



Final Recommendations for an Age-Friendly DC

Prepared by the Age-Friendly DC Task Force
September 25, 2014



Dear Mayor Gray:

Thank you for your leadership to make the District of Columbia an age-friendly city by 2017. We share your goal of transforming the city and appreciate the opportunity to advise on how this transformation will be achieved. As the District's 50 plus population rapidly increases, we want our community to stand out as a great city in which to live, work, play and grow older.

Using the eight domains of the World Health Organization (WHO) and two DC-specific domains, the Task Force has assembled recommendations to make the District a municipality in which all can more easily remain active and engaged throughout their life.

The Task Force benefited from the World Health Organization-required listening phase during which opinions, concerns and ideas from District residents and stakeholders were recorded and summarized for our use. Most recently a series of community meetings were held in each quadrant of the city to provide opportunities for public feedback on our draft goals and objectives. Comments from the community meetings reinforced many of our recommendations and we integrated new ideas that surfaced. We want to convey our gratitude to the many individuals and organizations that contributed to the volume of information that informed the development of the recommendations.

We anticipate these goals and objectives will be used as guidance for actions that will be incorporated into the *Age-Friendly DC Strategic Plan*. Thank you for the opportunity to serve.

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Introduction

On October 3, 2012, Mayor Gray reaffirmed his commitment to preserving the independence of aging District residents and improving the lives of persons 50 years of age and older by pursuing admission into the World Health Organization (WHO) and AARP's Network of Age-Friendly Cities and Communities. An age-friendly city is one that is inclusive, accessible and encourages active and healthy living for all residents.

Nearly two years after the District embarked on this exciting journey to become an age-friendly city, the Age-Friendly DC Task Force recommendations reflect the hard work, thoughtfulness and commitment of District residents and stakeholders, including public and private sector leaders, to prepare the City for a future with a growing older population. This document incorporates the voices of thousands of residents, the knowledge of local and national leaders in many fields, and the best practices learned from other cities in WHO's Age-friendly Network.

The Age-Friendly DC Task Force's recommendations are framed by the eight domains identified and defined by WHO that impact the well-being and quality of life of persons 50 years of age and older, yet are broad enough to reflect the diversity of all who live in, work in and visit the District of Columbia. The eight domains are as follows:

1. Outdoor spaces and buildings;
2. Transportation;
3. Housing;
4. Social participation;
5. Respect and social inclusion;
6. Civic participation and employment;
7. Communication and information; and
8. Community support and health services.

Age-Friendly DC also identified two additional DC-specific domains that reflect the unique values, issues and challenges of District residents. Those DC-specific domains are:

9. Emergency preparedness and resilience; and
10. Elder abuse, neglect and fraud.

The Age-Friendly DC Task Force

In September 2013, the Age-Friendly DC Task Force was established through a Mayor's Order. The Mayor's Order appointed 23 voting members to the Task Force including eleven community members each with extensive knowledge in at least one domain, and twelve District Government cabinet members. Mayor Gray charged the Task Force with developing recommendations, including best practices, strategies, and policies for transforming the District of Columbia into an age-friendly city. Additionally, Task Force members were asked to make recommendations on creating, expanding and fostering public-private partnerships and linkages between the District and other organizations, as well as advise on strategies to expand awareness of and enthusiasm for the District's efforts.

The Community Engagement Process

Since its establishment, Age-Friendly DC has heard from nearly 3,500 mostly older residents. In 2013, in partnership with the DC Office on Aging, Age-Friendly DC hosted two Senior Symposiums to solicit feedback from residents and stakeholders. Age-Friendly DC also partnered with AARP-DC to survey volunteers and homebound DC residents; and completed 40 community consultations with residents, and ten focus groups with knowledgeable leaders. Information was also provided by the DC Office on Aging's Senior Needs Assessment (2012) which highlighted the needs and desires of older DC residents. The New York Academy of Medicine (NYAM), in their role as advisor to numerous Age-Friendly Cities internationally, was engaged to examine and analyze the District's data from these sources.

Task Force members met extensively over the course of four months reviewing the data and information gathered in 2013. The Task Force incorporated the wisdom of other academics, government officials and community leaders, and then developed a comprehensive and thoughtful series of goals and objectives organized by the 10 domains.

