

AGING ISSUES TASK FORCE FINAL REPORT

December 16, 2014

This report was written by the Aging Issues Task Force

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We want to say “thank you” to the Cary Town Council for asking us to serve on the Aging Issues Task Force and to assess the Town’s level of age-friendliness by reviewing the [Triangle J Council of Governments \(TJCOG\) Livability Self-Assessment for Municipalities Toolkit](#) and providing recommendations to Town Council to support an aging population. We want to thank Mary Warren, TJCOG – Assistant Director – Area Agency on Aging, her presentation on the Toolkit and TJCOG in general for partnering with the Town on this pilot effort and for allowing us the opportunity to give feedback to TJCOG on this toolkit/assessment. And lastly we want to thank all of the Town of Cary staff (from Planning, Parks, Police, Fire, Transportation and Facilities, Town Manager’s Office, Town Clerk’s Office, Legal and Public Information) for helping in this endeavor and giving us presentations on all of the areas of service for aging adults and on aging issues.

We have completed our Work Outcome in the following 3 Council directed areas and offer input in each of these areas in this report:

1. Review and provide feedback to the TJCOG about the draft “[Livability Self-Assessment for Municipalities Toolkit](#)”.
2. Provide a summary of the toolkit assessment results for the Town of Cary. This might be described as a “Report Card” or a high level overview of where we are today so the Town Council knows where we might start or focus future efforts.
3. Provide input/feedback into the Town of Cary’s ongoing Community Planning effort ([Imagine Cary](#)), specifically related to areas of aging or aging related topics, such as the areas of Community Development/Land Use Planning, Transportation and/or Housing.

1. Feedback to TJCOG about the draft “[Livability Self-Assessment for Municipalities Toolkit](#)”

To assist the Aging Issues Task Force in assessing the Town of Cary’s current efforts to meet the needs and interests of its senior citizens, Triangle J Council of Governments(TJCOG) provided two documents: TJCOG Livability Self-Assessment for Municipalities Toolkit (document #1) and TJCOG Livability Self-Assessment for Municipalities – Rating Tool (document #2). TJCOG intended for these two documents “to be used together to start a conversation about livability in your community.” The Town of Cary is the first municipality to use these documents and, at the request of Town Council and TJCOG, will provide feedback on their effectiveness, which is summarized in this report.

Description of TJCOG Documents

(a)Document #1: TJCOG Livability Self-Assessment for Municipalities Toolkit.

The “Toolkit” is divided into three parts:

*Part I, Overview, pp. 2-4. This section provides a brief description of key concepts that should aid in the analysis/assessment of a community’s livability.

*Part II, Glossary of Terms, pp. 5-15. This section contains a brief description of key terms such as Accessible Housing, Complete Streets, Naturally Occurring Retirement Communities, etc. With each term is a reference/link to additional information.

*Part III, Targeted Categories, pp. 16-35. This section identifies seven targeted categories such as Housing, Transportation, etc. that can contribute to a community’s livability. For each category there are identified goals and policies, a community “investment” evaluation tool, suggestions for supplemental activities, and a link to additional resources.

(b)Document #2: TJCOG Livability Self-Assessment for Municipalities – Rating Tool.

This document contains two distinct sections: a section that provides relevant demographic data and a much larger section that includes a rating instrument for assessing seven major categories, such as Housing, etc., that impact a community's livability. The relevant town staff provided informational briefings/presentations on each of the seven major categories prior to the Task Force rating of each category.

(a) Demographic Section

This section includes comparative data for North Carolina and the United States and a suggested source for getting the same data for the targeted municipality, in this case Cary. Examples of the data provided: number of residents aged 65+, percent of the population aged 65+, percent of residents (65+) whose income in the past 12 months was below the poverty level.

(b) Rating Instrument

This section provides a 3-point rating scale for assessing the seven, targeted categories that impact a community's livability for seniors. Each of the seven categories is divided into multiple goals, with each goal having three descriptive indicators that need to be rated (1 to 3 points with 3 being the highest). In addition, each goal included a reference to the relevant town department, such as the Planning Department, or agency, such as the Area Agency on Aging, that has some "responsibility" for the identified goal.

FEEDBACK

While the Task Force found the two TJCOG documents useful in starting "the conversation about livability," we do have some suggestions about how these documents can be more effectively used to both assess the status of a community's livability for seniors and to implement changes that would improve current conditions.

(a) Document #1: TJCOG Livability Self-Assessment for Municipalities Toolkit.

Part I (Overview) provided the conceptual structure for thinking about the problem in broad terms which is a necessary step before you discuss the nitty-gritty. Part II (Glossary of Terms) provided the vocabulary for discussing the issues in an appropriate and meaningful way and was an excellent source for additional information.

The usefulness of Part III (Targeted Categories) was problematic due to a disconnect between the Toolkit "instructions" and the assessment rating document. Specifically, the Task Force found it difficult, sometimes confusing, to try to use Part III of the Toolkit in conjunction with the other document (TJCOG Livability Self-Assessment for Municipalities – Rating Tool) where we were using the rating scale to assess the indicators for a targeted category. In many cases Part III of the Toolkit would be more appropriately used by the relevant municipal department/agency/organization as a guideline for creating and implementing policies or as an outline for an action plan to influence these decision makers.

(b) Document #2: TJCOG Livability Self-Assessment for Municipalities – Rating Tool.

The Task Force found some instances where the "indicators" need to be edited/rewritten in order to convey clearly their intended meaning. The following is a list of needed changes:

- **Housing: Goal #3, Indicators #2 and #3** should read as follows:

- Indicator #2: “Zoning code allows for flexible housing arrangements.”
- Indicator #3: “Zoning code encourages flexible housing arrangements.”
- **Housing: Goal #4, Indicators #2 and #3** should read as follows:
 - Indicator #2: “Zoning code allows assisted living/housing for older adults and adults with disabilities in restricted areas.”
 - Indicator #3: “Zoning code encourages assisted living/housing for older adults and adults with disabilities throughout the municipality.”
- **Health Care: Goal #1, “Health Professional Shortage Area of Medically Underserved Area (HPSA/MUA) designation.”**
 - The Task Force questions the methodology used to determine Cary’s score. Using the prescribed “Find Shortage Areas” program created by the U.S. Dept. of Health and Human Services, Health Resources and Services Administration, Wake Co. received a score of 2. Since Cary is in Wake Co., Cary received the same score. By way of comparison, Chatham Co. received a score of 3. Is Cary, in fact, an “underserved area” in comparison with Chatham Co.? If so, it would be important to identify the areas in which Cary is deficient. A related question: is there another more discriminating instrument for assessing the quality of Cary’s health/medical resources?
- **Health Care: Goal #3, Indicator #3** should read as follows:
 - Indicator #3: “Most residents have access to preventive healthcare.”
- **Supportive Services: Goal #2, “Presence of caregiver support services” Indicator #3:**
 - Suggest a rewrite of this indicator in order to capture more accurately what the municipality is currently doing in terms of the availability of caregiver support services within the municipality.
 - Indicator #3 reads as follows: “Caregiver support services are available throughout the municipality to caregivers at all income levels.” While this is the highest score possible for “Presence of caregiver support services,” it may mislead a municipality into thinking that it is doing well in meeting this goal (provides a false positive) while in fact the indicator says nothing about the extent or quality of the support given to family caregivers. For example, are caregiver support services equally available to all income levels? This indicator does not provide an answer to this important question. A related question is a communications one: are all income levels aware of the support services that are available in the community?
- **Social Integration and Community Life: Goal #3, “Presence of individuals or organizations to facilitate volunteer activity.”**
 - The Task Force questioned whether the indicators for this goal adequately assess the effective communication of volunteer opportunities. The underlying assumption seems to be that the most effective communication is the most centralized communication. Specifically, the Task Force questions whether the existence of a “central volunteer center that promotes volunteer opportunities within the municipality”(Indicator #3) is essential and the most desirable condition for the effective communication of volunteer opportunities.

