---

## Action Plan for an Age Strong Burlington HOUSING, TRANSPORTATION, AND COMMUNITY DESIGN

### As an Age-Friendly Community, in Burlington:

Affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options enable older adults to age in the community within a variety of settings along the continuum of care, fostering rich engagement in community life. These same building blocks, affordable housing, accessible transportation, and community-friendly design are the same components that encourage people to grow up and raise their families in Burlington and for new residents to move to the city and stay.

The city provides leadership to ensure that a wide range of housing options and a network of home-based care and other service options are available to meet the changing needs of residents empowering older adults to remain in their homes as they age, and when appropriate move *within the community* to more supportive housing that maintains their engagement in the civic, economic, and social life of the community.

The city demonstrates its commitment to an age-friendly transportation network, including improved community walkability and expansion of bus and transit stops, seamless transit across transit district lines, and investing in *complete streets* infrastructure through both its annual planning and budgeting process, as well as in its long-term vision.

### Moving Toward an Age-Friendly Community, in Burlington:

- ✓ Older adults have access to a comprehensive set of programs that connect housing, health care, and social enhancement.
- ✓ Housing options that are accessible, affordable, and safe are in ample supply to address the needs of older adults at various levels of independence.
- ✓ Opportunities are created to provide affordable dementia-focused housing that meets universal design standards and incorporates the person-centered [Best Friends™](#) approach to memory loss in order to reduce the long waitlist for those with lower income looking for residential memory care.
- ✓ Housing for older adults and transportation services are tightly linked ensuring options for travel to work, volunteer opportunities, routine health appointments, spending time with family and friends, and enjoying entertainment, recreational and religious activities.
- ✓ There is a comprehensive strategy to prioritize the needs of older adults (e.g., community design, sidewalks, winter maintenance, transit stops, sitting benches). Incorporate this explicitly into [PlanBTV](#), work with planning efforts across Vermont in seeking [Network of Age Friendly States accreditation](#), and contribute to the incorporation of older adult sensibilities in the [CCRPC ECOS Plan](#).
- ✓ Mobility options allow those without, or with limited use of personal automobiles to meet their mobility needs affordably and efficiently.
- ✓ Public spaces are accessible and inclusive (indoor and outdoor) for all ages, in all seasons.
- ✓ Public intergenerational programming is the norm.

### Actions: City Council & The Mayor's Office

- 
1. Expand City staffing functions in key city departments (e.g., CEDO, Planning, DPW, Parks, Recreation & Waterfront) to explicitly address the needs of older adults in the city. Build Age-Friendly criteria into job descriptions and performance reviews and provide staff with adequate training and upskilling to succeed in this effort.
  2. Support the expansion of existing Burlington programs that work to connect housing, health care, and social supports for aging residents, with an emphasis on broadening the provision of diverse types of housing options/situations depending on level of independence.
  3. Expand the supply of affordable age-specific housing options. Work with housing organizations to increase affordable and accessible assisted living opportunities. Collaborate with developers and partners to create opportunities to provide affordable dementia-focused housing.
  4. Increase opportunities for Home Share programming in Burlington. Assess the current pilot program approved by City Council in 2022. Build on the incentives that are working. Review strategies such as municipal tax breaks for Home Share homeowners and include provisions for how this applies to multi-generational living situations among diverse cultural groups.
  5. Require all new construction to adhere to [Universal Design Standards](#).
  6. Work with GMT to increase usage of public transportation, with special attention to the needs of older adults, and support GMT staffing and resource needs to accomplish this. Work with GMT to ensure that the fare structure is transparent and understandable to riders, and that it considers the needs of older riders in terms of access, comfort, and AFFORDABILITY.
  7. Work with GMT, DPW, and other relevant agencies on processes and funding needed to support a standardized bus stop amenity plan that addresses winter maintenance. Apply a similar process to handicapped parking spaces.
  8. Provide incentives to fill the gaps with volunteer and assisted ride programs.
  9. Require [PlanBTV](#) to incorporate a comprehensive strategy to prioritize the needs of older adults in elements of community design, including sidewalks, winter maintenance, etc.
  10. Adapt the capacity, staffing, and funding of pre-existing policy efforts to expand age friendly infrastructure and design efforts in Burlington.
  11. Promote the newly adopted BTV Neighborhood Code to increase opportunities for middle housing. Collaborate with residents and small-scale developers to include community input in the implementation and development of zoning policy that supports middle housing with an emphasis on accessibility and affordability for older adults.

#### **Summary of Key Investments:**

- Expand City staffing functions in key city departments (e.g., CEDO, Planning, DPW, Parks, Recreation & Waterfront) to explicitly address the needs of older adults in the city, build it into job descriptions and performance review, and provide staff with adequate training and upskilling to succeed at this effort.
- Assess the Home Share pilot program and determine what incentives work and fund them. Review the opportunity to provide a municipal tax break for Home Share homeowners.

- Assess GMT funding needs that the city must supplement to ensure adequate public transit service for older adults. Provide incentives to fill the gaps with volunteer and assisted ride programs, such as GMT’s Community Driver Program.
- Expand or hire staff as needed to support Age-Friendly Burlington initiatives.
- Provide training opportunities for city staff on meeting Age-Friendly goals.

**Actions: Burlington Aging Council and Age-Friendly Organizational Network (including City Departments) with Staffing Support**

**City Coordination**

1. Collaborate with **staff in key city departments** (e.g., CEDO, Planning, DPW, Parks, Recreation & Waterfront) to develop and coordinate strategies and programs to explicitly address the needs of older adults in the city.
2. Identify **training and upskilling** opportunities for city staff, Council members, and partners to succeed in this effort.

**State Coordination**

3. Align Burlington goals with State goals and support state efforts to measure progress and work toward Age-Friendly State accreditation.
4. Support state legislation to advance Burlington and the State’s Age Strong Plan goals.

**Housing**

5. Support the expansion of existing Burlington programs that work to **connect housing, health care, and social supports for aging residents**, with an emphasis on broadening the provision of diverse types of housing options/situations depending on level of independence.
  - a. Expand age-specific housing-based programs that focus on mental health and social isolation as a determinant of physical health.
  - b. Support embedding mental health clinicians with housing programs to support those clients with mental health concerns and identify emerging issues.
  - c. Collaborate with local BIPOC, New American and other cultural affinity groups to ensure the inclusion of culturally informed resources on combined housing and health care opportunities.
6. Expand the supply of **affordable age-specific housing options**.
  - a. Encourage housing organizations to increase the availability of affordable and accessible assisted living opportunities.
  - b. Work with developers and partner organizations to create opportunities to provide affordable dementia-focused housing that meets universal design standards and incorporates the person-centered [Best Friends™](#) approach to memory loss to reduce the long waitlist for those with lower income looking for residential memory care.
7. Increase awareness and usage of existing maintenance and home modification programs aimed at keeping older residents in their homes, safely, for longer. Advocate for increased funding and support for home access programs to adapt older homes for those who are aging or experiencing disabilities with existing partners (e.g., Cathedral Square, VCIL, Age Well)
8. Increase opportunities for Home Share programming in Burlington.

- 
- a. Assess the current pilot program approved by City Council in 2022. Determine what variables and incentives are working.
  - b. Explore additional strategies, such as municipal tax breaks for Home Share homeowners.
  - c. Research how this applies to multi-generational living situations among diverse cultural groups.
9. Explore what it would take to expand Accessory Dwelling Unit incentives specifically targeted toward 60+ population, including bridge loans.
  10. Promote accessibility for all Burlington housing units ([Universal Design Standards](#)).
  11. Advocate for increased focus on housing services and programs for older adults in Burlington's housing plans and strategies. Explicitly recognize the importance of [housing and transportation](#) in fostering an age-friendly city environment.
  12. Increase the supply of middle housing and raise awareness about missing middle housing, with a focus on the needs of older adults for housing options.
    - a. Promote the newly adopted BTV Neighborhood Code to increase opportunities for middle housing.
    - b. Collaborate with residents and small-scale developers to include community input in the implementation and development of zoning policy that supports middle housing with an emphasis on accessibility and affordability for older adults.

### **Transportation**

13. Work with GMT to explore strategy and programs to increase usage of public transportation by expanding the accessibility and convenience of services with special attention to the needs of older adults. Work with GMT to ensure that any future fare structure is transparent and understandable to riders, and that it considers the needs of older riders in terms of access, comfort, and AFFORDABILITY. Advocate for a fare structure that acts to increase ridership by older adults, decreasing their reliance on personal vehicles. Make available resources for older transit riders to better understand GMT services and fare structure. Promote utilization of GMT's travel Training Program, [Ride Together](#).
14. Promote the services offered by SSTA (e.g., *social rides*) and eligibility for such services. Support staffing and resource needs of SSTA to meet increased demand.
15. Advocate for incentives to fill the gaps with volunteer and assisted ride programs, such as GMT's [Community Driver Program](#).
16. Work with SSTA, UVMMC shuttling services, and other transportation operations to expand current transportation services to medical appointments, e.g., provision of accessible routes to UVMMC satellites (Tilley Drive, etc.).

### **Community Design**

17. Work with [PlanBTV](#) on creating a comprehensive strategy to prioritize the needs of older Burlington residents in elements of community design, including sidewalks, winter maintenance, etc.
  - a. Work with planning efforts across Vermont in seeking Network of Age-Friendly States accreditation. Examine strategies employed by other VT cities in the Network of Age-Friendly Cities: Milton, Newport.

- 
- b. Adapt the capacity, staffing, and funding of pre-existing policy efforts to expand age-friendly infrastructure and design efforts in Burlington.
18. Work with City Departments to adopt the AARP-VT Winter Audit Report on Burlington and act on the key recommendations:
- a. Create a Winter City Strategy or a Winter Master Plan through a robust process of equitable community engagement. The Plan or Strategy should focus on parks and public spaces while prioritizing programming, maintenance, and equity.
  - b. Create winter programs and attractions that are accessible and representative of Burlingtonians of all ages, abilities, and socio-economic statuses. Support businesses and organizations who seek to provide winter activities and events through promotion, permit approvals, and winter-based improvement grants. Explore work being done in other cities focusing on winter accessibility needs that could be employed in Burlington.
  - c. Imbed a winter lens in all planning and policy documents.

#### **We measure progress as we:**

- Increase Home Share program matches and longevity of matches in Burlington.
- Increase the number of age-specific housing units available in Burlington, including Independent, Residential Care and Assisted Living, Nursing facilities, and memory care, and decrease the waiting list time for these units.
- Decrease the numbers of older Burlington residents (60+) experiencing housing insecurity.
- Increase funding and utilization of home modification programs to support Aging in Place.
- Increase new construction that includes middle housing designs and adhere to Universal Design Standards.
- Increase use of GMT and specific transport services.
- Increase the number of trips taken by walking, biking, and transit.
- Reduce social isolation and loneliness.

# BURLINGTON SUPPORT INFRASTRUCTURE FOR THE FUTURE

## City Positions and Functions

- Social Connection and Engagement Coordinator
- Older Worker Ombudsperson -to coordinate and provide direct service to employers, and work with partners to advance opportunities for training, education, and resources for older workers.
- BAC Coordinator – a full or significant portion of a staff person to work with the future Council and the network of partner organizations to advance the broad agenda to create Burlington as an Age-Friendly Community.

These positions/functions should be consolidated in a single city department to best afford the coordination and synergies needed for successful implementation over the long term. Options may include:

- a. CEDO has provided support and coordination for BAC up to this time, and an Age Strong Burlington aligns with community and economic development goals. The funding structure and other commitments of CEDO however may preclude adding an expansive new set of responsibilities.
- b. Burlington Parks, Recreation and Waterfront currently runs significant programming for older adults, including the CORE senior center in the ONE. The action agenda may be more expansive than their current charge.
- c. The Racial Equity, Inclusion, and Belonging Office is a model of what is needed to advance an agenda across multiple domains (Economy, Health, Social and Human Development, Physical Environment, and Community and Belonging) to bring about systemic change.

## Support Tasks and Functions

Many of the tasks need to be assigned or involve staff from multiple City Departments. Prioritization of tasks needs to be directed through annual plans and additional funding as needed, in addition to the coordinating and action roles listed above. Successful execution will require central coordination and authority.

Identifying funding sources is critical for:

- Staffing to adapt planBTV to address Burlington's aging population.
- Website design, physical print copies of resource guide.
- Development of technology education program.
- Increasing home fit programs to adapt older homes for those who are aging or experiencing disabilities.
- Expanding Home Share opportunities.
- Expanding the pilot program by SASH and Howard Center mental health housing programs to embed further mental health support in additional housing communities.
- Support for a Family Caregiver Awareness Campaign each November (Family Caregiver Month).

- 
- Developing and maintaining additional “third spaces” for older residents to gather in addition to additional support for the existing senior centers.

## **Network of Providers and Partners**

### **Burlington Aging Council**

The Aging Council needs to continue as a robust representative advisory group to work directly with City departments and staff, as well as community service providers in the implementation of actions needed to transform and document Burlington as an Age-Friendly City, including:

- Dedicated staffing support to organize and facilitate Council planning and implementation of priority initiatives and tracking and reporting on metrics, and communicating and coordinating with the State of Vermont Age Strong Program and staff.
- A dedicated budget for City-wide engagement (survey, focus groups, newsletter and information guides, website development and management, programming grants)
- Active participation by key city departments with the Council (CEDO, Library, Parks & Rec, Public Works, REIB). Full support of departments for specific initiatives (e.g., Human Resources, Business and Workforce Development, Innovation and Technology)

### **CITY OF BURLINGTON INFRASTRUCTURE FOR AN AGE-FRIENDLY CITY**

An explicit commitment to Age Strong Burlington needs to be made by the City through:

- Proclamations;
- Establishment of a City Web Portal for Age-Friendly Burlington;
- Departmental Cooperation to examine practices and policies that enhance Age-Friendly initiatives;
- Staffing and Budget Commitment to advance Age-Friendly initiatives in a timely and robust manner.

### **EXPANDING PARTNERS**

Key partners for an Age Strong Burlington participated in the initial Burlington Aging Council. They include:

- Congolese Community
- UVM Center on Aging
- Cathedral Square
- Heineberg Senior Center
- Age Well Vermont
- AARP VT
- Howard Center
- GMT
- CEDO

These important contributors represent only a few of the many organizations that currently contribute to an Age Strong Burlington. A future Aging Council will establish a visible partner network, both to coordinate efforts and to measure progress, seeking out collaborative partnership opportunities.

## AGE STRONG VERMONT: How Does the Age Strong Burlington Plan Fit into the State's Plan?

The State of Vermont has proposed a 10-year multi-sector visionary plan, Age Strong Vermont, with strategies for making Vermont a great place for all ages and stages of life. <https://www.healthvermont.gov/wellness/brain-health-dementia/age-strong-vermont-our-roadmap-age-friendly-state>

The Age Strong Vermont plan calls out local efforts as keys to its overall success and directly mentions the work of the Burlington Aging Council (p. 6-7).

*Age Strong VT will continue to support these local efforts with good communication, shared learning and collaboration, and expanding and strengthening partnerships. We recognize that we must all work together at all levels of government and community to be successful. The work of the Burlington Aging Council and Windham Aging provide excellent models to other Vermont regions, town governments and communities on how to have these important conversations and build towards positive change for aging well.*

Strategies proposed by the state parallel those that the Burlington Aging Council has advanced. Work in Burlington should closely track the state initiatives, taking advantage of resources and learning at the state level, as well as offering up our learning and support to the state and other communities. The state plan aligns with the Burlington Action Plan in five areas.

### 1. Social Connection and Engagement

As an age-friendly state we raise awareness, strengthen opportunities for engagement in a diversity of places and ways, and encourage all Vermonters to make meaningful connections across the generations.

#### Objectives:

- a) Increase awareness and identification of social isolation and loneliness among all older adults.
- b) Increase the availability and accessibility of high-quality and equitable programming for older Vermonters.
- c) Increase volunteerism of older Vermonters.
- d) Increase the number of intergenerational engagement opportunities for all Vermonters.

*The Strategies under Housing, Transportation, and Community Design are all directly related to achieving this goal.*

### 2. Family Caregiver Support

Family care partners are fundamental to supporting the health and well-being of Vermonters across the lifespan; family care partners are the backbone of the home- and community-based service system.

---

**Objectives:**

- a) Reduce the need for family/friends to provide full-time care/assistance to a friend/family member.
- b) Increase family care partner knowledge of respite options.
- c) Increase family care partner knowledge of self-care, medical benefits, long-term care and estate planning resources.
- d) Reduce negative financial impacts on family care partners.
- e) Increase the adoption and use of recommended policies and interventions
- f) Support adults who may be self-neglecting.
- g) Increase the transparency and usability of long-term care facility data.
- h) Increase coordination of elder justice services and supports

**Strategies:** Create a coordinated and efficient system of services by establishing a well-maintained, easy to use, accessible system for information, referral, and assistance that all Vermonters know how to access as they age, including those who are in danger of or a victim of abuse, neglect, or exploitation; and a system of service providers and key entities that have established clear roles and responsibilities to support a coordinated system of services.

- a. Adopt age-friendly best practices at VT211 and AAA Helpline call centers.
- b. Increase access to information about age-friendly resources and supports.
- c. Increase access to a coordinated system of age-friendly services, supports and protections through seeing age-friendly designation for universities, public health, health systems including hospitals and clinics, and care facilities among other institutions.
- d. Increase the availability of safe emergency housing for older Vermonters.

### **3. Financial Security**

Financial security is closely connected to health and well-being and an age-friendly state works to support efforts to make aging affordable. Prioritizing the strengths that Vermont has to offer in job training, home sharing and volunteer-led initiatives position our state towards affordable aging.

The following objectives for improving the financial security of older Vermonters result from multi-sector participation across labor, tax, human rights, and poverty advocates.

**Objectives:**

- a) Increase the amount of income available to older Vermonters.
- b) Increase Vermont's 60+ workforce participation rate.
- c) Support opportunities for education about retirement for all Vermonters.

### **4. Optimal Health and Wellness**

All Vermonters deserve the opportunity for optimal health, wellness, physical and mental vitality that is free of chronic disease and its impairments. To achieve this, the focus is on increasing access to free and accessible physical activity that also provides social engagement; identifying and addressing food insecurity while integrating Vermont's strengths in Farm to School/Farm to Table more closely with congregate settings for older adults; providing online and community fall prevention interventions to boost Vermonters' strength and safety; increasing awareness on the multiple ways we can decrease social isolation, substance misuse and suicide risk that over time build even greater emotional wellness for Vermont's older residents. While age is the most

---

significant risk factor for developing dementia, chronic disease prevention and social engagement strategies outlined above contribute to healthy aging and brain health, and importantly reduced dementia risk.

**Objectives:**

- a) Reduce chronic diseases and comorbidities among older Vermonters.
- b) Increase physical activity for older Vermonters.
- c) Reduce food insecurity for all Vermonters.
- d) Reduce fall-related deaths.
- e) Prevent suicide among older Vermonters.

**5. Housing, Transportation and Community Design**

Older Vermonters need a wider range of housing options and a network of home-based care and other service options that meet changing needs across the decades and allow older adults to remain in their homes as they age. The housing conditions of older adults are often linked to their quality of life and whether they can age independently and continue to engage in civic, economic, and social life. High housing costs can discourage older people from moving to more appropriate, accessible housing. The production, protection, and preservation of affordable housing, including Residential Care Facilities of all sizes, will support older adults, caregivers, and their families.

Age-friendly transportation networks need to be strengthened through improved community walkability and expansion of bus and transit stops, seamless transit across transit district lines, and investing in complete streets infrastructure in our downtown and village centers.

The Age Strong VT Plan includes strategies to encourage appropriate housing design located in proximity to community and social services with accessible and affordable transportation options, and inclusive communities designed with accessible buildings, workplaces and public spaces and parks. By making steady investments in this type of future-focused infrastructure, we can build and economically benefit from an age-friendly state.

**Housing**

- a. Increase the number of new units of high-quality affordable housing that enable residents to age well in community.
- b. Increase age-specific housing available for older Vermonters.
- c. Increase the number of older Vermonters who can “age in place” [which means choosing to remain at home or in a supportive living community as they grow older without having to move each time their needs increase].