In August 2014, the Task Force released a draft of the goals and objectives for public comment. The office of the Deputy Mayor for Health and Human Services, in concert with the Age-Friendly DC Task Force, held five community meetings – one in each quadrant of the city and one in the central business district – with the goal of engaging a diverse group of stakeholders. Nearly 200 stakeholders attended these meetings to provide feedback. An additional 30 residents who were not able to attend a community meeting provided feedback through a web-based survey and by email.

While the Task Force Recommendations are broad in scope, residents and stakeholders also had the opportunity to inform the plan on a micro level by completing an Age-Friendly DC Block-by-Block walk in their neighborhood. Between March and September 2014, 104 of 296 Single Member Districts were walked by more than 500 stakeholders with the goal of identifying assets or issues needing attention through the lens of older DC residents. The data collected on these walks have added new perspective to the goals and objectives and have provided anecdotal evidence to validate the Task Force's Recommendations.

Next Steps

This document establishes a record of the priorities, concerns, and desires of District residents and stakeholders. The office of the Deputy Mayor for Health and Human Services will transform the Task Force's Recommendations into the *Age-Friendly DC Strategic Plan* which will lay out the goals that the District aspires to achieve, the strategies it will take to reach these goals and the indicators by which it will measure success. The Recommendations will be used to guide the ongoing work of the Age-Friendly DC Task Force and District government agencies and partners as we continue on the journey to become and grow as an age-friendly city.



Domain #1: Outdoor Spaces and Buildings – accessibility to and availability of safe recreational facilities

OPEN SPACES, PARKS AND RECREATION

Value: ***MOVE*** – Encourage DC residents of all ages to lead active lifestyles.

Goal 1: Identify and reduce barriers to access, improve sidewalks and increase transportation options that allow residents to connect to parks and open space.

Goal 2: Ensure parks are equipped with benches, drinking fountains and restrooms.

Goal 3: Increase number of recreation programs targeted toward older adults, particularly fitness and aquatics programs but also including arts and cultural programs.

Objective 3.1: By 2032, ensure all residents have access within ½ mile of their home to open spaces, natural places and free or low cost recreational opportunities through an adequate number of easily accessible and outdoor venues for physical activity.

Objective 3.2: By FY16, initiate a strategy for making opportunities for physical activity attractive to age 50+ people through welcoming, safe and fun spaces, resulting in at least 80% of residents rating their access to outdoor recreation as good or excellent.

Objective 3.3: Initiate expansion of Park Prescription programs to all ages, not just children, by FY15.

Objective 3.4: Create a city-wide parks and recreation guide for all ages, and highlight programming specifically for older adults by FY16.

Value: ***GROW*** – Encourage personal growth, mental and social well-being across the life continuum.

Goal 4: Solicit input from DC residents 50+ for DC park plans.

Objective 4.1: Within three years of adoption of this plan all residents will have had the opportunity to participate in development of a District-wide outdoor education plan.

Objective 4.2: By 2020, increase participation of DC residents 50+ in DPR surveys and outdoor opportunities to learn, nurture mental health and increase social cohesion through active programs, place-based information, creative placemaking and public art, and engaging interpretation of natural spaces, to increase satisfaction from 18 to 25%.

Objective 4.3: Encourage older residents to take advantage of opportunities by partners such as DPR, National Park Service, DC Commission of Arts and Humanities and nonprofits to produce unified information about sites, access, activities and programs.

Value: ***Be Green*** – Increase opportunities for people to experience nature and learn about environmental stewardship.

Goal 5: Make natural spaces and healthy, outdoor environments more accessible in the District.

Objective 5.1: By 2032, provide access to natural spaces within ½ mile of every home (pockets, slivers, pollinator pathways or other creative opportunities for natural settings).

Objective 5.2: Within 15 years increase natural features on DC properties by 40%.

Objective 5.3: Complete an inventory of active environmental stewardship programs within one year of adoption of this plan and work to increase those opportunities by 50% by 2020.

FOOD ACCESS AND SECURITY

Value: NOURISH – Ensure aging populations have access to fresh, healthy and affordable foods on a daily basis.