In addition to the cited editorial comments above, several important questions need to be resolved about both the adequacy and scope of this quantitative assessment instrument in order for the Town to implement effective and meaningful policies for seniors. (1)Does this quantitative approach, i.e., the use of a numbered scale, accurately capture and convey the extent and quality of the Town’s

commitment to its seniors? Is there an alternative or complimentary qualitative framework for assessing the multiple factors that impact and shape livability? (2) Are there any relevant and important issues/questions that were not addressed in the TJCOG assessment instrument?

2. **TJCOG Livability Self-Assessment Final Result – Cary’s “Report Card” (A detailed summary is included in Appendix A)**

Brief Summary of the assessment results in the **7 overall categories** for Cary.

- A. **HOUSING:** 6 Questions and a rating of 13 out of a possible 18 points and ranking of a Substantial Investment
- B. **TRANSPORTATION:** 6 Questions and a rating of 15 out of a possible 18 points and a ranking of a Substantial Investment
- C. **SAFETY:** 2 Questions and a rating of 6 out of a possible 6 points and a ranking of a Substantial Investment
- D. **HEALTH CARE:** 3 Questions and a rating of 8 out of a possible 9 points and a ranking of a Substantial Investment
- E. **SUPPORTIVE SERVICES:** 2 Questions and a rating of 6 out of a possible 6 points and a ranking of a Substantial Investment
- F. **GENERAL RETAIL AND SERVICES:** 2 Questions and a rating of 6 out of a possible 6 points and a ranking of a Substantial Investment
- G. **SOCIAL INTEGRATION:** 3 Questions and a rating of 7 out of a possible 9 points and a ranking of a Substantial Investment

We have completed the TJCOG assessment and remarked on the different areas that we found “challenging” in consideration for life in Cary. “Scores” were reported as a rating of 1-3 for the various questions for each in the 7 categories of the toolkit.

A. HOUSING

Availability of affordable and appropriate housing for seniors is a major attribute that defines a community’s livability. To achieve livability status a community needs to provide access to a range of housing options to include attached and unattached houses, accessory dwelling units, apartments, co-housing communities, assisted living facilities, retirement communities, and naturally occurring retirement communities. Long waiting lists for assisted living facilities and access to affordable housing are particular challenges for a significant number of Cary seniors. Providing an appropriate mix of these housing options is a challenge that the Town of Cary is currently facing.

A number of demographic factors indicate that the current housing challenge will become even more acute in the next ten years. Among the most important factors are the aging of the U.S. population, an anticipated increase in the percent of Cary’s population age 65+, a corresponding increase in residents age 65+ with disability, and survey data that indicates that a significant number of adults who will retire within ten years think that they are not financially prepared for retirement.

Based on the current and future housing challenges, the Task Force recommends the following:

- Encourage the construction of more affordable housing.
- Assist/support seniors to stay in their homes by considering property tax relief for seniors with limited means.

- Provide assistance to eligible seniors to maintain the appearance and structural integrity of their homes.
- Establish policies that support the construction of visible housing, both new and modification of existing structures.
- Change existing code to allow assisted living/housing for older adults and adults with disabilities throughout the town.
- Examine existing code to determine if restrictions on multi-family housing are significantly limiting housing choices for low-income seniors.
- A number of existing programs, such as the HUD Housing Program and Wake County's tax relief program for seniors, address some of the Task Force recommendations cited above. What is often missing is the effective communication of this information to the intended audience. The Task Force strongly urges the Town to develop strategies for communicating more effectively with those seniors who are often the most vulnerable and in need of special assistance.

B. TRANSPORTATION

Cary's C-TRAN in cooperation with Triangle Transit busses provides a decent network of routes throughout the town. C-TRAN also offers door-to-door opportunities once citizens are registered with the system and the end time for the busses to run has recently been expanded to later in the evening. Many roads throughout the community have bike lanes marked. Areas of concern are:

- Add additional registration site(s) for C-TRAN.....perhaps the train station (currently the Cary Senior Center is the only site to register)
- Additional routes are needed as well as service to the airport
- Better synchronization of traffic lights throughout town to keep traffic moving efficiently
- Information regarding public transportation distributed via town's utility / tax database
- More sheltered transportation stops closer to multi-unit housing
- Availability of busses / trolleys from neighborhoods into downtown area especially weekends or when major events are occurring
- Seniors may use public transportation more if they could access stops with a 5- minute walk from home

C. SAFETY

Overall, Cary has a great track record related to safety matters: top rated Fire and Police departments with personnel ready to assist, advise and/or attend whenever needed or requested by citizens. Areas of concern are:

- All crossings need to be more pedestrian friendly, even those with signals. This includes placement of pedestrian signals, street/pavement crossing markings and signs
- Codes addressing growth height for all landscaping in public parking lots, median strips and corner buffers.....a visibility issue town-wide
- Walkability when materials are chosen for sidewalk construction
- Visible house numbers on all dwellings

D. HEALTH CARE

We are fortunate to have many facilities that deliver health care, a hospital, many physicians with a variety of specialties, urgent care centers and pharmacies.

- Need incentives to build affordable healthcare centers: It is suggested that a healthcare facility that offers "affordable" health care would be a plus for the aging population such as a facility similar to Wake Health Services where a sliding scale is charged, based on income.

E. SUPPORTIVE SERVICES (and G. SOCIAL INTEGRATION)

These two categories overlap in many areas as well as other parts of our assessment, especially in "Housing". At this time Cary has:

- Many excellent services and assistance programs are presently available to assist and enhance the lives of our aging citizens and all ages of disabled. These are being offered via the governments of Cary, Wake County, state and federal agencies to include area churches, "for profit and nonprofit organizations" some of whom work hand-in-hand with the various governments.
- Substantial opportunities in which all ages and ethnic backgrounds of our citizens can volunteer their time and talents.
- An underdeveloped system to support programs for intergenerational and cultural diversity.
- A critical need to improve communications and delivery of information about the above opportunities to a wider range of Cary's citizens. For example: It is imperative to reach not just the individual seniors and disabled but the family members, friends, all categories of caregivers, and the general public.