**Transportation**

- a. Focus future transit service on “Designated Growth Zones” (maximize investment in concentrated development centers).
- b. Expand the Older Vermonters and Persons with a Disability (O&D) program.
- c. Increase access to walkable, bikeable and transit-friendly communities that facilitate independence and support aging in place.

**Community Design**

- a. Increase the availability of accessible, inclusive public spaces (indoor and outdoor) in towns by encouraging Smart Growth and infill development.

**To see the full list of State Strategies see Appendix D.**

---

## **APPENDICES – Age Strong Burlington**

- A. Acknowledgements
- B. City Council Charge Creating the Burlington Aging Council
- C. Organizations Promoting Equity in Aging - Resources
- D. Detailed State Age Strong Objectives and Strategies
- E. BAC Interim Accomplishments
  - i. HomeShare Pilot
  - ii. Family Caregiver Month Proclamation

---

## A. Acknowledgements

The volunteer Burlington Aging Council Members, appointed by the City Council, brought a wide range of knowledge, experience, and wisdom to the many deliberative sessions that were held in producing this plan.

Symphorien Sikyala, *Congolese Community*  
Molly Dugan, *Cathedral Square*  
Martha Molpus, *Resident*  
Kelly Stoddard Poor, *AARP VT*  
Jane Catton, *Age Well*  
Lorna-Kay Peal, *Resident*  
Glenn McRae, *Resident*

Rick Neu, *UVM Center on Aging*  
Christopher Damiani, *GMT*  
Charles J. Messing, *Resident*  
Brian Pine, *CEDO*  
Barbara Shaw-Dorso, *Resident*  
Andrea Viets, *Heineberg Community Senior Center*  
Alison Miley, *The Howard Center*

### Many thanks to:

- Former BAC members including, Jordan Posner, Janet Nunziata, and Jeanne Hutchins.
- Marcella Gange, of CEDO, provided critical support and facilitation that allowed the council to meet effectively and carry out their business.
- Elizabeth Tuttle, a UVM Student in the *Master's in Public Health*, interned with the Council for the Fall of 2023 playing an important role in consolidating much of the work into the seven action areas.
- Kelly Baldwin, Megan Hoke, Anna McMahon, Elena Roig, Sydney Hinckley, Katie McGrath, Maddie Russell, Noah Gilbert-Fuller, Catherine Alexander, Krysta Gingue, Amelia Luke, Autumn Strom, Mary Bilecki, Rebecca Poretsky, Katherine Rivers, Benjamin Shungu, UVM students in the Master's of Public Administration Program conducted a group Capstone Project (PA 375) outlining resources and different approaches in support of the work of the Aging Council in May 2022.
- Angela Smith-Dieng, Adult Services Division Director, and Conor O'Dea, Director of the State Unit on Aging at the Vermont Department of Disabilities, Aging, and Independent Living (DAIL), as well as the entire team at the State working on the Vermont Aging Plan provided excellent support for the local process of building a parallel plan for the city of Burlington.
- Connor Timmons, Executive Director, HomeShare Vermont
- Members of the Trusted Community Voices Program at CEDO
- Phet Keomanyvanh, Burlington's Office of Racial Equity, Inclusion, and Belonging (REIB)
- AARP Vermont, for finalizing the report format and design.

## B. City Council Charge Creating the Burlington Aging Council

### Resolution Relating to

CREATION OF THE BURLINGTON AGING COUNCIL

\*\*updated\*\*

**RESOLUTION 5.06**

Sponsor(s): Councilors Pine,  
Carpenter, Hightower

Introduced: 04/26/21

Referred to: \_\_\_\_\_

Action: adopted

Date: 04/26/21

Signed by Mayor: 05/03/21

### CITY OF BURLINGTON

In the year Two Thousand Twenty-One .....

Resolved by the City Council of the City of Burlington, as follows:

- 1 That WHEREAS, older residents of Burlington must be valued members of the community; and
- 2 WHEREAS, older adults are as diverse as the communities in which they live and are Burlington's
- 3 homeowners, taxpayers, business owners, entrepreneurs, employees, volunteers, civic leaders, artists,
- 4 musicians, writers, and much more; and
- 5 WHEREAS, ageism and social isolation for seniors are deeply embedded in our culture, leading to
- 6 increased mortality and poor health outcomes; and
- 7 WHEREAS, Burlington can address ageism and social isolation through education and intentional
- 8 inclusion; and
- 9 WHEREAS, in 2019, this Council created the Senior Study Committee to review and make
- 10 recommendations regarding the long-term provision of senior services in Burlington; and
- 11 WHEREAS, in addition to continued support for the Heineberg Community Senior Center and the
- 12 CORE Adult Center (formerly the Champlain Senior Center), the Committee recommended the formation of a
- 13 "Council on Aging;" and
- 14 WHEREAS, in March 2020, the Mayor's Office and Community and Economic Development Office
- 15 (CEDO) assembled a Seniors Working Group to coordinate communication and quickly deploy resources
- 16 amongst senior care throughout the pandemic; and
- 17 WHEREAS, this group has been meeting regularly throughout the pandemic to discuss policy changes
- 18 and share best practices; and
- 19 WHEREAS, the coordination has successfully protected vulnerable Burlington residents during the
- 20 pandemic and in order to plan for current and future needs of older adults in Burlington, a plan on aging that is
- 21 updated at regular intervals would be a useful guide for City policies and initiatives; and
- 22 WHEREAS, the City Council Community Development and Neighborhood Revitalization (CDNR)
- 23 Committee convened a group of individuals involved in issues facing our older residents in order to explore
- 24 more fully the idea of forming a local Council on Aging; and

25 WHEREAS, the CDNR Committee reached the unanimous conclusion that the needs of our older  
26 residents are unique and require the focused attention of a City-supported group such as a Burlington Aging  
27 Council;

28 NOW, THEREFORE, BE IT RESOLVED that the City Council creates the Burlington Aging Council  
29 with the purposes of

- 30 • elevating the contributions of older adults in Burlington;
- 31 • raising issues facing older adults in Burlington and the organizations that serve them;
- 32 • making policy recommendations to the Mayor and City Council to address gaps, needs, and  
33 opportunities that impact older adults in Burlington; and
- 34 • ensuring that the voices of older adults in Burlington are at the forefront of City policy; and
- 35 • creating and maintaining a "Burlington Plan on Aging" to act as a guiding template for City  
36 policy and initiatives; and

37  
38 BE IT FURTHER RESOLVED that the focus areas of the council shall include:

- 39 • Racial equity, inclusion, and belonging; identifying and rectifying barriers to service access,  
40 opportunity, and community inclusion for older adult BIPOC community members
- 41 • Health Prevention, Access, & Quality: Nutrition & Physical Activity
- 42 • Food Security
- 43 • Multimodal Transportation
- 44 • Accessible Outdoor & Indoor Public Spaces
- 45 • Housing: Affordability, Availability, & Accessibility
- 46 • Social Inclusion
- 47 • Technology accessibility
- 48 • Civic Engagement and Volunteerism
- 49 • Industry Support
- 50 • Family Caregiver Support; and

51  
52  
53 BE IT FURTHER RESOLVED that the council members shall be appointed jointly by the Mayor and  
54 City Council President in consultation with the CDNR Committee, with half of the members serving two-year  
55 terms and the other half serving one-year terms beginning June 1, 2021, and shall include:

- 56 • 1 member representing a healthcare provider (UVM Health Network, Community Health Centers of  
57 Burlington, primary care physician, etc.)
- 58 • 1 member representing a long-term care organization in Burlington
- 59 • 1 member representing an affordable housing organization in Burlington
- 60 • 1 member representing an organization working to fight food insecurity in Vermont
- 61 • 1 member representing an organization providing advocacy and support for older adults in Vermont
- 62 • 1 member representing an organization supporting New Americans in Vermont
- 63 • 1 member representing an organization advocating for racial equity, inclusion, and belonging in  
64 Burlington
- 65 • 1 member representing a senior center in Burlington
- 66 • 1 member representing an organization providing mental health services in Vermont
- 67 • 1 member representing an organization providing transportation services in Vermont

- 68 • 1 member representing the City's Community and Economic Development Office
- 69 • 3-5 older adults living in Burlington, who may be affiliated with the above-mentioned organizations
- 70 but do not have to be; and

71  
72 BE IT FURTHER RESOLVED that after the first year, all members will serve two-year terms, such  
73 that half the members are appointed each year beginning June 1, and the council shall elect a chair and vice  
74 chair from among its members; and

75 BE IT FURTHER RESOLVED that CEDO will provide staff support for the council and shall be  
76 responsible for creating and posting agendas, meetings, and notices and ensuring compliance with the  
77 Vermont Open Meeting Law requirements.

78  
79  
80 It/EBlackwood /Resolutions 2021/City Council - Creation of the Burlington Aging Council  
81 4/26/21

\* \* \* \* \*

**DISTRIBUTION:**

I hereby certify that this resolution  
has been sent to the following  
department(s) on

- City Attorney's Office
- Acting CEDO director Kinstedt
- Mayor's Office
- City Council President Tracy
- CDNR Committee

ORIGINAL

RESOLUTION RELATING TO

Creation Of The Burlington Aging Council

Adopted by the City Council

April 26, 20 21

*[Signature]* Clerk

Approved *May 3* 20 *21*

*[Signature]* Mayor

Attest:  
*[Signature]*  
Lori Olberg  
Licensing, Voting and records Coordinator Vol. \_\_\_\_\_ Page \_\_\_\_\_

\* \* \* \* \*

---

## C. Organizations Promoting Equity in Aging

Resource	Description
<a href="#">Diverse Elders Coalition</a>	The Diverse Elders Coalition (DEC) advocates for policies and programs that improve aging in our communities as racially and ethnically diverse people; American Indians and Alaska Natives; and lesbian, gay, bisexual and/or transgender people.
<a href="#">National Resource Center on LGBT Aging</a>	The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults.
<a href="#">Justice in Aging</a>	Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.
<a href="#">The National Caucus &amp; Center on Black Aging (NCBA)</a>	NCBA is a national organization addressing issues impacting African Americans aged 50 & over.
<a href="#">American Public Health Association (APHA)</a>	APHA hosts several resources to address ageism, particularly building on the lessons from the COVID-19 pandemic, and strategies to follow the recommendations included in such guidance as the World Health Organization's healthy aging framework.
<a href="#">American Society on Aging (ASA)</a>	Webinar series on Justice & Equity. ASA believes work on racial justice can no longer remain at the margins for those of us who work to improve the lives of older people in this country. Peter Kaldes, CEO of ASA, speaks with experts in aging whose work intersects with racial injustice and inequity.

## D. Detailed State Age Strong Objectives and Strategies

<b>Age Strong Vermont Detailed Objectives and Strategies</b>	
Strategies that are already underway or easily manageable in the first one to three years and do not require additional funding or state policy change are shaded in gray.	
<b>Affordable Aging</b>	
<b>Affordable Aging Objective 1:</b>	<b>Increase the amount of income available to older Vermonters.</b> <b>Strategies may include:</b>
	1. Assess participation rates of older eligible Vermonters in property tax and renter relief programs Medicare Savings Programs and create a data dashboard to annually assess whether older Vermonters are benefiting from these programs.
	2. Support and increase existing financial literacy programs for Vermonters across age groups, including for older adults.
	3. Explore the impact of an increase in the amount of Vermonters' social security income exempt from Vermont state income tax to 75% or exempt 100% of Social Security income.
	4. Support continuing review of the social security income tax exemption with automatic adjustments tied to market factors (such as the COLA).
	5. Explore an increase in the number of eligible (older) Vermonters who file for the property tax credit by assessing the impacts of:
	a. Increasing eligibility income limit and/or property value eligibility; and
	b. Simplifying the process.
	6. Consider and assess the impact of implementation of a low-income poverty credit.
	7. Explore how to make Medicare more affordable by covering more unreimbursed expenses for more older Vermonters and assessing the feasibility of the following:
	a. Increase the income eligibility limit for Medicare Savings Program level "Qualified Medicare Beneficiary" (QMB) from 135% of the federal poverty level to at least 150% of the federal poverty level.
	b. Increase the income eligibility limit for the Medicare Savings Programs level "Qualified Individual" (QI-1) from 135% of federal poverty level to at least 185% of the federal poverty level or higher as federal funding may allow.
	c. Increase outreach to low-income older Vermonters eligible for Medicare Savings Programs.
	d. Increase funding for the Vermont Legal Aid Elder Law Project Medicare Appeals program.
	8. Increase access to free or low-cost legal services for Vermonters.
<b>Affordable Aging Objective 2:</b>	<b>Increase Vermont's 60+ workforce participation rate.</b> <b>Strategies may include:</b>

	1. By 2027, develop labor demographic data for workers aged 18-85 (beyond current maximum age of 64) and create a data dashboard to assess the following, at least quarterly:
	a. Include the number of employed Vermonters 64-85 in labor census reports.
	b. Identify workers engaged in self-employment, so called “gig” economy jobs, and other entrepreneurial occupations across all ages including up to age 85.
	c. Identify demographic characteristics of workers, including up to age 85, including gender identity.
	2. Provide information about workers’ rights under the federal Age in Employment Discrimination Act and the Vermont Fair Employment Practices Act on DOL, DAIL, AAA websites.
	3. Improve digital literacy of Vermonters 55+ by supporting and increasing existing programs available.
	4. Restore the Mature Worker Coordinator position at DAIL and/or embed an older worker coordinator at the Department of Labor (DOL) to empower workers and employers.
	5. Increase knowledge, information and incentives for state and private employers to recruit, hire and retain older workers.
	a. Expand the DOL existing Job Link (or other online link) to serve as a resource for connecting employers with older workers.
	b. Create DOL toolkit for state and private employers to learn best practices for recruiting, interviewing, hiring, and retaining older workers and attracting retired workers back to the workforce.
	6. Offer benefits such as health insurance and paid leave to older part-time workers.
<b>Affordable Aging Objective 3:</b>	<b>Support opportunities for education about retirement for all Vermonters.</b> <b>Strategies may include:</b>
	1. Improve outreach and education for Vermonters across the age span, including for older Vermonters, on retirement planning that reflects current economic reality (gig economy, entrepreneurship, reduced retirement support from private sector employers with more onus on employees).
	2. Support Vermont Department of Treasury retirement programs such as the VT Saves retirement option for all employees, and expand to include non-traditional gig, self-employment, and entrepreneurial workers.
	3. Support the Vermont Department of Treasury goal for Vermont to achieve eligibility for the federal retirement program, ABLE federal savings account.
	4. Explore the provision of free financial advisory services for Vermonters.
<b>Healthy Aging for All</b>	

<b>Healthy Aging for All Objective 1</b>	<b>Reduce chronic diseases and comorbidities among older Vermonters. Strategies may include:</b>
	1. By 2025, pursue state and other funding for chronic disease prevention and intervention that incorporates substance use impact on chronic disease (alcohol, cannabis, opioids, tobacco) and integrates dementia risk reduction.
	2. By 2025, examine existing strategies to improve population health and reduce the prevalence of chronic diseases and consider whether additional interventions are needed to address disparities (geographic, racial/ethnic, age, socioeconomic).
	3. Create a workgroup to select state and community strategies recommended in the U.S. Surgeon General Report on Social Isolation which will contribute to Vermonters achieving optimal physical and mental health wellness and brain health.
	4. Continue to identify and advance policies and communications that combat ageism.
	5. Support the Vermont Department of Health’s statewide 3-4-50 Initiative to reduce the three risk behaviors (smoking, physical inactivity, poor nutrition) that cause the four chronic diseases (heart disease/stroke, cancer, diabetes, lung disease) that result in more than half of Vermont’s deaths.
	6. Support efforts to include oral health benefits in Medicare.
	7. Support efforts to increase awareness of the risks that hearing loss poses, how to preserve hearing at work and home, and how to access over the counter hearing aids.
	8. Explore how to integrate mental health and substance use strategies and treatment into clinical and facility protocols that benefit aging Vermonters including those with mental health conditions.
	9. Engage local hospitals and clinics to hold free, accessible physical activity and wellness program offerings throughout the year with the goal for each town to have at least one/yr.
	10. In collaboration with Vermonters Taking Action Against Cancer, promote and increase cancer screening rates among all Vermonters that meet clinical guidelines.
	11. Address and reduce substance misuse of alcohol, cannabis, tobacco, and opioids including among older Vermonters to improve health and reduce chronic diseases, including cognitive decline.
	12. Ensure that the shared DAIL & VDH position dedicated to decreasing alcohol and medication misuse and mismanagement continues to elevate and address this issue.
	13. Employ or link to community nurses who can address aging needs and provide chronic disease care.
	14. Work collaboratively to improve hospital discharge planning for individuals who need long-term care, providing hospitals support to identify and coordinate safe discharge options.
	15. Continue to provide trainings through the DAIL-VDH Hub and Spoke ADRD Workgroup (Project ECHO on Dementia, Alzheimer’s Association trainings, UCLA Dementia Care Model Pilot) to clinical care, emergency department and hospital direct care staff on how to care for individuals with cognitive impairments.
<b>Healthy Aging for All Objective 2</b>	<b>Increase physical activity for older Vermonters. Strategies may include:</b>

	1. By the end of 2024, develop a state comprehensive physical activity plan across the lifespan which also contributes to decreasing isolation and increasing social engagement.
	2. By 2026, explore including in state agreements and contracts for providing services to older Vermonters a deliverable that grantees and vendors will promote and/or provide options for daily movement through at-home and community-based services.
	3. By 2026, VDH and Vermont's Area Agencies on Aging will work to add two evidence-based physical activity and strength training programs to their respective menus of evidence-based programming and conduct promotions via social media and community-based communication methods.
	4. Expand accessible and free community-based physical activity classes at senior centers, Adult Day Centers and other settings including hybrid classes that are recorded for use at any time and which seek to include health professionals.
	5. VDH, Blueprint for Health, and SASH will work to include one or more age-friendly physical activity options through My Healthy VT (for example, Tai Chi for Arthritis and Falls Prevention).
	6. The Vermont Association of Planning and Development Agencies will work to undertake community design projects that support increasing physical activity among older adults.
	7. Age Strong VT will help determine how to increase the total number of sidewalks statewide and improve sidewalk safety, including during winter.
	8. Explore how to expand access to free/reduced gym memberships among low-income older Vermonters.
	9. Explore a policy effort to expand the state's childcare credit to support gym use.
	10. Offer training to primary care on cognitive impairment and dementia and strategies for exercise and nutrition.
	11. Adopt age positivity framework through Age Strong VT that benefits all Vermonters and their health.
	12. Advance physical activity prescriptions through clinical care.
<b>Healthy Aging for All Objective 3</b>	<b>Reduce food insecurity for all Vermonters.</b> <b>Strategies may include:</b>
	1. By 2024, develop a Vermont Food Security Plan, a component of which elevates transportation needs related to food access, as part of the Vermont Sustainable Jobs Fund Farm-to-Plate Program, currently grant-funded by VDH.
	2. By 2026, the Department for Children and Families, Economic Services Division will authorize the use of SNAP benefits for restaurant meals.
	3. By 2027, reduce transportation-related barriers to accessing nutritious foods and meals through the Department of Vermont Health Access and the Vermont Agency of Transportation programs and increase delivery to congregate settings and employer engagement around food access.
	4. Increase access to food, fresh produce, oral health information, and social engagement at congregate settings including Vermont Food Bank, Meals on Wheels, AAAs, Commodity Supplemental Food Program, and the CSA-sponsored elder program.