Goal 6: Make healthy food more accessible to low-income and low-mobility older adult populations by developing strategies to increase food retail, food donation, local agriculture, congregated dining, and/or meal delivery options, AND leveraging the District’s best use of federal and local nutrition programs and funds in four DC neighborhoods with the highest unmet needs (as identified in DC food deserts map).

Objective 6.1: By 2016, develop a plan to reduce food deserts in the 4 DC neighborhoods with the greatest needs.

Objective 6.2: By 2020, eliminate food deserts in DC.

Goal 7: Enhance emergency food resources and services by conducting a scan of the existing sources of food to be distributed to aging populations during emergencies; develop a strategy for reducing any existing waste, increasing supply, and/or increasing efficiency of delivery.

Objective 7.1: By 2015, develop plan for food access during emergencies.

Objective 7.2: By 2017, develop strategy to reduce food waste by 50%.

Goal 8: Maximize efficiency and effectiveness of existing food resources for low-income seniors by collaborating with nutrition services organizations, government agencies, faith-based institutions, and businesses, currently operating in DC, to identify strengths, limitations, and areas of overlap, and develop a strategy to enhance coordination and identify opportunities for synergy.

Objective 8.1: In 2015, convene meeting with stakeholders and elders to enhance coordination of food resources.

Objective 8.2: By 2016, develop city-wide resource guide for existing food resources for low-income elders and public.

BUILT ENVIRONMENT AND RESILIENCE

Value: COMMUNITY – Create neighborhoods with support networks, healthy buildings, and safe public spaces so that aging populations can stay in their homes and communities.

Goal 9: Identify, locate and reach special, vulnerable and at-risk populations in an emergency.

Objective 9.1: By 2017, Create a Community Outreach Information Network (COIN).

Objective 9.2: By 2017, Ensure emergency shelters are designed and prepared to serve persons of all ages and abilities.

Goal 10: Ensure affordable, adequate and safe housing for all residents.

Goal 11: Maintain healthy homes for all residents.

Objective 11.1: Adopt Enterprise Green Communities Universal Design criteria.

Objective 11.2: Adopt visitability standards for new buildings and retrofit older buildings to ensure buildings can be visited.

Objective 11.3: Provide adequate lighting to create safe and secure buildings.

Objective 11.4: Ensure emergency services can access elder resident's homes.

Objective 11.5: Provide adequate parking for older adults and persons with disabilities.

Goal 12: Ensure buildings meet the seven HUD principles of healthy housing (dry, clean, pest and contaminant-free, safe, ventilated, and maintained) to protect all residents, including children during their first 1000 vulnerable days.

Objective 12.1: By 2017, adopt the National Healthy Housing Standard to ensure that existing residential properties in DC meet minimum health and safety standards.

Objective 12.2: By 2020, develop and implement Green Building Codes for retrofitted buildings.

Goal 13: Be Resilient - Prepare for the Consequences of Climate Change

Objective 13.1: By 2017, require use of mold-resistant gypsum board and cement board in moisture-prone locations during new construction or substantial renovation of residential housing.

Goal 14: Create Walkable Neighborhoods and Safe crossings

Objective 14.1: Ensure streets and transit stops include age-friendly, strategically placed benches.

Objective 14.2: Ensure elders are able to connect to services through sidewalk, street and transportation connectivity.

Goal 15: Increase the number of single-occupancy restrooms in public buildings and spaces, in order to increase the comfort and mobility of older transgender persons.



Domain #2: Transportation – safe and affordable modes of private and public transportation.

Goal 1. Transportation Safety: Travel within the District will be safe for travelers of all ages and abilities, particularly seniors, on all modes.

Objective 1.1: Implement recommendations in the DC Strategic Highway Safety Plan to improve safety overall and get to zero deaths.

Objective 1.2: Maintain sidewalks and crosswalks in good condition, including through the use of new materials and construction techniques and working to balance historic preservation, access, and safety.

Objective 1.3: Design crosswalks and program traffic control devices for improved safety and convenience of pedestrians and cyclists. [linked to Sustainable DC]

Objective 1.4: Explore sustainable funding sources for sidewalk maintenance and construction.