SUGGESTIONS:

We need to do a thorough evaluation of existing **(1) methods of communications and delivery of information**, and **(2) available programs and services** to our aging and disabled (of all ages) population and **volunteer opportunities** for all ages. Then, we need to determine the following:

- Are the most effective methods of communications being utilized?
- What services and assistance programs for seniors and the disabled plus volunteer (for all ages) opportunities are now available?
- What are the demographics of individuals who are now beneficiaries of these service and assistance programs?
- What are the age ranges and area of our population do we draw the majority of our volunteer force from?
- What are the eligibility requirements for the services and assistance programs? (example: Presently it appears to be the lowest income seniors who are the majority beneficiaries and there is large number who miss the income requirement by sometimes less than a couple hundred dollars who "fall through the cracks".)
- What are the projections by Cary and other government agencies for future changes/modifications/merging, additions or removal of services and assistance programs that would enable us to cope with the greatly increasing numbers of our aging and disabled citizens? (Current services and assistance programs appear to be strained with just the existing number of aging and handicapped in our population and "waiting time" for some services or assistance can be from weeks to over one year in some categories.)
- What causes the "confusion" among a large segment of our population about "what, where, who, and when" of all these services and assistance programs including opportunities for

those who would like to volunteer. **Effective communication is critical.** A factor that reinforces the existence of confusion or ineffective communication is the acknowledgement that some of our members who are very active volunteers were not aware of many of the existing services and assistance programs for the aging and disabled to include several sources to seek volunteer opportunities. There were varying opinions about "who owns the responsibility" for seeking volunteer opportunities, services and assistance programs.....some thought it was the sole responsibility of the "the person seeking information" and some who thought the "seeker" should have a helping hand via a "known source of information".

- There are many different publications about services and assistance programs and volunteer opportunities, and we would like to acknowledge two current publications that are rich resources of services and assistance programs and offers information about volunteer opportunities. One is "Directory of Resources for Older and Disabled Adults in Wake County" and the other is "Creating Active Retirement Years" published by Cary's Parks, Recreation and Cultural Resources Department.

These suggestions are an effort to "start a new conversation" about what services and assistance programs, including volunteer opportunities (for all citizens) will be available to the rapidly growing number of seniors and handicapped within our population and how effectively will these opportunities be communicated to all citizens in Cary.

F. GENERAL RETAIL AND SERVICES

Overall the Task Force felt that the provision of General Retail and Services was being provided for 'substantially' with comments from panel members including "we have more than enough". Although many larger retailers prefer and require high-traffic areas to be successful, many smaller retailers, locally-owned restaurants, and support services have been quite successful pocketed throughout the town in clusters which service specific neighborhoods. The panel felt they were substantial in number and access, and praised the Town on its commitment to code enforcement, specifically ease of access—not just for seniors, but for everyone—appearance and variety.

G. SOCIAL INTEGRATION

See E. SUPPORTIVE SERVICES above.

3. Imagine Cary Feedback

The Task Force provided input/feedback into the Town of Cary's ongoing Community Planning effort ([Imagine Cary](#)), specifically related to areas of aging or aging related topics of Community Development/Land Use Planning, Downtown, Transportation and/or Housing. **A detailed summary of these comments is included in Appendix B**

Overall Conclusion

Our Task Force is grateful to the Town Council for creating this "Aging Issues Task Force". We appreciate the opportunity to review the TJCOG and similar information. We have been impressed that Cary is looking to the next 25 years in planning for people, places, and things that will affect the lives of seniors.

We offer our appreciation to the Town of Cary for all of the good opportunities that now exist. We applaud the success of Cary's growth and opportunities for all of its citizens. Cary is a great place to live.

The most important issue in our conclusion is “**communication.**” We have discussed many ways to “get the word out” for many opportunities for seniors to be involved socially, receive help individually, and know where the resources are to enhance their (our) lives.

As Cary's population profile gets older, the Town needs to create an institutional framework so that policy keeps up with the challenges associated with older population. Some suggestions for doing this:

1. Identify departments that impact seniors e.g. Parks, Recreational, and Cultural Resources and Police.
2. As part of each department planning, formal consideration must be given to how a policy will impact seniors.
3. Have departments identify ways in which they can include seniors in their ongoing planning.
4. Have the Town Manager provide a summative report each year to the Town Council. This report will contain sufficient information on the size of the senior population, the status of housing and living arrangements for senior, new programming for seniors, etc. so that the council would be able to make informed and timely policies.

Thank you again for this opportunity to provide you with our feedback.

APPENDIX

Appendix A - TJCOG Livability Self-Assessment – Final Task Force Results

Appendix B – Imagine Cary Input/Feedback for Community Development/Land Use Planning, Downtown, Transportation and/or Housing.

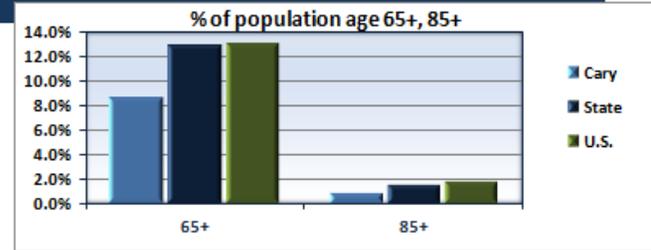
Appendix A - TJCOG Livability Self-Assessment – Final Task Force Results

Demographics

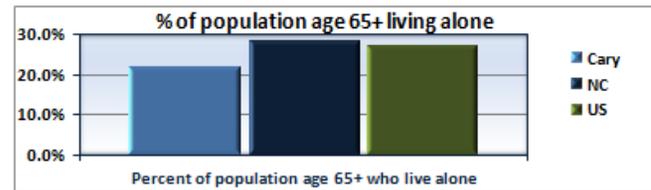
[American Fact Finder](#)

Demographic Indicators	Cary	NC	US
Residential Population			
<i>Instructions: American Fact Finder-> Enter Name of Municipality-> Population, Age, Sex, Race, Household, and Housing</i>			
Total number of residents	145,830	9,535,483	308,745,538
Number of residents age 65+	12,636	1,234,079	40,267,984
Percent of population age 65+	8.7%	12.9%	13.0%
Number of residents age 85+	1,245	147,461	5,493,433
Percent of population age 85+	0.9%	1.5%	1.8%

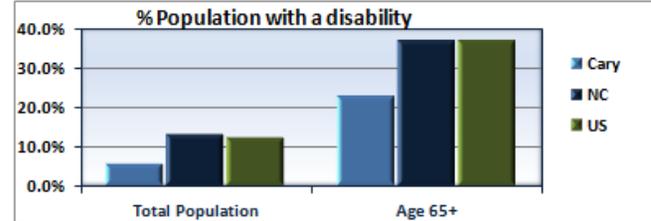
Graphs



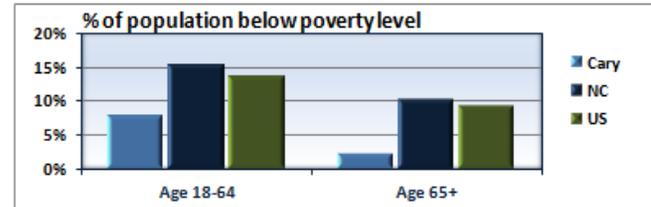
Population over 65 living alone			
<i>American Fact Finder-> Enter topic or table name: B09020 -> Enter Name of Municipality-> Relationship of Household Type for the Population 65 Years and Over</i>			
Number of residents age 65+ who live alone	2,765	342,358	11,087,417
Percent of population age 65+ who live alone	21.9%	28.5%	27.3%