	5. Promote ongoing quality improvement in use of the <i>Hunger Vital Sign</i> screening tool by health care systems working with older adults.
	6. Implement coordinated malnutrition screening for adults and households through state and community programs (Blueprint for Health, SASH, Hunger Free Vermont, Bi-State Primary Care, AAAs and their Home Delivered Nutrition Program, and Vermont Program for Quality in Health Care) among Medicare members.
	7. Work to incentivize employers to provide meal options for employees prior, during and/or after work hours (Vermont Department of Labor and Vermont Businesses for Social Responsibility).
	8. Work with health care payers in collaboration with AAAs and meal providers to explore current options (such as Home-Delivered Meals offered under the UVM Health Advantage Plan through MVP) for expanding food access and nutrition supports and participate in future payment models that promote “food as medicine” initiatives in Vermont.
	9. Support efforts to include coverage for adult dentures in the Vermont Medicaid benefit.
	10. Promote and link older Vermonters to Therapeutic Horticulture, which can be easily adapted to support many aspects of aging well and provide participants opportunities to make meaningful contributions to their communities by growing healthy food and creating beautiful gardens, and natural areas.
	11. Explore how to increase funding for providing free home and community-based meals so that all Vermonters, including those with disabilities living in poverty, can age strong.
<b>Healthy Aging for All Objective 4</b>	<b>Reduce fall-related deaths.</b> <b>Strategies may include:</b>
	1. By 2025, expand the home modifications program to include comprehensive falls risk assessment and prioritize home modifications that prevent falls (the state weatherization program, VDH, and Efficiency Vermont).
	2. Engage primary care providers, Adult Day Programs/Centers, Senior Centers, and Long-Term Care facilities to conduct annual falls risk assessment and environmental scans or surveys.
	3. Utilize timely healthcare utilization data to inform on rates of fall episodes, medication reconciliation, and Supervision Assessment.
	4. As noted above, VDH and Vermont’s AAAs will add two evidence-based physical activity and strength training programs to their respective menus of evidence-based programming and conduct promotions via social media.
	5. Add and train on implementing the “Vermont Mini Cog Assessment” at all primary care visits for adults 50+.
	<a href="#">6. Implement the Stopping Elderly Accidents, Deaths and Injuries (STEADI) Initiative.</a>
	7. Expand community-based falls prevention strategies including at Senior Centers.
	8. Explore how to invest in exercise facilities for older Vermonters, specifically for recreation centers that include indoor pool and workout equipment and programs that are open to people of all ages and could include Silver Sneakers and other Medicare Advantage programs.

	9. Provide training and increase access to geriatric ear, nose and throat care, balance and strength conditioning and heart health/brain health related medical and public health interventions that decrease risk for falls, heart disease and dementia.
	10. Promote referrals to the Vermont Association for the Blind and Visually Impaired for those who are visually impaired which can decrease risk of isolation, falls, lack of physical activity and healthy nutrition.
	11. Increase access to affordable electronic alert systems.
<b>Healthy Aging for All Objective 5</b>	<b>Prevent suicide among older Vermonters.</b>
	<b>Strategies may include:</b>
	1. By 2025, train Meals on Wheels volunteers and SASH Coordinators to identify and support recipients and clients who are at risk of suicide through interventions such as ASIST or QPR and/or screenings using CSSRS and referrals for mental health support.
	2. Increase assessment of 'What Matters for Aging' and align care with individual's and care partner's preferences (including medication, mentation, mobility changes).
	3. Educate and provide intervention for firearm and poison control safety for older Vermonters and their families including safe storage, firearm safety training, and advance care planning that include firearms.
	4. To prevent physical and mental health problems, focus on measures to increase social interaction and connection, including exercise programs, screen and provide education and resources for suicide prevention among older residents, Vermonters with disabilities, vets, BIPOC, LGBTQ+ and/or are socially isolated.
	5. Create social hubs at schools, libraries, churches and other locations to increase social connection and engagement (see also "Social Connection is Key" strategies).
	6. Expand mental health supports in housing (through SASH wellness hours and other affordable housing programs) and other living situations (shelters, pods, group housing) and increase access to elder care clinician care.
	7. Continue to offer and expand telehealth services including in congregate settings for ensuring access to mental health services including for older Vermonters, those who live in rural areas, those who have a disability or lack transportation, and those who suffer from depression.
	8. Identify pathways for increasing investment in Elder Care Clinicians.
	9. By 2030, work to create "Men's Shed" model locations or a similar program to engage men in hands-on and social activities in more areas of the state.
	10. Include images of older Vermonters especially males in Zero to Suicide and other public health messaging regarding suicide prevention and treatment to help address stigma around asking for help.
<b>Social Connection is Key</b>	
<b>Social Connection is Key Objective 1</b>	<b>Increase awareness and identification of social isolation and loneliness among all older adults.</b>
	<b>Strategies may include:</b>

	1. Conduct at least one targeted public awareness campaign per year, and ensure the campaign reaches historically marginalized populations.
	2. Increase the screening of social isolation and loneliness in primary care practices and long-term care facilities.
	a. By 2026, identify one validated screening tool to disseminate; conduct a targeted education campaign for PCPs; and disseminate community resources to PCPs to increase referrals.
	3. Provide training and education about social isolation and loneliness to a broad range of organizations who interact with older Vermonters, including those working with historically marginalized communities.
<b>Social Connection is Key Objective 2</b>	<b>Increase the availability and accessibility of high-quality and equitable programming for older Vermonters.</b>
	<b>Strategies may include:</b>
	1. Modernize and support local centers and local community institutions to address the needs and desires of a changing demographic of older Vermonters, with a focus on high quality meals and equity and inclusion of underserved communities.
	2. Invest in senior centers, adult day centers and local community institutions via local, state and federal funding opportunities and through expanded community partnerships.
	3. Expand a diversity of programming at centers, local community institutions and long-term care facilities, such as creative aging with art, music, movement, intergenerational programs, lifelong learning, multicultural programs, virtual opportunities, etc.
	4. Increase engagement in centers and in community programs through outreach and innovative strategies such as a buddy system.
	5. Develop/increase local social groups for older adults like book clubs or craft nights as part of age-friendly communities.
	6. Create affordable access to telecommunications to maintain social interactions, communication with medical professionals, and others. This includes access to affordable equipment to benefit from wireless and/or internet access.
<b>Social Connection is Key Objective 3</b>	<b>Increase volunteerism of older Vermonters.</b>
	<b>Strategies may include:</b>
	1. Strengthen Vermont's volunteer infrastructure to better recruit, support and retain older Vermonter volunteers:
	a. Promote volunteerism in connection with health/well-being and wisdom transfer.
	b. Make it easy for people to find and apply for volunteer opportunities, such as through a statewide volunteer hub or clearinghouse.
	c. Train organizations to utilize the 10 best practices in volunteer management.
	d. Explore development of high value incentives for older Vermonters.
	e. Identify and address barriers to volunteering, especially transportation and ageism in recruitment.

<b>Social Connection is Key Objective 1</b>	<b>Objective 4: Increase the number of intergenerational engagement opportunities for all Vermonters.</b>  <b>Strategies may include:</b>
	1. Encourage Vermont higher education institutions to join the Age Friendly University (AFU) Network. Encourage universities and colleges to respond creatively to the interests, needs, and desires of older adults, including expanding access to meet the needs of those who desire to take courses.
	2. Partner with the Agency of Education and local schools and colleges on workplace learning opportunities to engage more students in providing services, conducting research, and learning from older Vermonters.
	3. Leverage community partnerships to expand intergenerational opportunities.
	4. Research, promote and support innovative intergenerational models.
<b>Infrastructure for the Future</b>	
<b>Infrastructure for the Future Housing Objective 1</b>	<b>Increase the number of new units of high-quality affordable housing that enable residents to age well in community.</b>  <b>Strategies may include:</b>
	1. Explore what it would take to expand Accessory Dwelling Unit incentives specifically targeted toward 60+ population, including bridge loans.
	2. Support the development of infill housing through zoning reforms, technical assistance to small-scale developers, and financial incentives in alignment with the Agency of Natural Resources and other state efforts. Suggested ideas for that work could include:
	a. Streamline Permits for Missing Middle Home Designs: Amend the statute to enable “by-right” permits for missing middle homes.
	b. Increase Downtown and Village Center Tax Credit Base Funding: Provide funding to improve homes in neighborhoods; expand eligibility to support energy efficiency investments.
	3. Identify opportunities to increase financial support to municipalities to expand water/wastewater infrastructure that is at or above the same level of ARPA funds that have been utilized to support this critical infrastructure to smart growth development.
	4. Prioritize state agency investment in infrastructure for economic development in state-designated settlement areas.
	5. Explore the idea of continuing the affordable rental property tax exemption (Act 68) with no renewal requirement.
	6. Assess the possibility of making permanent the policy of lifting of unit caps for Priority Housing Projects in Designated Downtowns, New Development Growth Areas, exempting these projects from Act 250 review.
	7. Enhance information and expand transparency on the shortfalls and availability of affordable housing by coordinating and promoting VHFA Directory of Affordable Rental Housing and DAIL’s Assisted Living, Nursing Home and Residential Care database, and increase dissemination of COVE’s informational resource, the “Aging in VT Resource Guide.”

<b>Infrastructure for the Future Housing Objective 2</b>	<b>Increase age-specific housing available for older Vermonters.</b>  <b>Strategies may include:</b>
	1. Assess the impact of removing the cap on tax credit housing for 55+ being built each year in VT (currently at 30% cap, which equates to a maximum of one property per year being built across the state).
	2. Explore an increase in state credits toward age-specific housing in key priority populations where demand is outpacing supply.
	3. Identify opportunities to create affordable dementia-focused housing that meets universal design standards and incorporates the person-centered Best Friends™ approach to memory loss to reduce the long waitlist for those with lower income looking for residential memory care.
<b>Infrastructure for the Future Housing Objective 3</b>	<b>Increase the number of older adults who can “age in place” [which means choosing to remain at home or in a supportive living community as they grow older without having to move each time their needs increase].</b> <b>Strategies may include:</b>
	1. Keep the long-term care system viable and expand to provide older adults the care they need in the location of their choice.
	2. Support embedding 5 mental health clinicians within SASH panels every year for the next 5 years around the state to support those clients with mental health concerns, including those who were formerly homeless, in affordable housing communities, helping to keep them safely housed.
	3. Explore how to ensure that Medicaid reimbursement rates will meet actual costs by 2026 and will have an annual inflation factor increase established.
	4. Consider revising licensing regulations requiring every long-term care facility accept a minimum of 15% of those who are on Medicaid to prevent involuntary discharge due to income/asset depletion.
	5. Increase the investment for home and community-based services to substantially reduce the number of Vermonters living in hospitals and nursing homes with no alternative.
	6. Explore how to expand HomeShare programming by (1) providing a tax incentive to homeowners participating in state HomeShare programs that have made qualified matches for a minimum of one year; (2) sustain state funding to support HomeShare VT for expansion.
	7. Conduct an assessment and evaluation of the adult day centers closures to understand why they closed and identify where there is capacity for additional locations.
	8. Increase the accessibility of Vermont homes by exploring the idea of requiring all new construction to adhere to Universal Design Standards; and expand home modification programs, such as the homeownership centers, HUD home modification programs, and increasing VCIL funding for people living with a disability by 10% to ensure their home is accessible.

<b>Infrastructure for the Future Transportation Objective 1</b>	<b>Focus future transit service on “Designated Growth Zones” (maximize investment in concentrated development centers).</b>  <b>Strategies may include:</b>
	1. Ensure the State’s Road Design Standards will be updated by the end of 2024, with emphasis on transit and mobility services to allow for age-friendly residency and access to services and amenities.
	2. Micro Transit Pilots: Assess the current 5 pilots and other mobility services to enhance multimodal options and use. On-demand services currently in place can be scaled to provide more trips for more purposes.
	3. Identify the potential to increase funding to support municipal multimodal networks, which includes bike, walk and modal sharing programs.
	4. Assess the required funding for communities to offer additional mobility services.
	5. Incorporate alternative transportation amenities including those serving individuals who cannot drive, in new developments that are subject to Act 250 jurisdiction.
<b>Infrastructure for the Future Transportation Objective 2</b>	<b>Expand the Older Vermonters and Persons with a Disability (O&amp;D) program.</b>  <b>Strategies may include:</b>
	1. Allow clients or the public to view and reserve seats on existing demand response trips. Once the new scheduling and dispatch software is implemented (FY 2025) for the demand response programs across the state, the Agency of Transportation (VTrans) can work to develop this feature to be incorporated into the existing GO! Vermont Trip Planner.
	2. Engage with Primary Care Physicians to ask questions to older Vermonters about transportation needs and provide contact info for GO! Vermont and local transit providers.
	3. Raise awareness about the O&D Program through targeted outreach:
	a. Start Statewide Ambassador Programs that includes travel training (tech and non-tech based) so older Vermonters can become familiar with the Public Transit System before they cannot drive or driving becomes limited.
	4. Create Personal Mobility Accounts:
	a. Offer freedom accounts (capped dollar value) to allow transportation for personal/social trips to reduce social isolation.
	b. Expand the network of volunteers or low-cost transportation options for direct pay trips for older Vermonters.
	5. Create an ongoing Transportation Council (Mobility for All Vermonters that coordinates with all state agencies). Convert Public Transit Advisory Council to a “Mobility Council” and add Agency of Human Services departments and advocacy organizations representation to the membership to create viable and coordinated solutions to enhance statewide mobility for all Vermonters.

	6. Build and sustain leadership, collaboration, and accountability, especially among a diverse group of stakeholders to include transportation professionals, policymakers, public health officials, police, and community members that manage Vision Zero Implementation. This body is responsible for collecting, analyzing, and using data to understand trends and potential disproportionate impacts of traffic deaths on certain populations.
	7. Require all new development to ensure bus stop amenities are considered in review and permitting for construction of housing developments, commercial space, and repaving of roads.
<b>Infrastructure for the Future Transportation Objective 3</b>	<b>Transportation Objective 4: Increase access to walkable, bikeable and transit-friendly communities that facilitate independence and support aging in place. Strategies may include:</b>
	1. Revisit Vermont’s Complete Streets statute which was enacted by the General Assembly of the State of Vermont in 2011 to address the lack of reporting transparency and ownership that have led to missed opportunities for implementing a strong, safe, accessible transportation system.
	2. Incorporate a system-wide planning approach for all Complete Streets projects that allows for safe access to all users and provides for first and last mile connections.
	3. Invest in building municipal capacity through Complete Streets training that will allow smaller communities the ability to implement Complete Streets at the local level.
	4. Assess the opportunity to modify the state’s project selection criteria for funding to encourage Complete Streets implementation. Criteria for determining the ranking of projects should include assigning weight for active transportation infrastructure; targeting underserved communities; alleviating disparities in health, safety, economic benefit, access destinations; and creating better multimodal network connectivity for all users.
	5. Review community centers to be sure they have safe sidewalks with little to no transitions, and easy clear access to amenities.
	6. Encourage statewide adoption of a “Vision Zero” policy to ensure safe, equitable mobility for all road users by eliminating traffic fatalities and severe injuries among all road users.
	7. Prioritize safe speeds through safe street design, speed enforcement (or safety cameras), and allow communities to set safe speed limits including 25 MPH in congested areas and adjacent to public amenities.
<b>Infrastructure for the Future Community Design Objective 1</b>	<b>Increase the availability of accessible, inclusive public spaces (indoor and outdoor) in towns by encouraging Smart Growth and infill development.</b> <b>Strategies may include:</b>
	1. Explore removing the statutory sunset for Better Places and providing base funding to sustain the program at the Department of Housing and Community Development (DHCD).
	2. Support sustaining funding for Better Connections program at the Department for Housing and Community Development (DHCD).

	3. Assess expanding the Downtown Transportation Fund by updating the statute to support the planning, design, and construction of 'complete streets.'
	4. Potentially provide funding to municipalities for technical assistance and design expertise needed to engage, plan, and construct well-designed, welcoming, and accessible public places.
	5. Create recommended standards for communities to apply to outdoor public spaces and parks to ensure they are fully accessible and inclusive to people of all ages, abilities, and backgrounds including for Vermonters with dementia and their care partners.
	6. Ensure key services, multigenerational programming, and amenities are supported in town focal points, such as libraries, senior community centers, libraries, adult day programs, health care satellite offices, town hall and transfer stations.
	7. Allocate funding to study the implementation of a land value tax to encourage development in designated areas, promote land use efficiency, and ensure equitable taxation in partnership with the Tax Department.
	8. Support Dementia-Friendly Communities by promoting the Vermont Department of Health website containing resources and toolkits and work with Offices of Local Health chronic disease staff as collaborators.
	9. Enforce municipalities to develop their town ADA Transition Plan (a federal requirement), to address any deficiencies. The Plan is intended to achieve the following: (1) identify physical obstacles that limit the accessibility of facilities to individuals with disabilities, (2) describe the methods to be used to make the facilities accessible, (3) provide a schedule for making the access modifications, and (4) identify the public officials responsible for implementation of the Transition Plan.
<b>Valuing Family Care Partners</b>	
<b>Valuing Family Care Partners Objective 1</b>	<b>Reduce the need for family/friends to provide full-time care/assistance to a friend/family member.</b>
<b>Valuing Family Care Partners Objective 2</b>	<b>Increase family care partner knowledge of respite options.</b>
<b>Valuing Family Care Partners Objective 3</b>	<b>Increase family care partner knowledge of self-care, medical benefits, long-term care and estate planning resources.</b>
<b>Valuing Family Care Partners Objective 4</b>	<b>Reduce negative financial impacts on family care partners.</b> <b>Strategies may include:</b>
	1. In 2024-2034, work to increase financial supports for family care partners, including respite funding, family leave options, tax credits, stipends, and grants.
	2. In 2024-2028, work to increase awareness of and access to respite services (ex. In-home volunteers) for care partners using public outreach campaigns, social media, Front Porch Forum, and agency communications and websites.

	3. In 2024-2028, work to expand and add family care partner education programs that include training opportunities, information on self-care, medical benefits, long term care and estate planning, and medical conditions.
	4. By 2027, compile a statewide inventory of existing resources and programs for family care partners. This inventory will be used to create a care partner support locator function care partners can use to quickly locate the services they need in their area.
	5. By 2025, adopt standardized, evidence-based or evidence-informed family care partner assessments and use the results to develop person-centered and family-centered care plans.
	6. By 2026, establish and routinely convene a VT Caregiver Coalition to improve the system of HCBS and health care providers by encouraging the use of standardized data-collection tools, forms, definitions of terms, and best practices.
	7. In 2024-2028, support the expansion of Alzheimer’s Disease and Related Disorders Extended Engagement/Respite activities within Adult Day and Senior/Community Centers.
	8. By 2025, develop or adopt surveys with validated questions to disseminate to family care partners to collect data on services and supports to identify successes and areas for improvement.
	9. By 2026, professionally translate Advance Directives in plain language in the languages prioritized in Vermont and provide culturally appropriate interpreters in hospital, home health, and hospice settings.
	10. By 2027, provide education to hospital leadership and the Vermont Association of Hospitals and Health Systems encouraging adoption of policies that enable in-person interpreters of the family’s choice to be used during in-patient and end-of-life care.
	11. By 2026, provide education to hospice providers on providing culturally proficient services specific to the different cultures present in Vermont, and to families that speak languages other than English on what hospice is, what it provides, and how it differs from hospital care.
<b>The Fight for Justice</b>	
<b>The Fight for Justice Objective 1</b>	<b>Increase the adoption and use of recommended policies and interventions to support adults who may be self-neglecting.</b> <b>Strategies may include:</b>
	1. DAIL and community partners will work to establish and expand training modules for a wide range of community-based service providers and partners to identify and report self-neglect and elder abuse, including appropriate referrals, trauma-informed communications, and systems of support.
<b>The Fight for Justice Objective 2</b>	<b>Increase the transparency and usability of long-term care facility data.</b> <b>Strategies may include:</b>
	1. By 2028, establish a digital data system to compile Survey and Certification survey results into a data interface that can allow for trend analysis across multiple reports for system improvement. By 2030 this same data will be available to the public in a readily accessible, plain language format, that allows older adults and family members to make informed decisions.

<b>The Fight for Justice Objective 3</b>	<b>Objective 3: Increase coordination of elder justice services and supports.</b>  <b>Strategies may include:</b>
	1. A non-state entity will work to facilitate an Elder Justice Coalition (EJC) to coordinate among EMS and law enforcement providers, state entities, and social support providers.
	2. The EJC may recommend to the legislature strategies to mandate some allocation of Attorney General litigation awards to delivery of relevant elder justice information and services.
	3. Work to convene an Office of Public Safety advisory team to assess and recommend best practices for “no wrong door” portals for elder justice referrals to ensure safety and access. Advocate for safety portals to be universally established across entities and providers to improve elder access to justice services. The Office of Public Safety Advisory team may review data reported by designated entities annually and make recommendations for improvement to the system.
	4. Elder Justice Providers will work to develop and coordinate for older adults, service providers, and family members: communications strategies, educational materials and presentations, referral systems, and protections that address the growing incidence of scam, fraud, and financial exploitation.
	a. Coordinated efforts will be person-centered and trauma-informed.
<b>Strengthening Systems of Support</b>	
<b>Strengthening Systems of Support Objective 1</b>	<b>Adopt age-friendly best practices at VT211 and AAA Helpline call centers.</b>  <b>Strategies may include:</b>
	1. The State will contract with an independent entity to assess the current state of Vermont’s AAA and VT211 Information, Referral and Assistance call centers, and provide concrete recommendations on the adequacy and accessibility of the information available to Vermonters, including criminal, civil, and social interventions specific to older adults to ensure safety, information about death and dying, and information about transitions of care.
	2. Using the independent entity in #1, create or recommend an existing set of call center best practices, training and recommended staffing ratios using a “No Wrong Door” approach.
<b>Strengthening Systems of Support Objective 2</b>	<b>Increase access to information about age-friendly resources and supports.</b>
<b>Strengthening Systems of Support Objective 3</b>	<b>Increase access to a coordinated system of age-friendly services, supports and protections.</b>  <b>Strategies may include:</b>
	1. The State will work to contract with a professional entity to use data from the Age Strong VT planning process (survey, listening sessions, focus groups) to:

	a. Develop a sustainable, creative plan for marketing and promotion for Vermont’s Information, Referral and Assistance systems across the state, that complies with communication access and diversity, equity and inclusion standards and includes measurable outcomes. Creation of the promotion plan must include the VDH community health education network and provider of services network.
	b. Create a sustainable online Vermont educational awareness training tool for Vermonters, entities, providers, EMS workers and state employees to learn about the system of Information, Referral and Assistance.
	c. Work with the State to designate qualified individuals or entities to deliver/maintain the promotion plan and training tool and track measurable outcomes.
	2. The State and information providers will work together to establish data on distribution and utilization of publicly available information sources (AGO Help Guide, Aging in Vermont Resource Guide, AAA Helpline, VT211, State websites) regarding abuse, neglect, and exploitation of older adults.
	3. Establish or identify additional data sources for tracking outcomes specific to the three recommended objectives, such as:
	a. Z-Codes – ICD10 codes to identify screening and referrals for social determinants of health-related services.
	b. Provider referrals – Develop a way for call centers to track where referrals came from over time.
	c. New State Plan on Aging (SPA) Needs Assessment questions. (Data Source: 2020, 2024 and 2028 SPA Needs Assessments)
	d. Behavioral Risk Factor Surveillance System (BRFSS) questions.
	4. Consider the creation of Chief Advocate for Elder Justice position to work with the dedicated Age Strong VT position to:
	a. Integrate information across state and community systems to ensure consistent and accurate information.
	b. Advise the state legislature and administration to improve elder access to justice, safety, and supports.
	c. Review new and existing laws to ensure age equity across systems.
	d. Behavioral Risk Factor Surveillance System (BRFSS) questions.
<b>Strengthening Systems of Support Objective 4</b>	<b>Increase the availability of safe emergency housing for older Vermonters.</b>
	<b>Strategies may include:</b>
	1. By 2025, DAIL and partners will explore existing models in other states and make recommendations that address Vermont needs and systems for emergency housing for older victims of crime or others in crisis. DAIL will work to identify funding streams and potential partners to pilot the program.

---

	<p>2. By 2028, explore the creation of a pilot program for emergency housing for older victims of crime and others in crisis with established policies, protocols, goals, and adequate funding for 5 beds, with the possibility for growth in the future. The pilot program could address immediate physical safety, as well as assisting with longer term needs such as future safe housing placement, trauma processing and mental health needs, system of care planning, etc.</p>
--	--

---

## E. BAC Interim Actions

- i. HomeShare pilot
  - ii. Family Caregiver Month Proclamation
- 

### E.i. HomeShare Vermont Pilot Incentive Program

Date: June 22, 2022

To: Community Development & Neighborhood Revitalization (CDNR) Committee

From: Burlington Aging Council's Subcommittee on Housing

Molly Dugan, Cathedral Square

Charles J. Messing, Burlington Resident

Brian Pine, City of Burlington's Community and Economic Development Office Kelly Stoddard  
Poor, AARP VT

Subject: HomeShare Vermont Pilot Incentive Program

---

On behalf of the Burlington Aging Council, we are submitting a proposal for consideration by City Councilors serving on the CDNR Committee. The proposal we are asking the CDNR Committee to review and advance is a HomeShare Pilot Program aimed at supporting and promoting homesharing in Burlington through a tax incentive.

**HomeShare Background:** HomeShare Vermont is a non-profit organization that has developed a comprehensive and client-driven screening & matching process over the past 40 years to make the best in-home matches possible. HomeShare Vermont helps the State of Vermont meet two important goals by assisting our aging neighbors to stay at home, where they want to be, while at the same time helping others find an affordable place to live.

While there are no age or income restrictions for homesharing, most people sharing their homes (homeshare hosts) are elders or persons with a disability while most people looking for housing (homeshare guests) can't afford market rents. Their screening process focuses on safety and security. Each compatible match is unique and based upon the interests, needs, and lifestyles of the individuals involved. Homesharing is where two or more people share a home for mutual benefit.

**HomeShare Screening Process:** For each application received a minimum of 3 reference checks are performed, mostly by phone; and five different background checks are conducted before the person is considered for matching. The background checks include various criminal, abuse and fraud registries. Once the application is received an in-depth interview is conducted to get to know them and their interests and lifestyle, which is done via zoom or in a home visit.

#### Benefits of HomeShare in FY 21:

- Homeshare guests provided approximately 25,000 hours of assistance to seniors and others. This represents a savings of over \$380,000 for those sharing their home and their families if they had to hire help.<sup>1</sup>
- By sharing their homes, low-income seniors and others received over \$220,000 in rental income to help them make ends meet.
- The average rent in a homesharing match was only \$323/month with 27% of matches paying \$0 rent. Using the difference between market rents and homeshare actual rents, it is estimated that homeshare guests saved over \$510,000 in rental expenses.<sup>2</sup>

**HomeShare Match Length:** The average homesharing match length was about 23 months this past year, which is a little longer than normal, which is likely a reflection of COVID because it has made it harder to get people to start new matches, but it seems to have encouraged matches to last a little

longer. The average match length is calculated each year based on the matches that ended in that year and it typically fluctuates between 13-20 months.

## FY 21 HomeShare Vermont: Results Based Accountability (RBA) Outcomes

*This data is a combination of annual outcomes surveys of matched participants and client data and represents outcomes statewide and are not specific to Burlington alone.*

<b>How Well?</b>	Homeshare Average Match Length	692 days or 23 months
	Participant Satisfaction	93% very satisfied 100% would recommend us to family or friends

<b>Is Anyone Better off?</b>	Affordability of Housing	Average Rent	\$323	
	Ability of Seniors to Stay Safely at Home	46% of those sharing their home reported they would not be able to live safely and comfortably at home without a homesharer.		
	Improved Quality of Life: Those having someone live with them report they....	Feel Happier	83%	
		Feel Less Lonely	83%	
		Feel Safer in their Home	81%	
		Sleep Better	51%	
	Feel Healthier	51%		

<sup>1</sup> Calculation based on personal care assistant median wage - Bureau of Labor Statistics, VT State Occupation & Employment Wage Estimates

<sup>2</sup> Calculation based on fair markets rents for Addison, Chittenden, Franklin, Grand Isle, Lamoille, Orange and Washington Counties - US Department of Housing & Urban Development

### **Pilot Program Incentive Program:**

**A Pilot Incentive Program would be aimed to support affordable housing and open housing opportunities for those seeking housing in Burlington. The Burlington Aging Council (BAC) supports and recommends that the City of Burlington offer a pilot incentive program for homeowners, “host,” who provides a new homeshare match lasting a minimum of 12 months.**

- The incentive would be in the amount of \$1,000 (this is in line with other incentive programs found throughout the country)
- The incentive would not exceed 30 Burlington homeowners per year
- The \$1,000 incentive from the City of Burlington could be made available through property tax relief or another type of direct payment to the homeowner determined by councilors.
- The incentive would be made available after the homeshare match was verified by HomeShare Vermont after the 12 months.
- The homesharing match would be required to be created by, Home Share Vermont, a bonafide homesharing nonprofit organization and has a homesharing agreement signed by both the host and

guest and they cannot be related individuals.

- An additional requirement of the Pilot Program would be a cap on rents at a maximum of \$650/month, given the goal of promoting affordable housing.
- The pilot program would be tested for 3 years and evaluated to determine continuation.

### HomeShare Vermont Client Data FY 15 – FY 21 (July 1 – June 30 FY)

There is a mismatch in the number of people seeking housing in Burlington vs. the number of homeowners/homeshare hosts opening their home up for homesharing, see graph below. Burlington host applications have dropped more than their total host applications this past year (59% vs 44%). The overall decline is due to COVID, but it is unclear as to why Burlington is so much higher.

		FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21
<b>Applications</b>	<i>All Hosts</i>	85	103	85	98	121	167	93
	<i>Burlington Hosts*</i>	9	16	13	16	18	17	7
	<i>Guests</i>	206	261	319	324	331	363	342
	<i>Total</i>	291	364	404	422	452	530	435
<b>Ratio Guests/Hosts Applications</b>		2.4	2.5	3.7	3.3	2.7	2.1	3.6
<b>Total Matches in Year</b>		82	87	98	105	101	108	92
<b>Matched Burlington Hosts</b>		28	20	22	29	28	24	18
<b>All Persons in a Match</b>		154	159	183	198	202	216	191
<b>Average Match Length (months)</b>		13	14	18	16	12	20	23
<b>Average Monthly Rent</b>		\$226	\$221	\$254	\$287	\$296	\$314	\$323

## E. ii. Family Caregiver Month 2023 Proclamation



### PROCLAMATION

**WHEREAS**, this November, in Burlington, we recognize the countless family caregivers across our state who are helping their older parents, spouses and other loved ones live independently in their homes – where they want to be and where their well-being is supported; and

**WHEREAS**, Burlington's family caregivers are among 48 million Americans nationwide who are being recognized in November, National Family Caregiver Month. These individuals hold up a challenged long-term care system. The physical, financial and emotional toll on them is great. They help their loved ones with everything from managing medications and medical care, meal preparation and feeding, bathing and dressing, chores, finances, grocery shopping, transportation and more. Many family caregivers work full or part time at paying jobs, and many cut back their hours or quit their jobs entirely to make sure their loved one gets the care they need; and

**WHEREAS**, Burlington's dedicated family caregivers provide thousands of hours of care every year, adding up to millions of dollars in unpaid labor annually; and


**WHEREAS**, family caregivers deserve our gratitude, but they also need commonsense solutions that save them time and money and provide support. I am proud of the work that the Burlington Aging Council and partner organizations do to advance and support the critical role of family caregivers; and

**WHEREAS**, everyday heroes, family caregivers in Burlington help their older parents, spouses, siblings, or grandparents live independently with dignity; and

**NOW, THEREFORE**, I, Miro Weinberger, Mayor of the City of Burlington, by virtue of the authority vested in me by the Charter of the City of Burlington, Vermont do hereby proclaim November 2023 as

### FAMILY CAREGIVER MONTH

in the City of Burlington, and **BE IT FURTHER RESOLVED** that I encourage all Burlingtonians to reach out to the family caregivers in their lives, thank them for the incredibly important work they do and support them in any way that you can.



Miro Weinberger  
Mayor

**Resolution Relating to**

ADOPT THE BURLINGTON AGING COUNCIL AGE STRONG BTV PLAN

**RESOLUTION 8.2**

Sponsor(s): Carpenter, Schachter

Introduced: 05/19/25

Referred to: \_\_\_\_\_

Action: adopted

Date: 05/19/25

Signed by Mayor: 05/22/25

**CITY OF BURLINGTON**

In the year Two Thousand Twenty-Five.....

Resolved by the City Council of the City of Burlington, as follows:

1 That WHEREAS, in 2019, City Council created the Senior Study Committee to review and make  
2 recommendations regarding the long-term provision of senior services in Burlington; and

3 WHEREAS, the concept of a local council focused on issues affecting older residents was revived after  
4 almost a year of COVID-19 by way of the City Council Community Development and Neighborhood  
5 Revitalization (CDNR) Committee; and

6 WHEREAS, the CDNR Committee tasked the creation of an informal group to develop a framework  
7 proposal for a “Council on Aging”, and the four main goals of the Burlington Aging Council include:

- 8 1. to elevate the contributions of older adults in Burlington
- 9 2. to raise issues facing older adults in Burlington and the organizations that serve them
- 10 3. to make policy recommendations to the Mayor and City Council to address gaps, needs, and  
11 opportunities that impact older adults in Burlington
- 12 4. to ensure that the voices of older adults in Burlington are at the forefront of City policy; and

13 WHEREAS, the premise for the work was that older residents of Burlington must be valued members  
14 of the community, noting that such residents in Burlington are: homeowners, renters, taxpayers; business  
15 owners, entrepreneurs, and employees; volunteers; civic leaders; artists, musicians, writers and more; and

16 WHEREAS, older adults are as diverse as the communities in which they live, spanning a 50-year  
17 multigenerational age range, and as older adults age, their contributions and needs for support change over  
18 time; and

19 WHEREAS, ageism is a real problem embedded in our culture, leading to increased mortality and poor  
20 health outcomes for older adults regardless of income or geography, and part of the way that Burlington can  
21 address ageism is through education and intentional inclusion; and

22 WHEREAS, 12% of the City’s population is age 65 and over, and the overall share of the city and state  
23 population over age 65 is projected to continue increasing at a faster rate than any other age cohort;

24 NOW, THEREFORE, BE IT RESOLVED that the Age-Strong Burlington Plan is hereby accepted by  
25 the City Council and is referred to the CDNR Committee to perform a review of the Plan and to conduct an

ORIGINAL

RESOLUTION RELATING TO

.....  
.....  
.....

Adopted by the City Council

....., 20.....  
..... Clerk

Approved....., 20.....

..... Mayor

Vol. .... Page .....

DISTRIBUTION:

I hereby certify that this resolution has been sent to the following department(s) on

\* \* \* \* \*

\* \* \* \* \*

26 evaluation of the current services for older adults supported by the City (e.g., CORE senior programs,  
27 Heineberg Community Senior Center), and additional resources will be identified and allocated to the  
28 Heineberg Community Senior Center to assist in aiding in a transition as other current services are curtailed in  
29 the City; and

30 BE IT FURTHER RESOLVED that the Age-Strong Burlington Plan should be thoughtfully considered  
31 for implementation due to its close coordination and synergy with the State’s Age-Strong Plan and the  
32 identification of opportunities to bring a new and important lens to City policy and program deliberations and  
33 investments offering a pathway to accentuate efforts to make the city increasingly vibrant and resilient for all  
34 ages; and

35 BE IT FURTHER RESOLVED that the Age-Strong Burlington Plan is the basis for forming  
36 appropriate creative and innovative approaches to address challenges, and the City Council accepts the report  
37 for further consideration and action, thanking all the members of the council for their work and diligence; and

38 BE IT FURTHER RESOLVED that the CDNR Committee give due consideration to identify and  
39 recommend to City Council clear action steps to move appropriate recommendations to action beginning with  
40 the renewal of a Burlington Council on Aging populated by an appropriate set of members to develop and  
41 further these recommendations for the benefit of the city, supported by the many city partners who  
42 participated in the development of the plan.

43

44 BTP/Resolutions 2025/*Age-Strong BTV Plan*

45 Date: 5/19/25

\* \* \* \* \*

ORIGINAL

**DISTRIBUTION:**

I hereby certify that this resolution has been sent to the following department(s) on


CDNR Committee

**RESOLUTION RELATING TO**

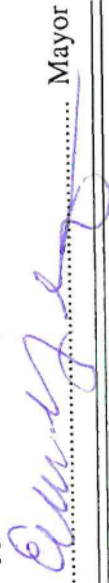
Adopt The Burlington Aging Council Age Strong BTV Plan

**Adopted by the City Council**

May 19, 2025

 Clerk

Approved May 22, 2025

 Mayor

Vol. .... Page .....

Attest:  
  
Lori Olberg  
Council and Licensing Coordinator

\* \* \* \* \*

# AGE STRONG BURLINGTON

## An Action Plan Summary from the Burlington Aging Council 2024

Ageism and Ableism are engrained in our attitudes, our public policies, our institutions, and our infrastructure. They are systemic. The goal for Burlington is one of inclusivity, building an age-friendly community for all.

People aged 65 and older are often considered a homogenous population in cognitive and physical decline. In line with how we view and treat those in our community under the age of 18 as a diverse group with different age-related abilities, needs, and opportunities that are an asset, so should we relate to our older community members. The universal benefit accruing from the Age Strong Burlington plan is simple:

**improving the conditions of and opportunities for older adults in a community improves the lives of everyone.**

The Action Plan focuses on 5 key areas:

- a. Social Connection and Engagement
- b. Family Caregiver Support
- c. Financial Security
- d. Optimal Health and Wellness
- e. Housing, Transportation and Community Design

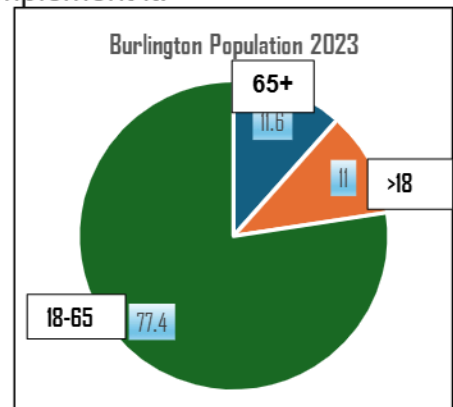
The objective in organizing actions is to raise awareness of both the diverse needs and opportunities and to provide guidance on moving Burlington along a conscious path to being a fully Age-Friendly Community. Burlington, as a single entity, cannot do everything

### Burlington Aging Council

*Symphorien Sikyala, Congolese Community*  
*Frederick Neu, UVM Center on Aging*  
*Molly Dugan, Cathedral Square*  
*Jane Catton, Age Well Vermont*  
*Kelly Stoddard Poor, AARP-VT*  
*Andrea Viets, Heineberg Senior Ctr*  
*Alison Miley, Howard Center*  
*Christopher Damiani, GMT*  
*Brian Pine, CEDO*  
*Barbara Shaw-Dorso, Resident*  
*Martha Molpus, Resident*  
*Charles J Messing, Resident*  
*Lorna Kay, Resident*  
*Glenn McRae, Resident*

to ensure that as members of our community age, they are offered opportunities and support that allow them to contribute and have a sense of belonging, as well as provide them with the care and support they need to continue their lives with dignity. All population projections tend to point to a significant rise in the number of 65+ residents in Burlington and a growing percentage of the overall population. The action plans are not comprehensive, but they are targeted to what the Aging Council believes is a possible starting point to set the stage to have full community engagement in continuing to develop and implement it.

The action plans align, as much as possible with the State's [Age Strong Plan](#), and provide a basis for synergy and coordination with the many partners who provide direct services. These action plans are meant to engage our community of all ages to make Burlington a city that works for everyone. For this to be more than a slogan, the Burlington Aging Council urges the city to make the necessary investments and policy changes needed to advance a clear focus toward an Age-Friendly city.



# AGE STRONG BURLINGTON Action Briefing: Priority Measures

The Burlington Aging Council's action agenda emphasizes building out opportunities for engagement and a more coordinated and efficient system of services to meet diverse needs and take advantage of the many abilities to contribute to older adults in our city. This is done in cooperation with the many partner organizations working with this sector and the state of Vermont on its new Age Strong Vermont plan. The 7-point action items below are drawn from the full action plan seeking to make Burlington a community that embraces the notion of improving the conditions of and opportunities for older adults in a manner that improves the lives of everyone.