Population with a disability			
<i>American Fact Finder-> Enter Name of Municipality-> Advanced Search-> Topics -> People-> Disability-> Disability-> Selected Social Characteristics in the United States</i>			
Number of residents with a disability	7,888	1,246,427	36,551,038
Percent of population with a disability	5.4%	13.0%	12.0%
Number of residents age 65+ with a disability	2,805.0	477,919	14,469,285
Percent of population age 65+ with a disability	22.6%	36.6%	36.8%



Population below poverty level			
<i>American Fact Finder-> Enter Name of Municipality-> Income-> Income, Employment, Occupation, Commuting to Work</i>			
Percent of residents whose income in the past 12 months was below the poverty level, age 18-64	7.9%	15.5%	13.7%
Percent of residents whose income in the past 12 months was below the poverty level, age 65+	2.4%	10.2%	9.4%



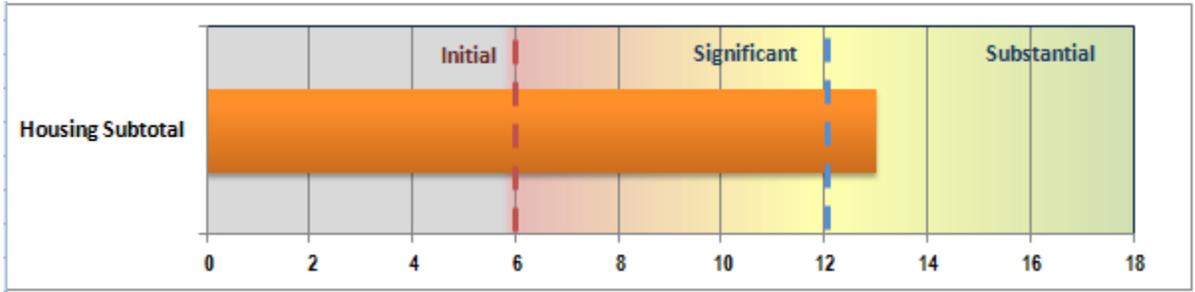
Tax Rate and Home Sale and Rental Price	
North Carolina Department of Revenue	
<i>County and Municipal Property Tax Rates and Year of Most Recent Revaluation</i>	
County Property Tax Rate	0.53%
Municipal Property Tax Rate	0.35%

A. Housing	
	Score
1. Guidelines and/or policies regarding the development of housing that is accessible and/or visitable	1
<i>Municipal Planning Department</i>	
<i>There are no or few guidelines/policies that encourage the development of accessible and/or visitable housing</i>	<input checked="" type="radio"/> 1
<i>Guidelines/policies are in place to encourage the development of accessible and/or visitable housing but builders are not taking advantage of them</i>	<input type="radio"/> 2
<i>Guidelines/policies have been utilized to increase the supply of accessible and/or visitable housing</i>	<input type="radio"/> 3
<i>*Housing that is not accessible places older adults and adults with disabilities at greater risk for injury and isolation.*</i>	
Comments:	
2. Presence of home modification services	3
<i>Senior Service Organizations or Area Agency on Aging</i>	
<i>There are no or few home modification services regularly available</i>	<input type="radio"/> 1
<i>Home modification services are only available at market cost</i>	<input type="radio"/> 2
<i>Home modification services are available to residents at all income levels by for-profit and nonprofit organizations</i>	<input checked="" type="radio"/> 3
<i>* Housing that is in poor condition or that does not meet the resident's needs places the resident at greater risk of injury.*</i>	
Comments:	

3. Zoning code regarding flexible housing arrangements	3
<i>Municipal Planning Department</i>	
<i>Zoning code prohibits flexible housing arrangements</i>	<input type="radio"/> 1
<i>Residents can apply for waivers for flexible housing arrangements</i>	<input type="radio"/> 2
Zoning code allows or encourages flexible housing arrangements	<input checked="" type="radio"/> 3
<i>*Flexible housing arrangements allow older adults and adults with disabilities to receive assistance from caregivers while still maintaining their independence. Flexible housing arrangements also foster greater age diversity within neighborhoods.*</i>	
Comments:	

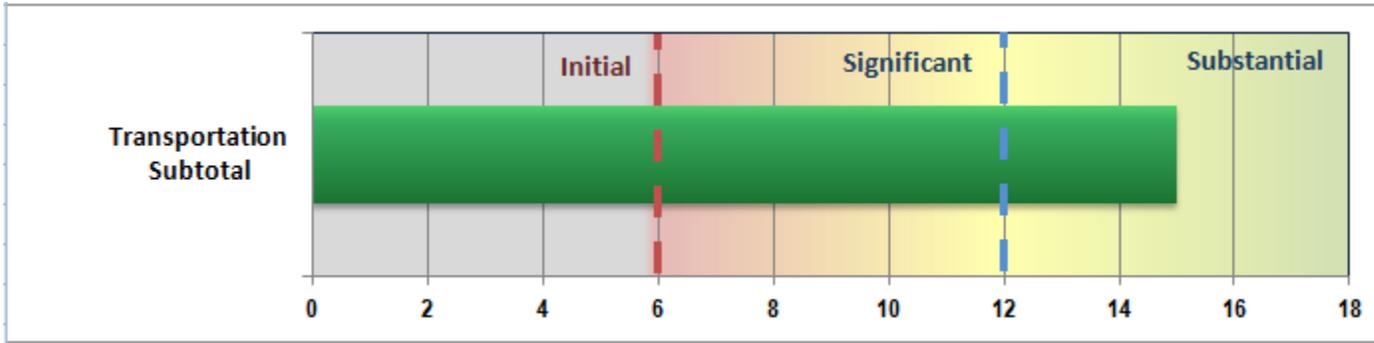
4. Zoning code regarding assisted living/housing for older adults and adults with disabilities	2
<i>Municipal Planning Department</i>	
<i>Zoning code prohibits assisted living/ housing for older adults and adults with disabilities</i>	<input type="radio"/> 1
Zoning code allows assisted living/housing for older adults and adults with disabilities in only very restricted areas	<input checked="" type="radio"/> 2
<i>Zoning code allows or encourages assisted living/housing for older adults and adults with disabilities throughout the municipality</i>	<input type="radio"/> 3
<i>* Older adults and adults with disabilities that need supportive or subsidized housing can become isolated if housing options are located in areas that do not provide easy access to activities, goods, and services.*</i>	
Comments:	