## 1. Dedicated City Staff Support That:

- **Fills the role of an Older Adult Ombudsperson** to coordinate the efforts of the Aging Council and City Departments to:
  - **Provide direct service** to employers, and work with partners to advance opportunities for training, education, and resources for older workers of all backgrounds.
  - **Build Age-Friendly criteria** into city employee job descriptions and performance reviews.
  - **Provide city staff with adequate training and upskilling** to succeed in supporting these efforts, expanding City staffing functions in key city departments (e.g., REIB, CEDO, Planning, DPW, Parks, Recreation & Waterfront).
  - **Connect to and Coordinate with the State of Vermont Age Strong lead.**
- **Supports functions to advance social connection and engagement**, and optimal health and wellbeing across city departments and the coalition of local service organizations in Age Strong Burlington.
- **Provides full support for a reinvigorated Burlington Aging Council** to continue in its mission to elevate the contributions of older adults in Burlington; raise issues facing older adults in Burlington and the organizations that serve them; support current and address new policy recommendations to the Mayor and City Council to address gaps, needs, and opportunities that impact older adults in Burlington; ensure that the voices of older adults in Burlington are at the forefront of City policy; and maintain and monitor the "Burlington Plan on Aging: Age Strong Burlington," acting as a facilitator for City policy and initiatives, and to advance advocacy at the state level for adequate program resources, and targeted investments at the local level.

**2. Issue Key Proclamations and Host Special Events** to educate the community, elevating the contributions of and raising issues facing older adults in Burlington, ensuring that the voices of older adults in Burlington are at the forefront of City policy.

- **Family Caregiver Awareness Campaign** – Beginning in November 2024 (Family Caregiver Month).
- **National Employ Older Workers Week** – September.
- **Provide a clear public resolution declaring Ageism and Ableism as public health threats**, and committing Burlington to actively fighting ageism and ableism through policy and programs, providing resources and attention needed to enable all community members to enjoy a full and fruitful life, contributing to the greater good, and receiving support as it is needed.
- **Create baseline data on key indicators of successful social connection and engagement** with all city departments around their programming and work and add it to the City Dashboard.

## 3. Create an Official City Online Resource Site

**City Staff working with the BAC will set up an online City Resource site** that will include:

- a list of **family caregiver resources**.
- resources for older workers and employers seeking to **hire and retain older workers**.

- 
- a single point of information access to **City Programming that enhances social engagement** and connection and advances healthy aging.
  - resources for **older adult housing and transportation** information.
  - a **Dashboard** indicating progress on the Age Strong Burlington Plan with connections to the State's Age Strong Plan progress reports.

#### 4. Advance a Focused City Policy Agenda

- **Review of City Human Resource policies.** Accommodation for employees of the city who are family caregivers. Report to the Aging Council with recommendations and a timeline for what modifications and enhancements can flexibly meet the needs of the city and the employee.
- **Expand investment in digital literacy resources specific to the needs of older community members.** Include alternatives that are culturally appropriate and translated into a variety of languages. This work can be coordinated through the City Departments and other partners.
- **Increase opportunities for Home Share programming** in Burlington.
- **Direct DPW and BPRW to coordinate planning efforts put in place supportive physical amenities** to make Burlington a year-round accessible active city providing opportunity for activity in support of health in line with the WHO's Active Aging Policy Framework.
- **Require all new construction to adhere to Universal Design Standards.**
- **Update PlanBTV: Burlington's Comprehensive Plan (2019)** with a focus explicitly including the growing older population. Require PlanBTV to incorporate a comprehensive strategy to prioritize the needs of older adults in elements of community design.
- **Build a Policy/Program/Resource Framework to address the specific needs of older adults** in the event of another emergency (e.g., pandemic) and to meet the challenge of the ongoing climate emergency as it specifically impacts older adults.
- **Assess the status and future need for staffing and funding of efforts needed to expand age friendly infrastructure** and design efforts across all city departments.

#### 5. Direct City Departments to Advance or Expand Programming for Older Adults

- **Evaluate and provide additional funding to continue and expand the CEDO/Age Well pilot** to train / develop PCAs to increase workforce for in home supports/Personal and Home Health Aides to increase this critical and skilled workforce providing services in home and institutional settings.
- **City departments that make use of national service programs (e.g., AmeriCorps) will also make use of national service programs for older adults** (e.g., AmeriCorps Senior). These programs can also fulfill some of the functions required to support the future work of the Council.
- **Provide incentives to fill the gaps with volunteer and assisted ride programs.**
- **Expand the 50+ Programming of Burlington Parks, Recreation, and Waterfront Department** to ensure that all older adults can access a variety of affordable opportunities for exercise within an inclusive environment. Align planning with the state's comprehensive physical activity plan and provide evidence-based physical activity and strength training programs to promote positive health outcomes.
- **Build on the success of the CORE Adult Center (run by Burlington Parks, Recreation, and Waterfront Department)** and engage partners to support the development of a part-time care facility in Burlington to assist older adults with higher intensity care needs (Adult daycare) and provide respite to family caregivers.
- **Expand funding for and promotion of the Housing Access Modifications** program at CEDO.

---

## 6. Support a Robust Outreach and Engagement Process

- **Allocate funding to support the education of the BIPOC and New American advocates and associations on family caregiving practices and supports.** Develop multilingual resources for Burlington residents, and support training and education for service providers to better understand and support the variety of cultures of caregiving in our community.
- **Fund a Marketing Campaign to highlight older worker experiences** and employer success stories and narratives.
- **Work with GMT to increase usage of public transportation**, with special attention to the needs of older adults.
- **Conduct a comprehensive Needs Assessment, with targeted emphasis on understanding the needs of the older adults, including BIPOC and New American communities**, addressing technology access, affordability, and supports focused on infrastructure, capabilities, training/education, path to 6G.

## 7. Support New and Existing Partnerships

- **Work with GMT, DPW, and other relevant agencies on processes and funding needed** to support a standardized bus stop amenity plan that addresses winter maintenance. Apply a similar process to handicapped parking spaces.
- **Direct City Departments, such as the Police Department to pursue partnerships with community organizations (e.g., UVMHC Emergency Department, Chittenden Housing Alliance, CVOEO)** to identify older individuals at risk of experiencing homelessness (or experiencing homelessness) so that they can more effectively connected with resources.
- **Collaborate with and include diverse social and cultural groups to ensure inclusion of all older residents** in a concerted effort to increase usage of public transportation, with special attention to the needs of older adults, and support GMT staffing and resource needs to accomplish this.
- **Work with GMT to ensure that the fare structure is transparent and understandable** to riders, and that it considers the needs of older riders in terms of access, comfort, and AFFORDABILITY.
- **Build a Technology for Connection Initiative for older adults, based on a community needs assessment.** Identify and secure funding for technology infrastructure and access. Collaborate with partner groups (e.g., [Technology for Tomorrow](#)) to expand and standardize the use of in-home technology to help older adults age in place.
- **Promote the newly adopted BTV Neighborhood Code to increase opportunities for middle housing** with an emphasis on accessibility and affordability for older adults.
- **Increase collaboration between city departments (e.g., Fletcher Free Library and Parks and Recreation) to collaborate with community partners** to expand the accessibility to and participation in volunteer programs, especially those that offer additional support and assistance to help older adults stay in their homes. Provide focus on outreach to local BIPOC, New American, LGBTQ+, and other groups to promote volunteer information and opportunities within these groups.
- **Support the expansion of existing Burlington programs that work to connect housing, health care, and social supports for aging residents**, with an emphasis on broadening the provision of diverse types of housing options/situations depending on level of independence.
- **Expand the supply of affordable age-specific housing options.** Work with housing organizations to increase affordable and accessible assisted living opportunities. Collaborate with developers and partners to create opportunities to provide affordable dementia-focused housing.

## AGE STRONG BURLINGTON: Vision of an Age-Friendly City

**Burlington Aging Council Mission:** To understand the opportunities and challenges facing all older community members, and to recommend policies and programs that respect and empower all older Burlington community members, to ensure and expand their quality of life.

On April 26, 2021, the City Council [formally created the Burlington Aging Council](#), and on May 2<sup>nd</sup> the Mayor signed the resolution, with the purpose of:

- elevating the contributions of older adults in Burlington;
- raising issues facing older adults in Burlington and the organizations that serve them;
- making policy recommendations to the Mayor and City Council to address gaps, needs, and opportunities that impact older adults in Burlington;
- ensuring that the voices of older adults in Burlington are at the forefront of City policy; and
- creating and maintaining a “Burlington Plan on Aging,” a guiding template for policy and initiatives.

The Burlington Aging Council built a **plan of action** for the City around five core areas.

### Age Strong Burlington Goals

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

**Family Caregiver Support:** Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions are respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient.

**Financial Security:** Older Residents will receive an adequate income and maintain assets for a reasonable quality of life as they age. They can seek and maintain employment without fear of discrimination and with any needed accommodations. Mechanisms are in place to protect from consumer and financial fraud. Older Residents can retire after a lifetime of work, if they so choose, without fear of poverty and isolation.

**Housing, Transportation, and Community Design:** Burlington is designed, zoned, and built to support the health, safety, and independence of older residents, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.

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

Finally, the Burlington Aging Council acknowledges that an Age Strong Burlington will balance offering and enhancing self-determination and self-actualization with an infrastructure for safety and protection.

- **Self Determination** will be at the core of a coordinated and efficient system of opportunity. Older residents bring years of experience, wisdom, and energy to their lives and communities. They are an asset to the community and pathways to afford them opportunity to contribute to the social, civic, and economic fabric of the community should be enhanced, and they should be actively engaged as workers, volunteers, and leaders.
- **Safety and Protection** will be at the heart of a coordinated, efficient, and self-evident system of services. Older residents can benefit from a system of services, support, and protections, that is coordinated, equitable, and efficient, promoting choice, flexibility, and creativity. The system should be easy for individuals and families to access and navigate, including as it relates to the major transitions of care.

# Burlington Aging Council

Burlingtonians should be able to direct their own lives as they age so that aging is not something that merely happens to them but a process in which they actively participate.

Mission: To understand the opportunities and challenges facing all older community members, and to recommend policies and programs that respect and empower all older Burlington community members, to ensure and expand their quality of life.

Whatever services, supports, and protections are offered, older residents in Burlington deserve dignity and respect and must be at the core of all decisions affecting their lives.

## Self-Determination

## Safety and Protection

**Coordinated and Efficient System of Opportunity:** Older residents bring years of experience, wisdom, and energy to their lives and communities. They are an asset to the community and pathways to afford them opportunity to contribute to the social, civic, and economic fabric of the community should be enhanced, and they should be actively engaged as workers, volunteers, and leaders.

**Coordinated and Efficient System of Services:** Older residents can benefit from a system of services, supports, and protections, that is coordinated, equitable, and efficient, promoting choice, flexibility, and creativity. The system should be easy for individual and families to access and navigate, including as it relates to the major transitions of care.

**Financial Security**  
Older Residents should be able to receive an adequate income and maintain assets for a reasonable quality of life as they age. They should be able to seek and maintain employment without fear of discrimination and with any needed accommodations. Mechanisms should be in place to protect from consumer and financial fraud. Older Residents should also be able to retire after a lifetime of work, if they so choose, without fear of poverty and isolation.

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

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

**Housing, Transportation, and Community Design**  
Burlington should be designed, zoned, and built to support the health, safety, and independence of older residents, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.

**Family Caregiver Support**  
Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions should be respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient.

# A Report on Increasing Burlington Housing Trust Fund Annual Revenue

Prepared by the Community & Economic Development Office

*May 15, 2025*

DRAFT

## Introduction

The Burlington Housing Trust Fund (BHTF) provides grants and loans for the promotion, retention, and creation of long-term affordable housing within the city. Funds support the creation and rehabilitation of homes for households with limited financial resources, and the capacity of non-profit organizations who create or preserve affordable housing.

On February 10, 2025 the City Council of the City of Burlington adopted a resolution requesting the Community & Economic Development Office (CEDO), in collaboration with the City's Chief Administrative Officer, Assessor's Office, and other city staff identify ways in which the money dedicated to the Burlington Housing Trust Fund could increase by at least \$1 million annually.

## History and Purpose

The Burlington Housing Trust Fund (BHTF) was established for the promotion, retention, and creation of long-term affordable housing for very low, low, and moderate income households. BHTF funds may be used for the retention or creation of affordable housing (project funding) or to support the operations of non-profit organizations who are creating or preserving affordable housing (capacity funding).

On June 27, 1988, the Burlington City Council approved an ordinance (Chapter 18 Article VI in the City of Burlington's Code of Ordinances) creating the BHTF. The idea of a Housing Trust Fund had initially been proposed, four years prior, by the City's Community & Economic Development Office (CEDO). The BHTF made its first disbursement in November of 1989. A full history of the inception of the Burlington Housing Trust Fund is captured in a 2020 report entitled [Ten-Year Report for the Burlington Housing Trust Fund](#).

Non-profit corporations, municipal corporations, limited equity housing cooperatives, for-profit corporations, partnerships, and individuals are eligible to apply for project funding.

Capacity grants are made for the staffing, training, planning, fundraising, and ongoing operations of non-profit organizations creating or preserving housing for very low, low, and moderate-income households.

At least 50% of BHTF funds is expended on affordable housing projects – the creation of new affordable housing, restoration of existing affordable housing or the transformation of existing market-rate housing to affordable housing. Up to 35% of funds can be distributed as capacity grants to nonprofits who are creating or preserving affordable housing. Up to 15% of the funds can be expended on the City's Community & Economic Development Office's (CEDO) operation of the trust fund and activities within CEDO that directly benefit the housing needs of households with very low and low incomes.

The majority of BHTF funding has assisted the City's nonprofit housing organizations in building affordable housing.

The Burlington Housing Trust Fund is a restricted municipal account, established outside of the general budget. Created to provide grants and loans for the preservation and development of low-income housing, any assets it receives do not revert to the General Fund at the end of the fiscal year. In cities across the country, housing trust funds are administered either by an established city agency or by an independent board of trustees.

Funding for a housing trust fund can come through dedicated income streams, such as repayments of loans, property taxes, or property transfer taxes; impact fees; sale of city property, the sale of height or density bonuses, and payments in lieu of actual production of housing units through linkage programs; inclusionary zoning; or demolition/replacement programs. Details on how the Burlington Housing Trust Fund is funded are provided below.

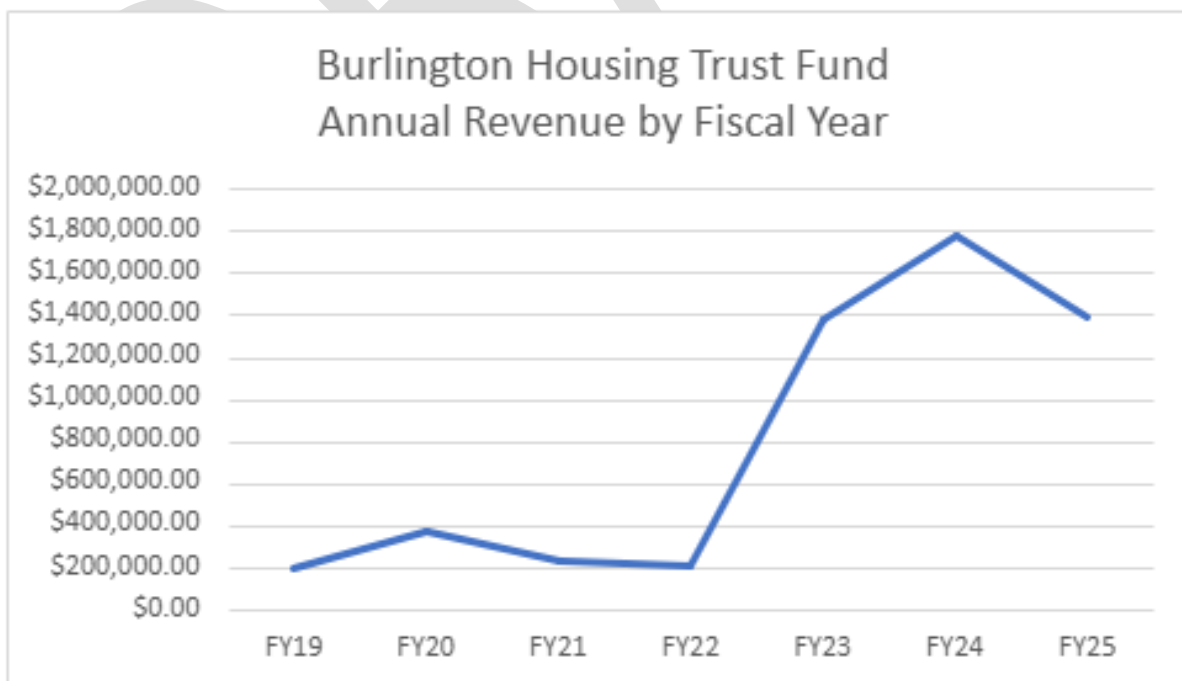
## Sources of Funding

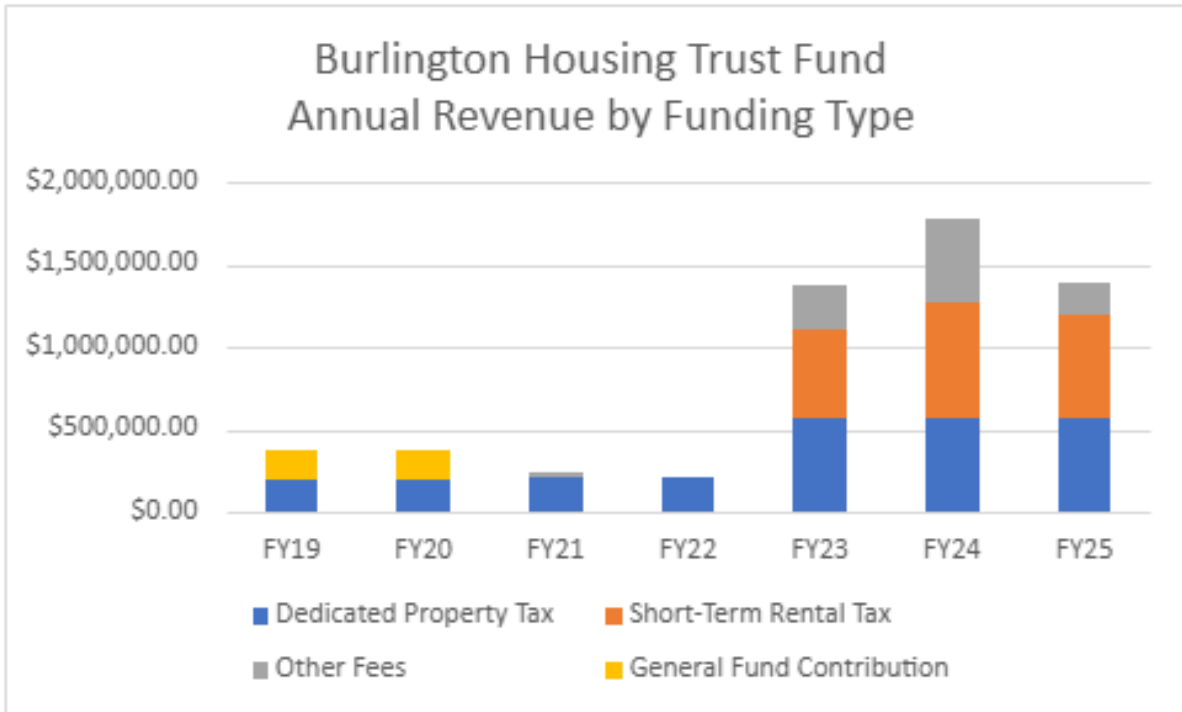
The Burlington Housing Trust Fund is a special revenue account that is separate from the City’s general account. Revenue is generated through a dedicated property tax of one cent per hundred dollars (\$.01 per \$100.00) of assessed property value, Inclusionary Zoning payment in-lieu for projects that opt to pay a one-time fee to meet requirements rather than including affordable units in a project, a dedicated tax on short-term rental properties, some impact fees, fees charged for the conversion of rental properties to condominiums, donations, and any other revenues that may be specifically dedicated to the Housing Trust Fund (this could come through an update to the City Charter, an ordinance, or by direction of the City Council).

The revenue for the Burlington Housing Trust Fund will vary annually – in the 2000s annual revenues rarely exceeded \$250,000. With the implementation of the short-term rental tax and a significant number of payments-in-lieu from the inclusionary zoning ordinance, BHTF annual revenue has exceeded \$1,000,000 in recent years.

Burlington Housing Trust Fund FY25 Revenue	
Funding Source	FY25 Revenue
Dedicated Tax	\$563,316
Short-Term Rental Tax*	\$640,000
Inclusionary Zoning Payment-in-lieu	\$140,000
Conversion of rental property to ownership	\$48,400
Replacement Housing Fee	\$1,186
<b>Total Anticipated 2025 Revenue</b>	<b>\$1,392,902.23</b>

*\*Estimate based on revenue to date*





## Funding Prioritization

Funding prioritization is determined by the BHTF ordinance. As noted above funds *must* be expended on affordable housing projects making this the priority for the funding; funds may also be expended on capacity grants for local non-profits and CEDO’s work administering the funds and activities that directly benefit the housing needs of households with very low and low incomes. Project funding for the acquisition, construction, rehabilitation and/or financing of housing units is prioritized by projects that guarantee:

1. Perpetual affordability of units for very low, low, or moderate income households
2. A term of affordability for very low, low, or moderate income households between ten to forty years with the eventual recapture and return of funds to BHTF.

## Grants and Awards

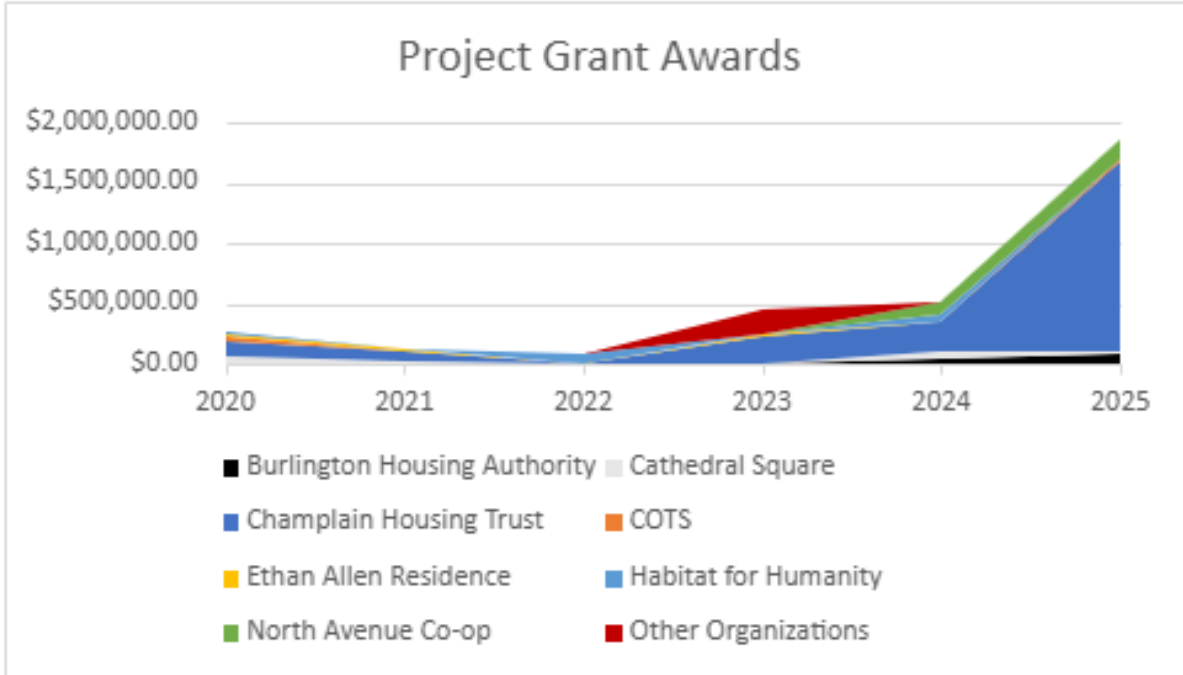
By ordinance, BHTF funding decisions are made through the Housing Trust Fund Administrative Committee. This committee is composed of the Chair of the Community Development and Neighborhood Revitalization (CDNR) Committee, CEDO Director, and an appointee of the mayor; the CEDO Director also serves as the Housing Trust Fund Manager.

CEDO solicits applications for the BHTF awards through an annual request for proposals that is usually posted in the fall and sent via email to previous applicants, community partners, and anyone who has indicated interest in the funding.

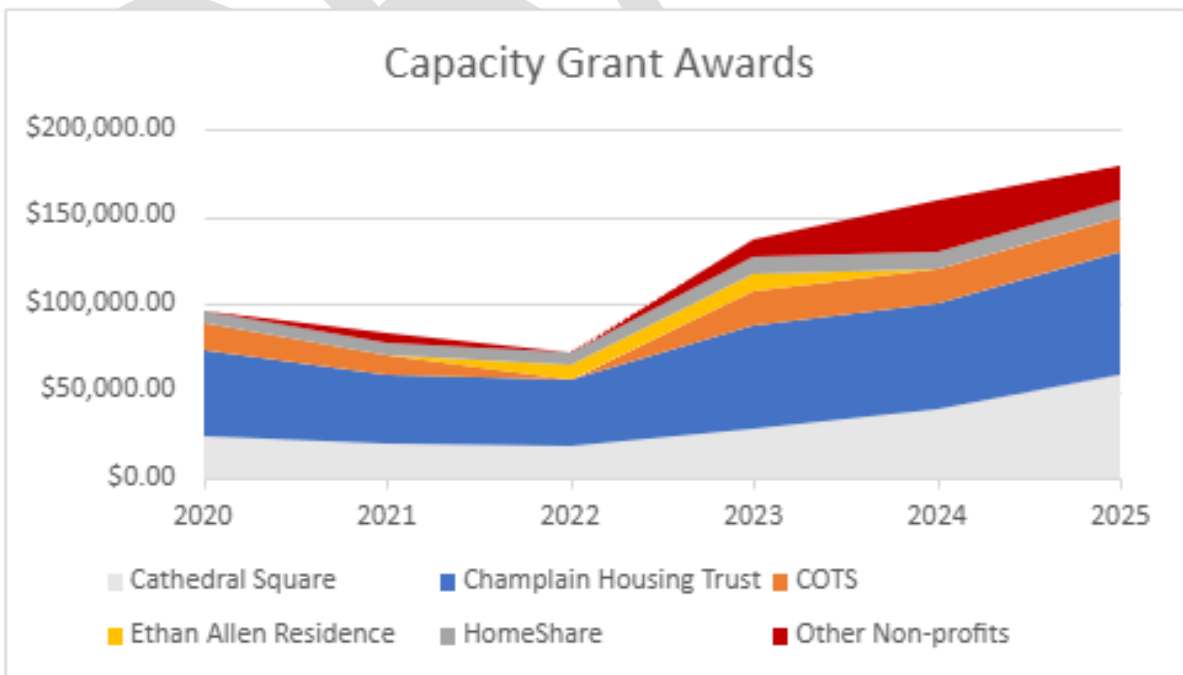
Applications are collected and scored using a matrix developed by the administrative committee that includes prioritizations from the ordinance. Committee members review applications and scoring matrices and meet at a public meeting held at City Hall and online. Applicants are encouraged to join the meeting to answer questions from committee members and/or elaborate on their projects.

Awards may be granted at requested funding levels or decreased depending on fund availability and the prioritization process.

Project applications have ranged from several thousand dollars to assist with repairs to existing units to more than \$1 million to support a large multi-unit building in the City.



Capacity grants are prioritized to organizations that are engaged in the construction of new affordable housing. Capacity grants for programs or organizations not engaged in the construction of new housing is currently limited to \$10,000 per year.

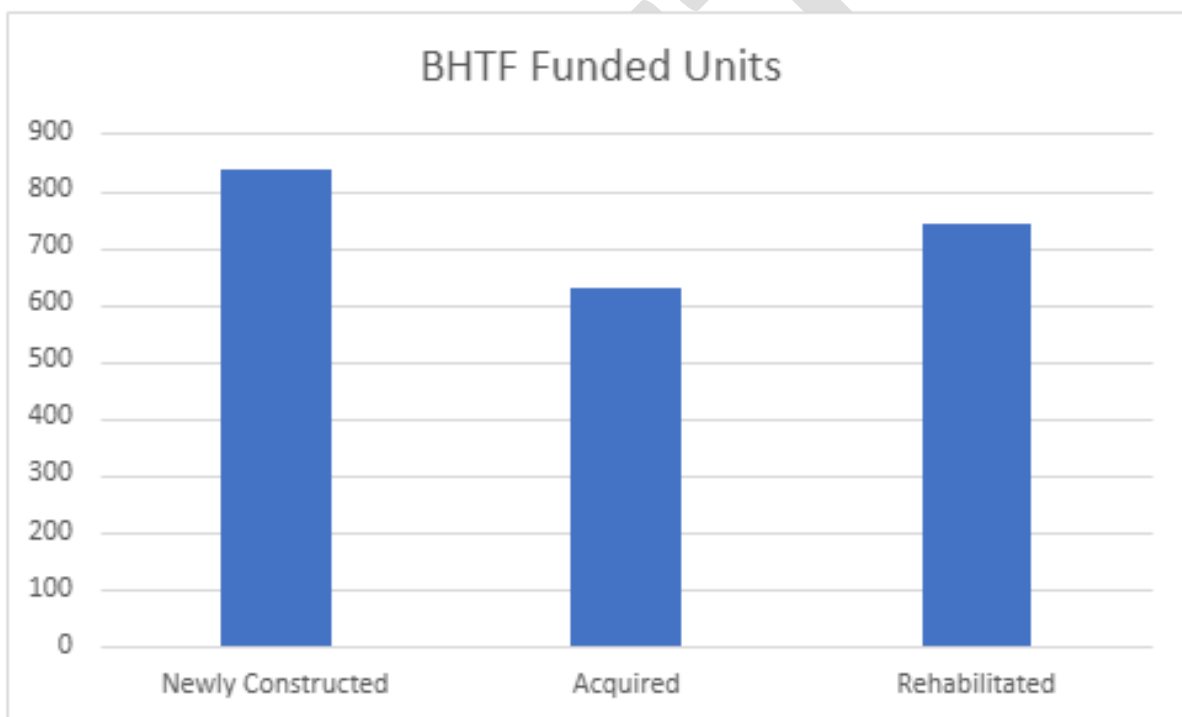


## Impact

Since its creation in 1989, the Burlington Housing Trust Fund has provided financial assistance to **more than 2200 units**. This means that one out of every ten housing units in Burlington has been supported by the BHTF



Burlington Housing Trust Fund monies have been awarded to a variety of non-profit and affordable housing developers within the City. The majority of project funds have supported the construction of new units (838 units); BHTF grants have also created affordable units through the acquisition of market rate or at-risk units within the City (630 units) and BHTF has funded the rehabilitation of 743 units in Burlington.



In the last 30 years BHTF has supported a variety of housing projects throughout the city. A small sample of the projects supported by the BHTF includes:

Transitioning Northgate Apartments to an affordable resident-owned rental housing community (ensuring the units were not sold as condominiums market-rate prices)



Supporting the creation of 11 Green Mountain Habitat for Humanity homes in Burlington



Providing funding for large multi-unit buildings such as the project currently under construction on South Winooski Avenue at the former VFW site



## Limitations and Concerns

Despite the demonstrated value and benefits to the community of the BHTF, there are concerns about its future and the future of affordable housing development in Burlington. In particular, the future of federal funds, which many projects supported by the BHTF leverage, is uncertain and BHTF housing revenue is increasingly in flux.

At this time, many federal programs that provide financial assistance for affordable housing are at risk of elimination or significant cuts. Many projects supported by BHTF rely on federal funds to cover a large proportion of their costs. In the absence of these federal funds, the City would be unable to sustain the current pace of affordable housing development without significant replacement funding.

In terms of BHTF revenue specifically, two major sources – the short-term rental tax and the Inclusionary Zoning payment-in-lieu fee – are in flux. Since 2023 the City of Burlington has [collected taxes from short-term rentals and has only allowed short-term rentals in properties that are owner-occupied or have an affordable unit on site](#). Income from the short-term rental tax generated more than \$700,000 in housing trust fund revenue in fiscal year (FY) 2024 and is anticipated to generate around \$600,000 in FY2025 (total short-term rental tax collected in FY2024 was more than \$900,000 and \$800,000 is anticipated in FY2025; the remaining portion of the tax \*\*\*). Although it is difficult to predict future revenue, this source has trended downwards since the city started collecting the tax (averaging \$10,000 less a month in revenue for BHTF). If this trend continues, this would represent a substantial loss in BHTF revenue.

Another major source of BHTF revenue is the Inclusionary Zoning payment-in-lieu (PIL) fee. Developments subject to the Inclusionary Zoning ordinance, which requires the inclusion of affordable units in new construction, can opt to pay a fee – the PIL – instead of constructing the units. Currently, fees range from \$35,000 to \$85,000, depending on the total number of units constructed. These figures are out of line with market construction costs – recent affordable housing projects have had development costs of approximately \$500,000 per unit. An increase in the City’s payment-in-lieu fees is anticipated in the coming year. The impact this might have on BHTF revenue is uncertain. Although higher fees may result in increased BHTF revenue, it is also possible that developers would opt to construct the units, rather than to pay the higher fees. This would increase the number of Inclusionary Zoning units constructed in the city, but would reduce the revenue collected by the BHTF from PIL fees.

In summary, funding for affordable housing development in Burlington is increasingly uncertain. At the same time, the need for affordable housing is ever greater. Housing remains unaffordable to many residing in Burlington, and the rental and housing market is inaccessible to others who would like to live in the city. In 2023, 25% of Burlington households were cost-burdened, meaning they expend between 30-49% of their income on housing, and an additional 19% were severely cost-burdened, meaning they spend over 50% of their income on housing. Among renters, these figures rise to 31% and 24%, respectively (source: U.S. Census Bureau American Community Survey 5-year estimates). Among low-moderate income (LMI) renters (i.e., those earning below 80% of Area Median Income (AMI)), these numbers are starker: 48% of LMI renters are cost-burdened and 76% of renter households earning below 30% of AMI are cost-burdened or severely cost-burdened (source: 2013-2017 CHAS).

## Menu of HTF Revenue Options

Housing Trust Funds are found throughout the country at state, county and local levels. In preparing this report, data was gathered by reviewing information from the Housing Trust Fund Project (a national resource for Housing Trust Funds throughout the county), researching other housing trust funds and municipalities and discussions with local experts and advocates who have been championing and supporting Burlington’s Housing Trust Fund and other affordable housing initiatives. While there are many possibilities for increasing revenue and support for BHTF, this report highlights six specific options that best aligned with the committee’s directive. These options create new revenue through progressive-taxation or tourists visiting the city and are revenue neutral on their impact to property taxpayers.

Option	Steps to Implement	Potential Revenue	Other Notes
Property transfer tax	<ol style="list-style-type: none"> <li>1. City Council resolution for question on ballot</li> <li>2. Approval from voters</li> <li>3. State legislative approval</li> <li>4. Gubernatorial approval</li> </ol>	\$1 million + annually	Would create a Consistent revenue stream based on sales of properties within City
Transfer previously exempt municipal property tax to HTF when no longer exempt	<ol style="list-style-type: none"> <li>1. City Council ordinance</li> </ol>	\$1.5 million + annually	Minimal impact on current property tax system. Methodology for tracking would be developed by CEDO and Tax Assessors office.
Increase the creation of new units for short-term rental	<ol style="list-style-type: none"> <li>1. City Council resolution</li> </ol>	\$250,000 annually (STR increased 50%)	Creates additional housing units Time-limited
Interest from unexpended BHTF collected and reinvested in BHTF	<ol style="list-style-type: none"> <li>1. City Council resolution</li> </ol>	<i>TBD – likely thousands (not \$1 million)</i>	Still determining potential revenue and value.
Higher tax-rate for non-homestead residential properties	<i>Requires changes to the state’s property classification system</i>	<i>TBD – depends on the rate charged</i>	The state is exploring classification system changes, but this would not be implantable at this time.
City income tax on individuals	<i>Requires changes to state law</i>	<i>TBD – depends on the rate charged</i>	Not possible at this time

### Initiate a local property transfer tax

A property transfer tax is a tax on the transfer of title to real property. The State of Vermont has a property transfer tax that is variable among principal and non-principal residences. The state property transfer tax includes a special tax rate (and clean water surcharge exemption) for the first \$200,000 of value paid for a principal residence. A large proportion of the state property transfer tax is allocated to Vermont Housing and Conservation Board, which supports affordable housing development statewide.

To initiate a local property transfer tax, the City of Burlington City Council would adopt a resolution adding the question to the ballot for voters. If the voters supported the transfer tax it would then go to state legislators for approval and would also require gubernatorial sign-off.

Based on 2024 property sales a City Property Transfer Tax of 1.5% on sold property values above \$500,000 would result in \$1,000,000 in revenue. The median sale price for single-family homes in Burlington in the last 16 months (1/1/24 - 4/30/25) was \$499,000. See below options for the implementation of a local property transfer tax:

#### #1 Flat Rate Property Transfer Tax

Based on 2024 property sales, the charts below show the revenue for a marginal property transfer tax at 1% or 1.5%. The tax percentage stays consistent for all sale prices AND the tax only applies to the portion of the property sale above the marginal tax value.

Tax Percentage	Marginal Tax Above	City Revenue
1%	\$300,000	\$1.3 Million
1%	\$500,000	\$770,300
1%	\$550,000	\$684,300

Tax Percentage	Marginal Tax Above	City Revenue
1.5%	\$300,000	\$1.9 Million
1.5%	\$500,000	\$1.2 Million
1.5%	\$550,000	\$1 Million

#### #2 Modified Progressive Property Transfer Tax

The charts below show the revenue for a tax rate that increases based on the sale price of the property, the revenue that would have been generated for the city based on the values of properties sold in recent years, and the proposed tax expense per property by sales price.

Tax Percentage	Sale Amount
0%	<\$200,000
.5%	\$200,001-\$500,000
1.5%	>\$500,000

Sales Year	City Revenue
2022	\$1.69 million
2023	\$1.37 million
2024	\$1.74 million

Property Value	Proposed Tax
\$250,000	\$250
\$500,000	\$1,500
\$750,000	\$5,250

#### #3 Progressive tax rate at 50% of State Property Transfer Tax

Transfer Tax Percentage	Sale Amount
0%	<\$200,000
.5%	\$200,001-\$400,000
1%	\$400,001-\$600,000
1.5%	\$600,001-\$800,000
2%	>\$800,000

Revenue generated:

Year	City Revenue
2022	\$1.91 million
2023	\$1.57 million
2024	\$2.04 million

Tax Burden by Property Value:

Value	Proposed Transfer Tax
\$250,000	\$250
\$500,000	\$2,000
\$750,000	\$5,250
\$1,000,000	\$10,000

## Property Taxes for Formerly Exempt Properties Given to Housing Trust Fund

Within the City of Burlington are multiple properties that are eligible for property tax exemption. In some jurisdictions, the net new revenue from tax-exempt properties converting to a taxable use is dedicated to the Housing Trust Fund. The rationale is that these new revenues are a “windfall” that were not assumed to be part of the municipal budget and so therefore can be allocated to a Housing Trust Fund. Below is a table of properties that currently have tax-exempt status and the possible new tax revenue generated if these properties were changed to multi-unit residential properties. Most of these properties are within the [Downtown Tax Increment Financing district](#) so the income generated by these properties would be available for Fiscal Year 2036 and beyond. These calculations are based on:

1. Properties that are exempt, but are currently for sale or exploring uses that would be taxable
2. The number of potential units at a property
3. An average value of \$400,000 per new unit (based on current assessed values of a single unit)
4. Multiplied by \$4,248.44 – an average per-unit tax rate from four large multi-unit properties constructed in Burlington in the last fifteen years.