5. Percent of housing that is multi-family housing	1
<i>Municipal Planning Department</i>	
<i>0-25% of housing is multi-family</i>	<input checked="" type="radio"/> 1
<i>26-50% of housing is multi-family</i>	<input type="radio"/> 2
<i>More than 50% of housing is multi-family</i>	<input type="radio"/> 3
<i>*Zoning codes that favor large-lot, single-family homes limits the housing choices available to low income residents and those needing assistance.*</i>	
Comments:	
6. Proportion of households that pay more than or equal to 30% of annual income on housing	3
<i>American Fact Finder-> Enter Name of Municipality-> Occupancy and Structure, Housing Value and Cost, Utilities-> Selected monthly owner costs as a percent of household income and Gross rent as a percentage of household income</i>	
<i>More than 75% of households spend more than or equal to 30% of annual income on housing</i>	<input type="radio"/> 1
<i>51-75% of households spend more than or equal to 30% of annual income on housing</i>	<input type="radio"/> 2
<i>0-50% of households spend more than or equal to 30% of annual income on housing</i>	<input checked="" type="radio"/> 3
<i>*Housing costing more than 30% of household annual income is considered a burden.*</i>	
Comments:	
Completed Questions (6 total)	6
Housing Subtotal	13

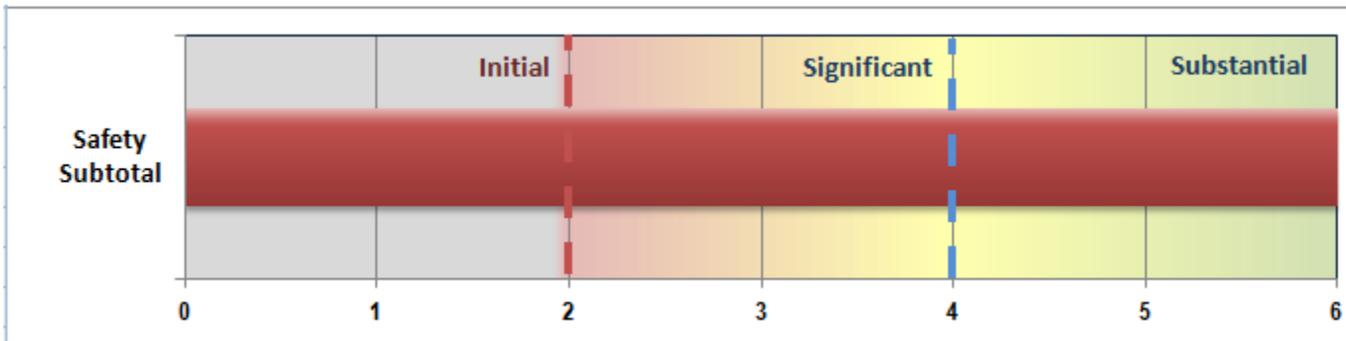


B. Transportation	
	Score
1. Presence of fixed route public transportation	2
<i>Public Transportation Department</i>	
<i>The is little or no fixed route public transportation</i>	<input type="radio"/> 1
<i>Fixed route public transportation is concentrated in the central business district and along central corridor</i>	<input checked="" type="radio"/> 2
<i>Fixed route public transportation is available in most areas</i>	<input type="radio"/> 3
<i>*A lack of public transportation limits the options available to those residents who are unable to drive.*</i>	
Comments:	
2. Presence of curb to curb transportation options for older adults and adults with disabilities	3
<i>Public Transportation Department, Senior Service Organization, or Area Agency on Aging</i>	
<i>Few or no transit options for older adults and individuals with disabilities is available</i>	<input type="radio"/> 1
<i>Transit options for older adults and individuals are available only at market cost</i>	<input type="radio"/> 2
<i>Transit options for older adults and individuals are available to residents at all income levels by both for profit and nonprofit organizations</i>	<input checked="" type="radio"/> 3
<i>*A lack of curb to curb transportation limits the options available to those residents who are unable to drive or to access fixed route stops.*</i>	
Comments:	
3. Complete Streets policies	3
<i>Municipal Department of Public Works and/or Planning Department</i>	
<i>Complete Streets policies do not exist</i>	<input type="radio"/> 1
<i>Complete Streets policies have been created but have not yet been implemented</i>	<input type="radio"/> 2
<i>Complete Streets policies have been created and implemented</i>	<input checked="" type="radio"/> 3
<i>*Complete Streets allow for residents to have greater transportation choice.*</i>	
Comments:	

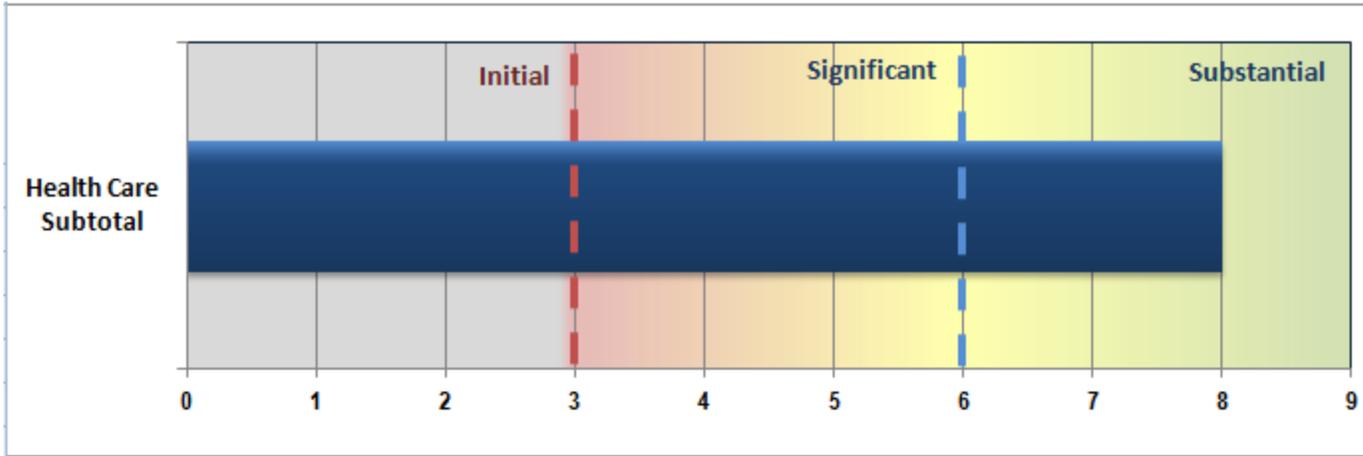
4. Infrastructure to protect left-hand turns (designated lanes, arrows)	3
<i>Municipal Department of Public Works</i>	
<i>Few or no protected left-hand turns are available</i>	<input type="radio"/> 1
<i>Protected left-hand turns have been included in new, suburban development projects</i>	<input type="radio"/> 2
<i>Protected left-hand turns are available at major intersections, high traffic areas, and in new, suburban developments</i>	<input checked="" type="radio"/> 3
<i>*Left hand turns are one of the most hazardous driving situations and risk increases with age.*</i>	
Comments:	
5. Infrastructure to improve visibility (road signs that are clear, visible, and readable)	3
<i>Municipal Department of Public Works</i>	
<i>Little or no infrastructure exists to improve visibility</i>	<input type="radio"/> 1
<i>Infrastructure to improve visibility exists on main roadways</i>	<input type="radio"/> 2
<i>Infrastructure to improve visibility exists on the majority of streets</i>	<input checked="" type="radio"/> 3
Comments:	
6. Walk Score	1
Walk Score	
<i>Walk Score of 0-49</i>	<input checked="" type="radio"/> 1
<i>Walk Score of 50-89</i>	<input type="radio"/> 2
<i>Walk Score of 90-100</i>	<input type="radio"/> 3
<i>*Walking provides a free means of transportation and exercise to residents of all ages and abilities.*</i>	
Comments:	
Completed Questions (out of 6)	6
Transportation Subtotal	15



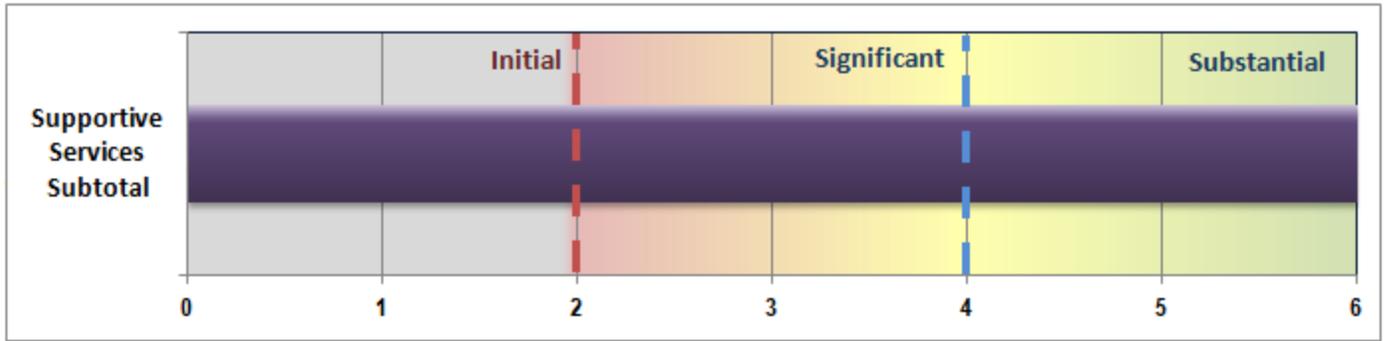
C. Safety	
	Score
1. Crime rate (property and violent)	3
<i>Municipal Police Department</i>	
<i>There are few "safe" neighborhoods with low crime rates</i>	<input type="radio"/> 1
<i>There are some "safe" neighborhoods with low crime rates</i>	<input type="radio"/> 2
<i>Most neighborhoods are considered "safe" based on low crime rates</i>	<input checked="" type="radio"/> 3
<i>*High crime rates can discourage older adults and adults with disabilities from engaging in activities and accessing services in their communities.*</i>	
Comments:	
2. Emergency preparedness plans addressing the needs of residents with special needs (older adults, individuals with disabilities, individuals with chronic illnesses)	3
<i>County Emergency Management Department or Municipal Fire Department</i>	
<i>Emergency preparedness plans do not include provisions for residents with special needs</i>	<input type="radio"/> 1
<i>Emergency preparedness plans include some provisions for residents with special needs</i>	<input type="radio"/> 2
<i>Emergency preparedness plans thoroughly address the needs of residents with special needs</i>	<input checked="" type="radio"/> 3
<i>*Older adults and adults with disabilities are more vulnerable during disasters.*</i>	
Comments:	
Completed Questions (out of 2)	
	2
Safety Subtotal	
	6



D. Health Care	
	Score
1. Health Professional Shortage Area or Medically Underserved Area (HPSA/MUA) designation	2
Health Resources and Services Administration	
<i>Designated as a HPSA/MUA with a score of 9 or higher</i>	<input type="radio"/> 1
<i>Designated as a HPSA/MUA with a score of 8 or less</i>	<input checked="" type="radio"/> 2
<i>Not designated as a HPSA/MUA or designated with a score of zero</i>	<input type="radio"/> 3
<i>*A high HPSA/MUA score indicates that there is insufficient medical care available in the</i>	
Comments:	
2. Presence of specialist physicians	3
American Medical Association	
<i>There are few medical facilities/physicians' offices located within the municipality</i>	<input type="radio"/> 1
<i>The medical facilities/physicians' offices are concentrated in one location</i>	<input type="radio"/> 2
<i>Medical facilities/physicians' offices are located throughout the municipality</i>	<input checked="" type="radio"/> 3
<i>*Indicates how well the medical needs of the community are being met.*</i>	
Comments:	
3. Presence of preventive health programs for older adults and adults with disabilities	3
<i>County Department of Public Health, Senior Service Organizations, Area Aging on Aging</i>	
<i>Few preventive health programs are offered</i>	<input type="radio"/> 1
<i>Preventive health programs are available but access is limited</i>	<input type="radio"/> 2
<i>Most or all residents have access to preventive health programs</i>	<input checked="" type="radio"/> 3
<i>*Preventing illness and injury reduces the burden on medical providers.*</i>	
Comments:	
Completed Questions (out of 3)	3
Health Care Subtotal	8

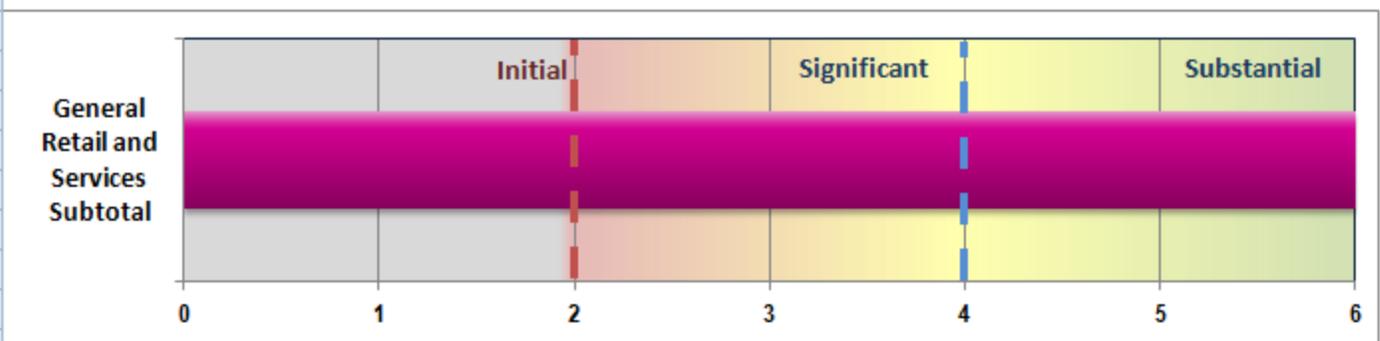


E. Supportive Services	
	Score
1. Presence of home and community based services for older adults and adults with disabilities	3
<i>Senior Service Organization or Area Agency on Aging</i>	
<i>Few or no home and community based services are available</i>	<input type="radio"/> 1
<i>Home and community based services are available at market cost only</i>	<input type="radio"/> 2
<i>Home and community based services are available to residents at all income levels by both for-profit and nonprofit organizations</i>	<input checked="" type="radio"/> 3
<i>*Home and community based services provide an alternative to institutional care for older adults and adults with disabilities.*</i>	
Comments:	
2. Presence of caregiver support services	3
<i>Senior Service Organization or Area Agency on Aging</i>	
<i>Few or no caregiver support services are available</i>	<input type="radio"/> 1
<i>Access to caregiver support services are available at market cost only</i>	<input type="radio"/> 2
<i>Caregiver support services are available throughout the municipality to caregivers at all income levels</i>	<input checked="" type="radio"/> 3
<i>*Family caregivers provide most of the care needed by older adults and adults with disabilities.*</i>	
Comments:	
Completed Questions (out of 2)	2
Supportive Services Subtotal	6