Potential Properties	Potential Units	Expected value (calculated at \$400,000/unit)	Possible New Municipal Tax Revenue	End of TIF
176 South Winooski	38	\$15,200,000.00	\$56,504.22	6/30/35
266 College St.	79	\$31,600,000.00	\$117,469.31	6/30/35
108 Cherry St.	200	\$80,000,000.00	\$297,390.65	6/30/35
20 Pine St.	250	\$100,000,000.00	\$371,738.31	6/30/35
2 Cherry St.	100	\$40,000,000.00	\$148,695.33	6/30/35
St. Mark's	200	\$80,000,000.00	\$297,390.65	n/a
Memorial Auditorium	300	\$120,000,000.00	\$446,085.98	6/30/35

**Total: \$1,735,274.44**

## Short-term Rental Creation

Burlington needs more housing. While several large-scale multi-unit projects are underway and in the planning stages smaller scale development (10-units or less) is limited. Despite recent changes to zoning that allows for multiple units on all properties and multiple freestanding structures very few projects have come into fruition. An option for creating additional units in the city and increasing BHTF revenue could be a time-limited exemption to components of the short-term rental ordinance for **newly created housing only**. Specifically placing a time-limited exemption to the owner-occupancy requirements for newly created housing to allow a proportion (1-unit or 20%, whichever is greater) of new housing units to be rented as short-term rentals for a finite period of time (perhaps 5, 10 or 15 years). It is difficult to know how much funds could be generated by this exemption, but a 50% increase in the number of short-term-rentals within the city would generate an additional \$250,000 a year

## Add the interest generated by unexpended BHTF monies into BHTF

On any given day BHTF has a balance of funds from newly received revenues and committed, but not yet disbursed, awards. While some projects request grant funds quickly, it is common for larger renovation or development projects to take several years before completion and funds to be fully drawn down

(although the projects cannot start and receive their main funding without the guarantee of BHTF and other funds).

While generated interest would not create the requested \$1 Million annually, it may generate thousands or tens of thousands of dollars in interest. An approximation of potential interest income is in-process.

### Higher Tax Rate on Non-Homestead Residential Properties

A future possibility for increasing BHTF revenue is a higher tax rate for non-homestead residential properties in the city – this would include second homes, vacation homes, homes occupied seasonally, etc. Vermont’s current property tax system only has two categories – primary residence and non-homestead everything else. The state is exploring more categories and this could allow the city to tax non-homestead residential properties at a higher rate.

### Local income Tax

Another future possibility for increasing BHTF revenue is a local income tax. This is currently not an option in Vermont, but several locales utilize income tax to support funding for their affordable housing and support services. In 2020 the city of Portland Oregon started taxing personal income above \$125,000 at 1% (\$200,000 for a couple) and also collects a 1% business income tax on net income for businesses with gross receipts above \$5 million. In Seattle Washington voters approved a 5% tax in 2023 for any Seattle-based employee with annual compensation exceeding \$1 million.



## COMMUNITY & ECONOMIC DEVELOPMENT OFFICE

149 CHURCH STREET • ROOM 32 • CITY HALL • BURLINGTON, VT 05401  
(802) 865-7144 • (802) 865-7024 (FAX)  
[www.burlingtonvt.gov/cedo](http://www.burlingtonvt.gov/cedo)

TO: City Council Community Development & Neighborhood Revitalization Committee

FROM: Brian Pine, CEDO Director  
Rebeka Lawrence-Gomez, Housing Programs Manager

DATE: May 19, 2025

RE: Report on Increasing Burlington Housing Trust Fund Annual Revenue

This memo is intended as a preface to the above-captioned report prepared by CEDO.

On February 10, 2025, the City Council adopted a resolution tasking the Community & Economic Development Office (CEDO), in collaboration with the City's Chief Administrative Officer, Assessor's Office, and other city staff, to identify pathways to increase the money dedicated to the Burlington Housing Trust Fund by at least \$1 million annually.

While Burlington has pioneered the use of a Housing Trust Fund at the local level for perpetually affordable housing since 1990, HTFs are found throughout the country at state, county and local levels. In preparing this report, data was gathered by reviewing information from the Housing Trust Fund Project (a national resource for Housing Trust Funds throughout the county), researching other housing trust funds and municipalities, and discussions with local experts and advocates who have been championing and supporting Burlington's Housing Trust Fund and other affordable housing initiatives.

While there are many possibilities for increasing revenue and support for BHTF, this report highlights six options that we believe are best aligned with the directive of the Council Resolution. The options offered in this report are intended to offer potential pathways to increase the BHTF by \$1M, but we are not making recommendations about the advisability and suitability for each option. Once the Council decides which options to pursue, the CEDO team will assist in taking a deeper dive in the process of bringing forward the preferred option(s).

The Council resolution called for offering a variety of pathways to increase BHTF revenue guided by the following policy objectives:

- Generate new revenue only through progressive-taxation, meaning that those residents and businesses with the highest incomes and largest amount of wealth pay more than Burlington's working and middle class; and
- Revenue may also be generated from tourists visiting our city; and

- Be revenue-neutral in relation to their impact on property taxpayers.

The six options that are discussed in the attached report form the basis of ways to enhance the BHTF revenue in a manner that is consistent with the above-referenced goals of the Council resolution. The report focuses on the following options:

1. Property transfer tax
2. Transfer net new revenue when a tax-exempt property is converted to a taxable use
3. Increase the creation of new units for short-term rental as a means of generating new HTF revenue
4. Dedicate the interest income earned on BHTF funds back into the BHTF
5. Higher tax-rate for non-homestead residential properties
6. Levy taxes from businesses for individual compensation of more than \$1M

For 35 years the Burlington Housing Trust Fund has supported the creation, retention and rehabilitation of affordable homes in the city. One in ten Burlington homes have benefited from this resource. New revenue sources have multiplied the BHTF in recent years increasing its impact and benefits to the community. Exploring options to expand BHTF offers additional resources to leverage other public and private funding so badly needed to advance the City's ongoing commitment to affordable housing.

**Evaluation of Safe Syringe Programs and the Impact of Syringe Litter  
in Burlington, Vermont**

Report to the Burlington City Council by the Burlington Board of Health

*Celia Bird, FNP, MS, Chair*

*Bianka Cimrin, MS*

*Judy Rivers, RN, M.Ed.*

*Jane Seymour, PhD, MPH*

*Jennifer Tomczak, MPH*

April 2025

*Executive summary*

In October 2024, the Burlington, Vermont, City Council passed a resolution titled “Evaluation and Improvement of Syringe Exchange Programs, Syringe Litter, and the Environmental Impact of Syringe Disposal in Burlington.” This resolution tasked the Board of Health with evaluating syringe exchange programs (SSPs) and assessing the impact of syringe litter in the City of Burlington.

In response, the Board has prepared the following report, which we organized into seven sections:

1. Introduction
2. Evidence about the safety and effectiveness of SSPs
3. Current SSP offerings in Burlington and syringe litter challenges
4. Examples of syringe litter mitigation efforts in other cities
5. Recommendations to address syringe litter in Burlington
6. Staffing recommended programs and systems
7. Conclusion

## *1. Introduction*

Safe syringe disposal is a critical issue for the City, and addressing this challenge requires a sustained and collaborative approach. In 2014, City Council tasked the Board to provide recommendations on syringe disposal, resulting in four key recommendations:

1. Strengthen the partnership with the Howard Center's Safe Recovery Program.
2. Install publicly accessible syringe collection boxes, including small wall-mounted units and larger disposal bins.
3. Implement an outreach and education campaign focused on proper needle disposal practices.
4. Engage local businesses in collaborative syringe collection efforts.

In turn, the City implemented some changes, however syringe litter remains a persistent concern. Therefore, in late 2024, the Burlington, Vermont, City Council ("City Council") passed a resolution titled "Evaluation and Improvement of Syringe Exchange Programs, Syringe Litter, and the Environmental Impact of Syringe Disposal in Burlington." This resolution tasked the Board of Health ("the Board") with evaluating syringe exchange programs ("safe syringe programs" or "SSPs") and assessing the impact of syringe litter in the City of Burlington. The following report is the result of this effort, and presents the Board's findings and recommendations.

## *2. Evidence about the safety and effectiveness of SSPs*

It is well documented that the opioid epidemic and resulting substance use disorder is a threat to individual and public health and wellbeing. Therefore, providing effective, accessible treatment and harm reduction for those living with substance use disorder benefits both those individuals and the broader public health. The scientific literature is clear that SSPs are an effective harm reduction tool to mitigate the effects of substance use.

By providing clean syringes, SSPs prevent syringe reuse, including syringe sharing.<sup>1,2</sup> Given that sharing syringes is associated with the transmission of blood-borne pathogens, including hepatitis B and C and HIV, SSPs decrease those risks. In other words, given that some people with opioid use disorder will reuse syringes, providing clean syringes and supplies reduces the risk of doing so.<sup>3-6</sup> For example, one study indicated that SSPs are associated with 50% reductions in HIV and hepatitis C infection incidence among clients compared with non-clients.<sup>7</sup> Additionally, by substantially averting infection and disease, these programs are highly cost-effective<sup>8</sup> – the estimated one-year return on investment of SSPs in Philadelphia and Baltimore due to averted HIV diagnosis between 1993 and 2002 was \$243.4 million and \$62.4 million, respectively.<sup>9</sup>

Additionally, research shows that SSPs are associated with increases in safe syringe disposal.<sup>10,11</sup> While SSPs decrease syringe litter, data also clearly shows syringe litter poses little public health risk. To date, there are no known cases of HIV transmission due to syringe litter needlesticks and only exceedingly rare cases of hepatitis B and C transmission from such needlesticks.<sup>12</sup> This is due to both safe-disposal practices and comprehensive post-exposure prophylaxis protocols. While uncommon, exposure does carry the potential for transmission. For example, the hepatitis C virus can remain viable in syringes for several days or even weeks, depending on the syringe

type and storage conditions.<sup>13</sup> Importantly, children are at a higher risk of coming into contact with discarded needles, perhaps due to curiosity combined with not knowing the dangers of syringe litter; in one study, among children who had a needle stick, the majority (64.6%) deliberately picked up the needle.<sup>14</sup>

Research refutes concerns that SSPs encourage substance use by providing safe syringes. In fact, SSPs offer a variety of supportive harm reduction services and in doing so, build trusting relationships with clients. These programs provide clients with crucial links to other supportive services, including treatment services. As a result, research shows that SSPs are a crucial linkage to care to help those living with substance use disorder access and maintain treatment. One study found SSPs were associated with reductions in injection frequency, increases in stopping injecting, and increases in remaining in treatment.<sup>15</sup> Other studies similarly show that SSPs play an important role in connecting clients with treatment services and those who use SSP services are more likely to connect with treatment than those who do not.<sup>16,17</sup> Similarly, concerns that SSPs promote criminality and violence are not supported by science.<sup>18,19</sup>

The scientific literature is conclusive: the benefits of providing those living with substance use disorders with harm reduction supplies and services through SSPs not only serve their individual health but also preserves public health. The success of SSPs is significantly influenced by their design (e.g., availability of educational resources, outreach to those who use substances), the scope of services offered (e.g., medical care such as wound care, vaccination, mental health support), and the extent to which they address the social determinants of health. A comprehensive approach that integrates these elements enhances the effectiveness of SSPs in reducing harm and promoting public health.<sup>20</sup>

### *3. Current SSP offerings in Burlington and syringe litter challenges*

Like many other cities across the United States, Burlington faces challenges related to the ongoing, deepening opioid epidemic. A cadre of services are present in the City to address the public and individual health needs associated with substance use disorder. SSP programs design services to support the safety and well-being of individuals who use substances, their families and friends, and the broader Burlington community.

#### *3.1. SSPs in Burlington*

In Burlington, there are two SSPs, Howard Center Safe Recovery located at 45 Clarke Street and Vermont Cares located at 139 Bank Street. In addition to providing clean, safe syringes to clients, the programs offer other harm reduction supplies and services, including free naloxone, HIV and hepatitis C testing, fentanyl and xylazine testing strips and a legal clinic. Both are drop-in based and open to all with consistent hours.

Importantly, both programs encourage syringe users to responsibly dispose of used syringes. According to program staff, although the program dispenses more syringes than it collects, most clients dispose of their needles appropriately and encourage others to do so. In fact, although both SSPs accept used syringes for disposal, they also educate clients about safe syringe disposal. They also encourage clients to safely dispose of used syringes as soon as possible rather than waiting to return them to the SSP, which helps reduce the potential for reuse, sharing,

and/or needle sticks. Additionally, all SSPs track the numbers of encounters, syringes distributed, syringes collected, referrals made, Narcan distributed, and overdoses reversed.

In addition to the two SSPs, there are other resources to support Burlingtonians living with substance use disorder and their families, including the Johnson Health Center at 117 Bank Street, Pathways Vermont Community Center at 279 North Winooski Avenue, and the Turning Point Center at 179 South Winooski Avenue. All these sites collect and safely dispose of syringes, provide other harm reduction items, and count how many syringes clients return for disposal.

### 3.2. Challenges related to syringe litter

Despite the existing infrastructure for safe disposal, syringe litter remains an issue in Burlington. In each of the last three years, users submitted eight hundred or more syringe litter reports to SeeClickFix, the system the City uses to identify public needs (see Table 1). Since not all syringe litter is reported through SeeClickFix (e.g., some syringe litter is disposed of by residents without report), these figures represent a fraction of all syringe litter in the City.

<i>Year</i>	<i>Number of syringe litter reports</i>
2022	789
2023	991
2024	899

Table 1. Number of syringe litter reports to SeeClickFix by year. Source: [https://city-of-burlington-vt-open-data-burlingtonvt.hub.arcgis.com/datasets/06eb0ced389841b290e8f27ee89c5565\\_0/about](https://city-of-burlington-vt-open-data-burlingtonvt.hub.arcgis.com/datasets/06eb0ced389841b290e8f27ee89c5565_0/about)

The City has made efforts to address syringe litter. In 2015, Safe Recovery established a syringe pick up team. Furthermore, in 2023, the Park Commission proposed starting a community syringe redemption program, though it has not implemented one.

In collecting information for this report, the Board repeatedly heard from both SSP staff and other local organizations serving those living with substance use disorder that there is a need for additional syringe disposal, particularly in “hot spots” where syringes are frequently discarded (see Figure 1). In addition to discarding syringes on the ground, the Board also received reports of City staff finding syringes disposed of in trash, an unsafe practice.

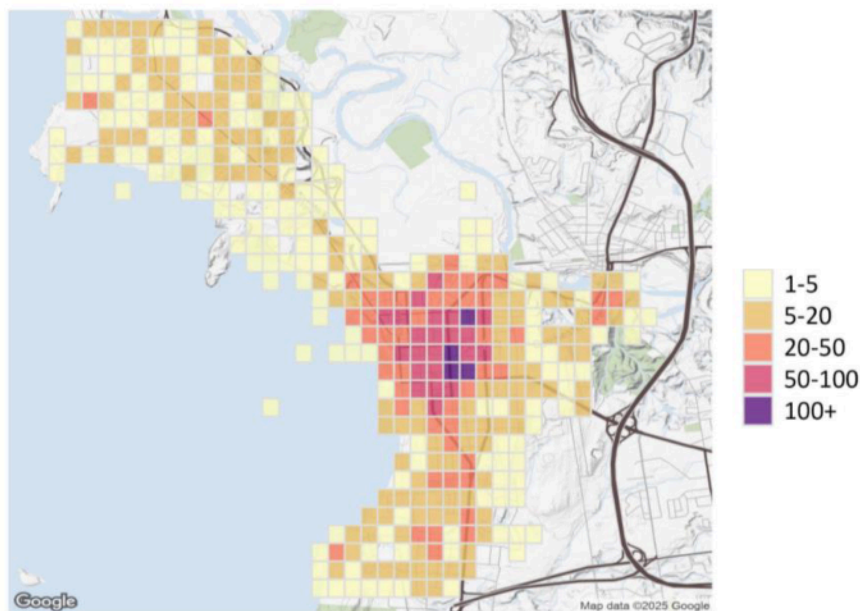


Figure 1. Number of syringe litter reports to SeeClickFix by location, 2024.

Residents and business owners living and working near SSPs have also raised concerns about syringe litter, which can affect both public and private spaces. This litter is challenging for residents and some view it as a public health threat and attribute it to the presence of SSPs. Given that SSPs play a critical role in supporting public health, it is imperative that the City take immediate action to reduce syringe litter and protect surrounding areas. Supporting public health services, including SSPs, is essential to safeguarding both public health and community well-being.

#### 4. Examples of syringe litter mitigation efforts in other cities

Worldwide there is a plethora of programs designed to mitigate syringe litter. This section highlights several of these initiatives, with a particular focus on United States-based programs, offering potential models for Burlington.

##### 4.1. Boston, Massachusetts

To date, Boston's most notable program was the Community Syringe Redemption Program facilitated by Addiction Response Resources.<sup>21</sup> This program aimed to mitigate syringe litter while supporting individuals living with substance use. The program paid volunteers, many of whom were individuals living with substance use disorder, \$1 for every five syringes collected, with a cap of fifty syringes per day. The program thus incentivized active participation in the cleanup process and engaged individuals directly affected by substance use. To reduce the risk of robbery, the program made payments in dollar coins because they were heavy and difficult to conceal. In addition to syringe collection, the program provided participants with harm reduction supplies, such as clean syringes, and encouraged them to engage in conversations about treatment, recovery, and access to other supportive services. This comprehensive approach not only addressed syringe litter but supported the community's broader public health needs. The program employed two assistants to manage operations, including oversight of syringe collection and harm reduction supply distribution.

The Community Syringe Redemption Program effectively reduced syringe litter. In 2021, the program collected approximately 17,000 syringes per week, for a yearly total just under one million. By 2023, the number of syringes collected grew to 1.8 million. Additionally, complaints from residents about syringe litter dropped by 50%. Although, due to a lack of funding, the program was canceled in 2024, it was later revived and expanded as the Back2Work Program.<sup>22</sup> The Newmarket Business Improvement District now employs homeless and addiction-challenged individuals to provide street beautification services while receiving support towards recovery from program staff.<sup>23</sup> The program's success underscores the importance of sustained funding and community-driven solutions.

In addition to the Community Syringe Redemption Program, Boston has implemented other city-led strategies to tackle syringe litter. First, the city employs a dedicated team of six individuals, the Mobile Sharps Team, who are responsible for collecting needles and responding to complaints about syringe litter. This team plays a critical role in addressing syringe litter in real-time and helping maintain public safety. Additionally, the city provides options to mail back used syringes for disposal and access to the Mayor's 311 hotline to report syringe litter. Furthermore, the city placed kiosks for needle disposal in high traffic locations, encouraging safe disposal. Furthermore, in partnership with local community members, the city organizes neighborhood-run syringe litter clean-up efforts. These clean-ups foster a sense of community responsibility and encourage residents to take an active role in keeping their neighborhoods clean and safe.

Finally, Boston has also supported the establishment of a network of SSPs that prioritize community engagement and education. These SSPs serve as a crucial link between harm reduction efforts and broader public health initiatives. Outreach by harm reduction workers and volunteers is an essential component of these SSPs, during which they collect used syringes.

Funding for Boston's programs and services comes from a combination of grants, public health budgets, and partnerships with both governmental and non-governmental entities. Educational institutions also play a role, with social work students engaging in outreach activities as part of their curriculum.

#### *4.2. Other cities*

In addition to Boston's programs, other municipalities offer models for addressing syringe litter that may be feasible for Burlington.

Philadelphia's Environmental Services Team leads several sanitation programs. Project Reach conducts environmental cleanups in neighborhoods and runs the Block2Block Same Day Pay program, providing low-barrier employment for community members to assist with cleanup for remuneration of \$50 per day for up to 12 days per year. Additionally, the Needle Drop Box Program installs freestanding, conveniently placed boxes for needle disposal, and offers smaller wall-mounted drop boxes outside of local organizations.<sup>24</sup>

Montreal has a 311 hotline to which residents can report syringe waste.<sup>25</sup> CACTUS Montreal also actively engages service users, their work team, and community volunteers to reduce

discarded syringes in public areas, including through bi-annual syringe recovery blitzes.<sup>26</sup> Through Quebec's Syringe Recovery System, free disposal containers can be picked up, and dropped off when full, at pharmacies, hospitals, clinics, and SSPs.<sup>27</sup>

Portland, Oregon's Adopt One Block program provides cleaning supplies to volunteer Block Ambassadors, who agree to keep a city block of their choice free of litter, including syringe litter, for one year, through weekly pick-ups. The program has expanded every year since its inception.<sup>28</sup>

The New York State OASAS program offers treatment and employment services for those living with substance use disorder.<sup>29</sup> All hospitals and nursing homes are mandated by law to accept home-generated syringe waste as a free, community service through their sharps collection programs. In addition, pharmacies, health clinics, community-based organizations, mobile van programs, public transportation facilities, housing projects, police stations, waste transfer stations and other venues have become settings for syringe waste disposal and offer drop boxes (or "kiosks") for safe disposal.