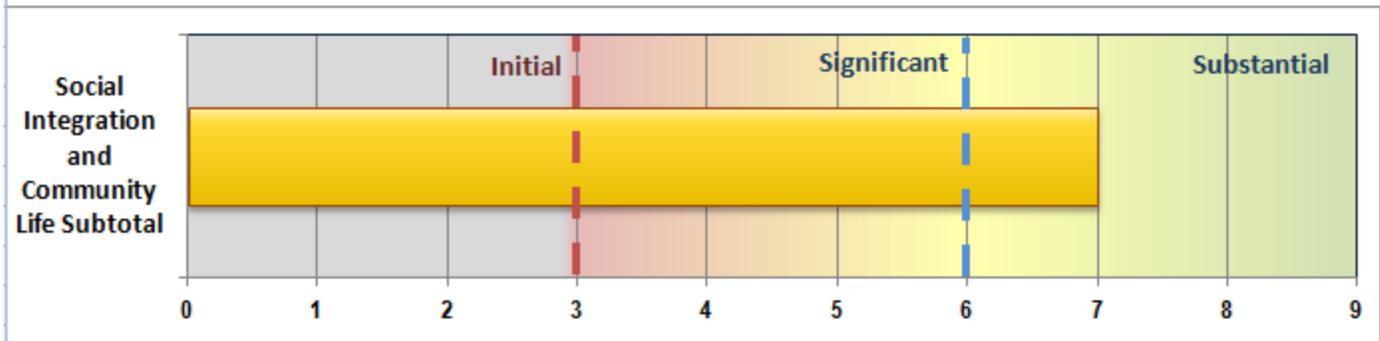
F. General Retail and Services

	Score
1. Land area zoned for mixed use/retail	3
<i>Municipal Planning Department</i>	
<i>Mixed use districts do not exist in municipality</i>	<input type="radio"/> 1
<i>There are limited mixed use districts in municipality</i>	<input type="radio"/> 2
<i>Mixed use districts are common in municipality</i>	<input checked="" type="radio"/> 3
<i>*Mixed use districts allow older adults and adults with disabilities easy access to a variety of goods and services.*</i>	
Comments:	
2. Food Desert designation	3
Food Access Research Atlas	
<i>Many areas in the municipality are designated as a Food Desert</i>	<input type="radio"/> 1
<i>Few areas in the municipality are designated as a Food Desert</i>	<input type="radio"/> 2
<i>There are no areas designated as a Food Desert within the municipality</i>	<input checked="" type="radio"/> 3
<i>*Food Deserts indicate that residents in a given area lack access to healthier fresh foods.*</i>	
Comments:	
Completed Questions (out of 2)	2
General Retail and Services Subtotal	6



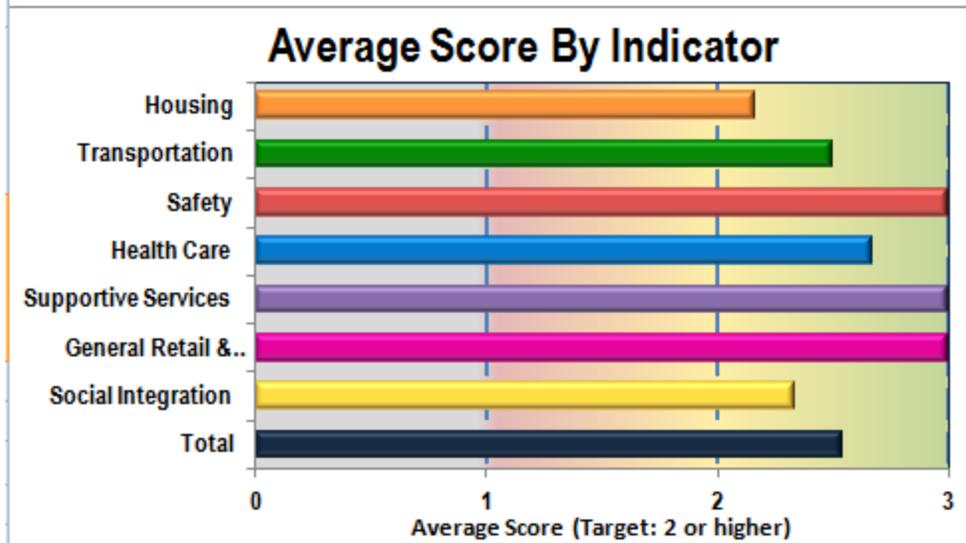
G. Social Integration and Community Life	
	Score
1. Presence of activities that promote intergenerational contact	3
<i>Municipal Department of Parks and Recreation</i>	
<i>Activities are targeted to residents of one age group or ability level</i>	<input type="radio"/> 1
<i>Activities are open to residents of all ages and abilities but at limited locations and times</i>	<input type="radio"/> 2
<i>Activities are open to residents of all ages and abilities at a variety of locations and times</i>	<input checked="" type="radio"/> 3
<i>*Socially isolated older adults and adults with disabilities are at an increased risk for a number of negative physical and mental health outcomes.*</i>	
Comments:	
2. Presence of places for older adults and adults with disabilities to gather	3
<i>Municipal Planning Department</i>	
<i>There are few places for residents to gather</i>	<input type="radio"/> 1
<i>Places where residents can gather are not physically or financially accessible to older adults or adults with disabilities</i>	<input type="radio"/> 2
<i>There are a variety of places where residents can gather that are accessible to residents of all ages and abilities</i>	<input checked="" type="radio"/> 3
<i>*Socially isolated older adults and adults with disabilities are at an increased risk for a number of negative physical and mental health outcomes.*</i>	
Comments:	
3. Presence of individuals or organizations to facilitate volunteer activity	1
<i>Senior Service Organizations</i>	
<i>Volunteer opportunities are communicated informally by word of mouth or through national websites</i>	<input checked="" type="radio"/> 1
<i>Volunteer opportunities are centrally listed</i>	<input type="radio"/> 2
<i>There is a central volunteer center that promotes volunteer opportunities within the municipality</i>	<input type="radio"/> 3
<i>*Volunteering has been found to reduce physical and mental health risks.*</i>	
Comments:	

Completed Questions (out of 3)	3
Social Integration and Community Life Subtotal	7



SUMMARY RESULTS

Indicator	Section Score	# questions	Avg. Score (Max 3)	Meets Progress Goal?
Housing	13	6	2.17	Yes
Transportation	15	6	2.50	Yes
Safety	6	2	3.00	Yes
Health Care	8	3	2.67	Yes
Supportive Services	6	2	3.00	Yes
General Retail & Services	6	2	3.00	Yes
Social Integration	7	3	2.33	Yes
Total	61	24	2.54	Yes



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Appendix B – Imagine Cary Input/Feedback for Community Development/Land Use Planning, Downtown, Transportation and Housing.

Where Will We Live?

Should Cary have a wider array of housing choices to meet the needs of. . . .

- A. The growing senior population? **(6 members agreed)**
- B. Smaller households such as singles, no-child couples, and small families? **(5 members agreed)**
- C. Young professionals under the age of 35? **(6 members agreed)**
- D. Moderate income households earning \$37,650-\$60,240 that may work in Cary? **(6 members agreed)**
- E. Other? **Members agreed to add low income households earning lower than \$38,000 to the other category.**

What housing type you most prefer to live in today?

- Small Lot Single Family **(2 members agreed)**
- Single Family **(3 members agreed)**
- Continuing Care / Retirement Community **(3 members agreed)**
- Other **(affordable housing based on age and income and mobile homes)**

The following choices were not chosen by any members: apartments/condos, lofts, accessory dwellings, townhomes, patio homes, and assisted living.

What housing type you most prefer to live in the future?

- Townhomes **(1 member agreed)**
- Patio **(1 member agreed)**
- Small Lot Single Family **(2 members agreed)**
- Single Family **(1 member agreed)**
- Continuing Care / Retirement Community **(3 members agreed)**
- Other **(affordable housing)**

The following choices were not chosen by any members: apartments/condos, lofts, accessory dwellings, patio homes, and assisted living.

Which of these future directions do you support as a priority for Cary?

- D. More Choices Near Commercial Centers **(2 members agreed)**
- E. New Opportunities for Moderate Income Households near Commercial Centers **(3 members agreed)**
- F. Write in Option – **Affordable**

The following choices were not chosen by any members: A. Keep Housing Mix the Same, B. More Choices in New Residential Neighborhoods, and C. More Choices in Redeveloping Residential Areas.

Where Will We Shop and Dine?

Does your neighborhood have adequate and sufficiently convenient access to shopping and dining locations to meet your regular household needs?

- B. Yes, we have adequate access to shopping and dining. **(4 members agreed)**
- C. We have access to more shopping and dining options than are actually needed in our area. **(1 member agreed)**

The following choices were not chosen by any members: A. No, we do not have adequate access to shopping and dining and D. I don't know.

What is your most favorite area to shop and dine in Cary?

Why?

- **Park West Village in Morrisville; Shopping center is well planned.**
- **Downtown Cary**
- **Downtown Cary brings back good memories.**
- **Downtown Cary**
- **Downtown Cary for walkability and Big Box Stores for groceries.**
- **Downtown Cary**

What is your least favorite area to shop and dine in Cary?

Why?

- **Mayfair; The grounds are not well kept.**
- **Crossroads**
- **Cary Towne Center and Crossroads**
- **Cary Towne Center**
- **Cary Towne Center**
- **Cary Towne Center and Crossroads.**

Members discussed the reason they dislike Crossroad because of traffic, layout, and car dependency. Members stated there are few shopping and dining options in downtown, but still enjoy the area.

Do you think any of the following types of commercial centers would be appropriate or desirable somewhere in Cary, although not necessarily near your neighborhood?

- **Conventional Shopping Center – (2 members agreed; Members suggested rehabilitating existing conventional shopping center)**
- **Conventional Suburban Big Box – (2 members agreed; Members suggested rehabilitating existing conventional suburban big box)**
- **North Hills in Raleigh (1 member agreed)**
- **East 54 in Chapel Hill (2 members agreed)**
- **Other (1 member liked Cary Towne Center)**

Which of these future directions do you support as a priority for Cary?

B. Maintain Existing Commercial Centers **(4 members agreed. Members would like to see rehabilitation of existing commercial centers.)**

C. Allow for More and Denser Development at a Few Strategic Commercial Center **(2 members agreed)**

D. Promote Infill Development, New Buildings Built in Spaces between Other Buildings, in Strategic Locations **(1 member agreed)**

The following choice was not chosen by any members: A. Reduce Development Potential at Undeveloped Commercial Center.

How Will We Get Around?

Question 1: How do you travel today?

- Members' discussion:
- car and sometimes uses C-Tran
- member walks unless traveling outside of a walkable area
- Mode of transportation depends on venue and what time the event is over
- 75% car and 25% walking
- car

Question 2: How would you prefer to travel in the future?

- Primarily car, back-up C-Tran or riding with a friend, unless in walking distance
- Seniors would use C-Tran more if they could get to a bus stop in five minutes.

Question 3: How large should major roadways be?

- Four lanes with a landscaped median – **3 members agreed**
- Five lanes with a center turn lane – **1 member agreed**
- Six lanes with landscaped median - None
- Other – **2 members agreed on eight lanes.**

Question 4 – What's Most Important?

Roadways

- Safety – **3 members agreed**
- Aesthetics – None
- Travel Time – **3 members agreed**
- Well-maintained System - None

Pedestrian Facilities

- Safety – **6 members agreed**
- Aesthetics – None
- Travel Time – None
- Well-maintained System - None

Bike Facilities

- Safety – **5 members agreed**
- Aesthetics – None
- Travel Time – **1 member agreed**
- Well-maintained System - None

Bus

- Safety – **1 member agreed**
- Aesthetics – None
- Travel Time – **5 members agreed**
- Well-maintained System – None

Rail

- Safety – **1 member agreed**
- Aesthetics – None
- Travel Time – **5 members agreed**
- Well-maintained System – None

Members discussed including the well-maintained system choice as part of the safety choice in the above answers.

5. What's the most important idea for C-Tran?

Members ranked ideas from most important to least important.

- **1 member:** more frequent service, expand service time, transit amenities, serve more locations
- **2 members:** more frequent service, expand service time, serve more locations, transit amenities
- **2 members:** expand service time, more frequent service, serve more locations, transit amenities
- **1 member:** more frequent service, serve more location, transit amenities, expand service time

6. Where should C-Tran expand service?

Members' discussion:

- Davis Drive
- Areas where senior retirement housing are located, especially Del Webb
- Airport – Comment from staff: A person could ride the Triangle Transit from the Cary Depot to the airport.
- No additional stops needed.
- Loved the expanded service hours.
- Would like to see an extensive bus system and C-Tran being limited to seniors and people with disabilities.
- Evening trolley system that picks up people from neighborhoods and goes downtown.

How Will Downtown Cary Thrive?

Which character types are appropriate for the downtown area?

- **1 member** – Other, 3-4 story buildings that are setback from road
- **1 member** – Mixed uses B for North Academy and both ends of Chatham
- **1 member** – Mixed uses C for Central Chatham, Mixed uses B for East and West Chatham, Other for South Academy, Residential B for Neighborhoods
- **2 members** – Mixed uses A, B, or C located on the extremities of North Academy, South Academy, and Chatham. Members would like to preserve central character of downtown and the neighborhoods of downtown.
- **1 member** – Mixed uses B for North Academy and Chatham, but residential A is more likely to be seen in future.

What transportation issues or improvements you'd like to see addressed over the next 20 years (in downtown)?

Members' discussion:

- More user friendly and safe pedestrian crossings, even beyond downtown area
- Trolleys to bring people downtown
- Enforce speed limits