#### *5. Recommendations to address syringe litter in Burlington*

To effectively address syringe litter in Burlington, the Board recommends a multi-faceted approach that includes:

- **Recommendation 1:** Enhance efforts to collect syringe litter
- **Recommendation 2:** Tackle the root causes of syringe litter
- **Recommendation 3:** Build community support for harm reduction programs related to substance use
- **Recommendation 4:** Establish comprehensive data collection to monitor the effectiveness of syringe litter mitigation and prevention services.

##### *5.1. Recommendation 1: Collect syringe litter*

###### Passive syringe litter collection

The Board recommends expanding passive syringe litter collection efforts. The City should permanently install and maintain locked drop boxes attached to a wall or concrete pad in areas with the highest concentration of syringe litter. These drop boxes should be secure, easily operable, accessible 24 hours a day, seven days a week, and include pictorial disposal instructions and SeeClickFix contact information. Either in conjunction with this effort or separately, the City should strongly encourage the two SSPs to install drop boxes outside their facilities for safe syringe disposal when the facility is closed. The City should also work with hospitals and pharmacies to encourage them to maintain syringe disposal units in emergency departments and near drug disposal units.

The Board also recommends that the City work with SSPs to ensure safe disposal options are available to all their clients, including those who may not use centralized drop boxes. One such option would be to distribute small, portable syringe disposal containers, which clients can return to SSPs for emptying.

The City should also expand upon successful community cleanup events, such as those already organized by the Greater Burlington YMCA and Vermont Cares, establishing regular events,

considering a model such as Portland, Oregon’s Adopt One Block program. Such efforts, as well as those undertaken by City staff should prioritize areas with elevated levels of syringe litter.

For passive syringe litter efforts to be successful, the City should streamline the collection process for syringe disposal boxes located in the community through SeeClickFix such that users can report full boxes to the City for collection, counting, and disposal of syringes, as well as provision of replacement boxes.

#### Staffed syringe litter collection

If the City finds that passive syringe collection expansions do not sufficiently reduce syringe litter, the Board then recommends introducing a weekly, mobile syringe collection program, modeled after the successful program in Boston, but adapted to meet Burlington’s needs. Partnerships with community organizations, local universities, and volunteer groups could support such a service. The Board recommends a mobile program that would travel to high-need areas to provide syringe disposal options, as well as on-the-spot harm reduction services. This program could also offer medical, nursing, and public health students with opportunities for professional engagement.

The Board recommends that such initiatives support and build upon established local programs with a proven history in engaging individuals with substance use disorder, both before and during recovery. Doing so will help ensure inclusive and equitable programming that addresses the needs of all community members, particularly those living with substance use disorder. These programs can help train and employ current and former clients to engage their peers, promote safe syringe disposal, and actively participate in syringe collection. This model not only empowers individuals in recovery by providing training but also fosters a sense of community ownership and responsibility. Involving individuals with lived experience of substance use disorder in collection efforts, Burlington can create a more compassionate, informed, and effective approach to harm reduction, while reducing the stigma often associated with substance use disorder.

#### Funding for litter collection

The Board further recommends exploring funding opportunities that may be available through the Consolidated Appropriations Act of 2025, Title II: “Health Extenders.” This act may authorize the use of Department of Health and Human Services (HHS) funds to support SSPs, excepting the purchase of needles or syringes. Other funding might be available through the State of Vermont’s Opioid Settlement Funds. While the State has already distributed Fiscal Year 2025 allocations, the Board encourages the city to review these allocations and consider partnerships with local Burlington awardees. Additionally, the City should determine whether funds from Act 22 could support new or expanded syringe collection.

Historically, the Substance Abuse and Mental Health Services Administration (SAMHSA) offered grants to support harm reduction initiatives, including SSPs, which could serve as a valuable resource to enhance local programs and infrastructure. While the federal funding landscape is undergoing significant changes, the Board suggests exploring State Opioid Response Grants, Targeted Capacity Expansion: Special Projects, and/or Building Communities of Recovery funds if they are available now or in the future.

The City can also support expanded syringe collection by identifying ways to reduce the cost of safe disposal of syringe waste. The City of Barre, Vermont has effectively worked with Central Vermont Medical Center to establish a flat rate for syringe disposal. A similar relationship between Burlington and the University of Vermont Medical Center could decrease the cost of this effort.

Given the current funding constraints resulting from changes at the federal level, the City could also play a role in supporting existing service providers and ensuring a unified plan for continued services. In the current funding environment, the City may need to more actively engage and coordinate with organizations that previously had consistent funding to avoid interruptions in service provision.

### *5.2. Recommendation 2: Tackle the root causes of syringe litter*

The Board also recommends that the City continue to pursue and facilitate solutions to the underlying and intertwined causes of syringe litter, including substance use disorder, mental health, and housing insecurity.

#### Substance use disorder

##### *Address limitations of treatment and support services*

In Vermont, there is limited access to substance use treatment, particularly for individuals relying on Medicaid. While private treatment centers are available, their costs can be a barrier. Currently, only two treatment centers in the state accept Medicaid, offering a 14-day program with minimal follow-up care. Expanding respite programs that provide transitional care and long-term support may also improve recovery outcomes.

##### *Reduce barriers to medication-assisted treatment*

Limited access to methadone treatment in the area presents a significant challenge for individuals seeking recovery. A barrier to medication-assisted treatment is the fact that there are limited transportation options to the location of existing clinics. Expanding services by introducing free bus transportation, relocating or adding bus stops near clinics, and assessing the need for an additional downtown methadone clinic could improve access to those wishing to engage with medication-assisted treatment.

##### *Implement overdose prevention strategies*

Overdose Prevention Centers provide a supervised environment where individuals using substances can access immediate intervention and essential support services. Establishing such a center in Burlington will facilitate harm reduction efforts, offer connections to treatment and support services, and reduce overdose-related fatalities.

##### *Increase youth-focused education and prevention*

To address the impact of substance use on the community, the City should collaborate with local prevention organizations to implement comprehensive youth education programs. These initiatives can equip young people with the knowledge and resources needed to make informed decisions about substance use while also providing education on harm reduction strategies, such as safe syringe disposal and reporting of syringe litter. By fostering partnerships with prevention

coalitions, schools, and community organizations, the City can enhance youth resilience, reduce risk for poor health and wellbeing outcomes, and promote public health.

### Mental health

An integral component to addressing substance use is to simultaneously increase access to local mental health care facilities, treatment, and long-term care. The City should increase on-site mental health support in public spaces such as parks and transit stations with mental health workers or trained City employees available to offer immediate assistance and/or referrals. One potential format for such services is temporary, small-scale support booths in high-traffic community areas. This program could quickly connect individuals to counseling, mental health resources, and harm reduction education. Additionally, continuing to train frontline City employees including park maintenance and transit operators, in mental health and trauma-informed care will allow them to respond to individuals more readily and effectively in need.

### Housing insecurity

Vermont ranks fourth highest in the nation for per capita rate of individuals experiencing housing insecurity, reflecting a broader national trend of increasing housing insecurity.<sup>30</sup> The lack of stable housing in our state contributes to challenges in proper syringe disposal, as individuals without shelter may not have the ability to consistently dispose of syringes safely. Additionally, when those facing housing insecurity are displaced from encampments, they may be unable to retrieve or properly dispose of syringes left behind. Furthermore, barriers such as the lack of a permanent address or phone number can prevent access to essential health and harm reduction services. The Board recommends that the City explore strategies to expand shelter capacity and work with the State legislature to increase long-term housing availability, recognizing the critical role housing plays in public health and harm reduction efforts.

### Integrated support services

Given the interconnected nature of substance use disorder, mental health, and housing insecurity, the City should actively support collaboration among organizations providing services across these domains and ensure any new programs address all three. Ideally, individuals living with substance use disorder, mental health issues, and/or housing instability should have access to a dedicated case worker to coordinate care and ensure they receive the full spectrum of necessary support. Currently, most service providers operate through informal referral networks based on trust between individual staff members. Establishing structured, purpose-driven meetings between organizations could enhance coordination, improve service delivery, and reduce inefficiencies.

Additionally, the Board encourages the City to launch public awareness campaigns aimed at reducing stigma surrounding substance use, mental illness, and housing insecurity, fostering greater community collaboration and support. New services, including any mobile syringe collection efforts should offer services to support those living with substance use, mental illness, and/or housing insecurity.

### *5.3. Recommendation 3: Build community support for substance use harm reduction programs*

The Board recommends that the City continues to provide education and outreach to build public support for efforts to address both syringe litter and the underlying causes of syringe litter. Lack

of support for such services threatens their existence and thus public health. Ongoing dialogue, efforts to improve existing services, and transparency will benefit the relationship between substance use harm reduction providers and the broader Burlington community.

#### Public forums

The City should host regular public forums or town hall meetings to foster open dialogue between harm reduction providers, city officials, and the broader community. Such meetings should include voices of individuals with lived experiences with substance use disorder, public health experts, and community leaders to create understanding and address every constituency's concerns. These presentations could also take the form of workshops or listening sessions for affected communities to share their experiences and gather immediate, actionable ideas for addressing syringe litter. Such forums will provide an opportunity to share evidence documenting how harm reduction programs save money for taxpayers by reducing emergency medical responses, hospital admissions, and other public costs, while benefiting individual and public health. The Mayor has established successful public safety forums that could serve as an example of how to successfully bring focus to syringe mitigation efforts and their effects.

#### School and youth outreach

As noted previously, the City should partner with local schools and local substance prevention coalitions to provide educational workshops on substance use prevention and harm reduction tailored to youth. These partnerships could also lead to the formation of peer-led programs where young people can learn from relatable role models about making choices that support their health and wellbeing.

#### Neighborhood engagement

The City should work to establish neighborhood-based working groups that, in addition to leading clean-up events, allow residents to provide input on harm reduction services and syringe litter mitigation strategies. Additionally, all clean-up events should aim to also build community and provide education on the benefits of harm reduction.

#### Cultural sensitivity

The City should partner with local organizations representing culturally and linguistically diverse communities in Burlington to identify their specific needs and concerns related to substance use and syringe litter. These partnerships should lead to inclusive and effective harm reduction messaging, educational materials, and outreach efforts.

#### *5.4. Recommendation 4: Establish comprehensive data collection practices*

It is crucial that all efforts to address and prevent syringe litter in the City be data-driven. We recommend establishing a unified and systematic data collection system. The City should lead the development and implementation of such a data collection system for tracking syringe litter and disposal. This system should be centralized such that all relevant stakeholders, including harm reduction service providers, public health organizations, and community groups all report data to this system. The system should track:

- **Number of syringes** collected by time period, including how frequently programs or the City empty disposal units to assess frequency of use over time.

- **Location of syringes** collected to identify areas with high concentrations of syringe litter and how locations change over time.
- **Method of syringe collection** (e.g., drop box, mobile collection unit, SeeClickFix report, community clean-up) to identify the most effective collection methods over time.

The success of a unified data collection system relies on collaboration among organizations and transparency with the community. The City must ensure buy-in and continued use of this system by facilitating regular meetings with service providers and other data contributors to ensure the system works for all stakeholders. These meetings can also serve as an opportunity to share best practices for data collection and an opportunity to solicit feedback for system improvement. As part of ongoing data collection efforts, the City might also build partnerships with SSPs to collect data on their services, which the City could then transparently share with the public. These data could include information on the programs' impact on participants.

In turn, the City must continue to routinely analyze collected data to identify trends in syringe litter and rapidly adjust service strategies accordingly. Such analyses could also attempt to identify correlations between syringe litter and factors like housing instability, access to harm reduction services, mental health resources, and syringe litter mitigation efforts. The Board encourages the City to continue using GIS programs, mobile applications, and data dashboards for enhanced data collection and analysis. Importantly, the City must make results easily accessible to data contributors so that they have access to this evidence to support their ongoing efforts to mitigate the ill effects of substance use. Through such iterative collaboration with data contributors, the City and these service providers will be better able to identify challenges quickly and implement changes that may meet community needs.

In addition to making data accessible for contributors, the City must engage and build trust with the broader community by making data accessible and understandable. The City should share data using infographics and in other easily digestible formats. Furthermore, an annual report on syringe litter remediation and prevention efforts, including key findings, program updates, and future goals would inform the community and ensure yearly program updates informed by evidence from the prior year. Programs could also use such a document in fundraising for their efforts. The Board hopes that by establishing transparent, routine communication with the broader community, Burlingtonians will be more supportive of harm reduction services and evidence-based decision making about syringe litter. Furthermore, the City should consider regularly soliciting community feedback to assess the impact of syringe litter mitigation efforts on community concerns and quality of life. Public forums suggested earlier in this report offer an ideal setting for such feedback solicitation.

#### *6. Staffing recommended programs and systems*

To effectively implement these recommendations, the City must obtain funding, develop programming, and engage in ongoing evidence-based quality improvement. Therefore, the Board recommends that the City hire a coordinator to oversee existing and new syringe collection efforts, including seeking funds for this work. Implementing the Board's recommendations will require concerted effort that would be best managed through a central role in the City government. This role will allow for the systematic expansion of syringe collection and harm reduction efforts associated with addressing this challenge for our City. Additionally, this person

could manage collaboration with government entities such as Burlington Parks and Public Works and with community organizations, including SSPs. However, as the City considers efforts to reduce upcoming years' budgets, creative strategies to integrate this work into existing roles may be necessary.

### *7. Conclusion*

The recommendations presented in this report are consistent with, and build upon, the Board's previous work. They reflect a continued commitment to addressing the complex issue of syringe litter while considering the broader social factors contributing to substance use disorder, mental health, and housing insecurity. Moving forward, the Board remains committed to supporting the City Council, local organizations, and community partners in advancing these initiatives and ensuring that Burlington continues to prioritize the health and safety of all residents. The Board is confident that with ongoing collaboration and evidence-based approaches, Burlington can make meaningful progress in reducing syringe litter, expanding harm reduction services, and fostering an inclusive and supportive environment for all individuals.

## References

1. Kerr T, Small W, Buchner C, et al. Syringe Sharing and HIV Incidence Among Injection Drug Users and Increased Access to Sterile Syringes. *Am J Public Health*. 2010;100(8):1449-1453. doi:10.2105/AJPH.2009.178467
2. Cooper HLF, Des Jarlais DC, Ross Z, Tempalski B, Bossak B, Friedman SR. Spatial access to syringe exchange programs and pharmacies selling over-the-counter syringes as predictors of drug injectors' use of sterile syringes. *Am J Public Health*. 2011;101(6):1118-1125. doi:10.2105/AJPH.2009.184580
3. Neaigus A, Zhao M, Gyarmathy VA, Cisek L, Friedman SR, Baxter RC. Greater Drug Injecting Risk for HIV, HBV, and HCV Infection in a City Where Syringe Exchange and Pharmacy Syringe Distribution are Illegal. *J Urban Health*. 2008;85(3):309-322. doi:10.1007/s11524-008-9271-1
4. Marshall BDL, Shoveller JA, Wood E, Patterson TL, Kerr T. Difficulty Accessing Syringes Mediates the Relationship Between Methamphetamine Use and Syringe Sharing Among Young Injection Drug Users. *AIDS Behav*. 2011;15(7):1546-1553. doi:10.1007/s10461-010-9876-8
5. Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug Alcohol Depend*. 2007;89(2-3):214-222. doi:10.1016/j.drugalcdep.2006.12.035
6. Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe Programmes in people who inject drugs - An overview of systematic reviews. *BMC Public Health*. 2017;17(1):309. doi:10.1186/s12889-017-4210-2
7. Aspinall EJ, Nambiar D, Goldberg DJ, et al. Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis. *Int J Epidemiol*. 2014;43(1):235-248. doi:10.1093/ije/dyt243
8. Bernard CL, Owens DK, Goldhaber-Fiebert JD, Brandeau ML. Estimation of the cost-effectiveness of HIV prevention portfolios for people who inject drugs in the United States: A model-based analysis. *PLoS Med*. 2017;14(5):e1002312. doi:10.1371/journal.pmed.1002312
9. Ruiz MS, O'Rourke A, Allen ST, et al. Using Interrupted Time Series Analysis to Measure the Impact of Legalized Syringe Exchange on HIV Diagnoses in Baltimore and Philadelphia. *J Acquir Immune Defic Syndr* 1999. 2019;82 Suppl 2(2):S148-S154. doi:10.1097/QAI.0000000000002176
10. Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. *Drug Alcohol Depend*. 2012;123(1-3):255-259. doi:10.1016/j.drugalcdep.2011.12.001

11. Levine H, Bartholomew TS, Rea-Wilson V, et al. Syringe disposal among people who inject drugs before and after the implementation of a syringe services program. *Drug Alcohol Depend.* 2019;202:13-17. doi:10.1016/j.drugalcdep.2019.04.025
12. Syringe Litter: Know the Risks and Prevent Injury. <https://www.nyc.gov/assets/doh/downloads/pdf/basas/syringe-needle-fact-sheet.pdf>
13. Paintsil E, He H, Peters C, Lindenbach BD, Heimer R. Survival of Hepatitis C Virus in Syringes: Implication for Transmission among Injection Drug Users. *J Infect Dis.* 2010;202(7):984-990. doi:10.1086/656212
14. Papenburg J, Blais D, Moore D, et al. Pediatric injuries from needles discarded in the community: epidemiology and risk of seroconversion. *Pediatrics.* 2008;122(2):e487-492. doi:10.1542/peds.2008-0290
15. Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *J Subst Abuse Treat.* 2000;19(3):247-252. doi:10.1016/s0740-5472(00)00104-5
16. Strathdee SA, Celentano DD, Shah N, et al. Needle-exchange attendance and health care utilization promote entry into detoxification. *J Urban Health Bull N Y Acad Med.* 1999;76(4):448-460. doi:10.1007/BF02351502
17. Surratt HL, Otachi JK, Williams T, Gulley J, Lockard AS, Rains R. Motivation to Change and Treatment Participation Among Syringe Service Program Utilizers in Rural Kentucky. *J Rural Health Off J Am Rural Health Assoc Natl Rural Health Care Assoc.* 2020;36(2):224-233. doi:10.1111/jrh.12388
18. Marx MA, Crape B, Brookmeyer RS, et al. Trends in crime and the introduction of a needle exchange program. *Am J Public Health.* 2000;90(12):1933-1936.
19. Galea S, Ahern J, Fuller C, Freudenberg N, Vlahov D. Needle exchange programs and experience of violence in an inner city neighborhood. *J Acquir Immune Defic Syndr.* 2001;28(3):282-288. doi:10.1097/00042560-200111010-00014
20. Javed Z, Burk K, Facente S, Pegram L, Ali A, Asher A. Syringe services programs : a technical package of effective strategies and approaches for planning, design, and implementation. Accessed April 30, 2025. <https://stacks.cdc.gov/view/cdc/105304>
21. CSRP — Addiction Response Resources. Accessed April 30, 2025. <https://www.addictionresponse.com/csrp>
22. Workforce development program aims to help clean up littered needles in Boston. Boston 25 News. July 16, 2024. Accessed April 30, 2025. <https://www.boston25news.com/news/local/workforce-development-program-aims-help-clean-up-littered-needles-boston/QR24GUULRVHPRJNDS4C3SJRBY/>

23. Homeless Back2Work Program – Newmarket Business Improvement District. Accessed April 30, 2025. <https://newmarketbid.org/programs/back2work/>
24. Environmental Services. Substance Use Philly. Accessed April 30, 2025. <https://www.substanceusephilly.com/environmental-services>
25. Montréal V de. What to do if you find a syringe. Accessed April 30, 2025. <https://montreal.ca/en/articles/what-to-do-if-you-find-syringe-7396>
26. Our History. CACTUS Montréal. Accessed April 30, 2025. <https://cactusmontreal.org/en/all-about-cactus/history/>
27. Recovery of used syringes and needles. Gouvernement du Québec. Accessed April 30, 2025. <https://www.quebec.ca/en/health/advice-and-prevention/accidents-injuries-and-diseases-prevention/recovery-of-used-syringes-and-needles>
28. About Us. Adopt One Block. Accessed April 30, 2025. <https://www.adoptoneblock.org/about-us>
29. Harm Reduction | Office of Addiction Services and Supports. Accessed April 30, 2025. <https://oasas.ny.gov/harm-reduction>
30. The 2024 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness, December 2024.