Objective 1.5: Provide training and public awareness for all modes to reduce conflicts and improve traveler safety and comfort. Work with DC schools to sensitize students to the impact of their behavior on seniors.

Objective 1.6: Enforce transportation regulations to ensure safe travel for seniors within the District.

Objective 1.7: Update signs for evacuation routes and dead ends streets.

Objective 1.8: Provide more and better bicycle facilities, consistent with the recommendations of MoveDC, to support bicycling as a viable mode for active seniors and to reduce conflicts on sidewalks and roadways. [linked to MoveDC]

Goal 2. Walkability and Accessibility: Senior residents have multiple options to access goods and services in their neighborhood and across the city.

Objective 2.1: Provide a pleasant and safe walk experience by providing sidewalks on at least one side of the street, maintaining them in good condition, and providing appropriate street furniture as part of streetscape projects.

Objective 2.2: Ensure that transit is a viable travel option for seniors in terms of service frequency, bus stop location, connectivity, accessible pathways to bus stops, and to and within transit stations, and adequate lighting in transit stations and at bus stops.

Objective 2.3: Ensure that a range of modal choices are affordable at all income levels and explore payment options for making modal choices convenient and available.

Objective 2.4: Connect with housing and economic development efforts to ensure that land use patterns support aging in place with affordable housing near travel options and goods, services, and community institutions in neighborhoods. [cross-sector]

Goal 3. Communications and Traveler Information: Seniors will have the information they need to make informed travel choices.

Objective 3.1: Provide travel information via multiple channels (both low tech and high tech) and in multiple locations to ensure maximum awareness of all travel options, including through a one-call, one-click system.

Objective 3.2: Work with businesses and community institutions to provide customized multimodal travel information for seniors, including real-time.

Objective 3.3: Provide training and mobility management that introduces seniors to different travel options to ensure they can use the broadest range of modes and make cost-effective, efficient choices.

Objective 3.4: Work with broader communications efforts to ensure that transportation information is included.

Goal 4. Transportation Operations: Transportation providers will coordinate with and for seniors to provide a safe, efficient, reliable, and predictable travel experience across all modes.

Objective 4.1: Coordinate between service providers, for hire vehicles, and ridesharing programs (such as through the villages) within the District and across the region to ensure efficient, cost-effective modal choices for customers.

Objective 4.2: Improve system reliability through real-time awareness of incidents, faster response, and making assets less vulnerable.

Objective 4.3: Ensure that transportation emergency response plans take into account the needs of vulnerable populations and that those plans are communicated to those populations.

Objective 4.4: Improve system flows between and within transportation modes (within transit stations, signal priority between modes).

Objective 4.5: Provide seamless payment options between different service providers.

Objective 4.6: Include seniors on advisory committees for all modes and providers.

Objective 4.7: Increase the share of accessible taxis in the DC taxi fleet.



Domain #3: Housing – wide range of housing options for older residents, aging in place, and other home modification programs.

Vision: As the senior population of DC continues to grow, the City will ensure that a continuum of living options exists, including the option to age in place, and that the necessary services are in place to support these options.

Goal 1: Support aging in place.

Objective 1.1: Support the DC Department of Health Care Financing in implementing the necessary steps to start PACE within the targeted timeline, i.e. the application, submission, and approval of a state plan amendment and the creation of a Request for Application/Request for Proposal by DC and the selection of a provider in response to the requests. Implement the Program of All-Inclusive Care for the Elderly (PACE) upon Federal approval.

Objective 1.2: Act on the recommendations listed below of the Single Family Residential Rehabilitation Program and Handicapped Accessibility Improvement Program Task Force, which includes representatives from DHCD, DCHF, AARP-DC, DC Free Falls Coalition, DCOA, and Legal Counsel for the Elderly.

Objective 1.2.1: Eliminate the need for renters to apply to Handicapped Accessibility Improvement Program (HAIP) program for environmental adaptation

Objective 1.2.2: Eliminate the need for renters in need of environmental adaptations to move through the HAIP eligibility process.

Objective 1.2.3: Include occupational therapy (OT) home assessment for accessibility requests

Objective 1.2.4: Create an expedited, capped program to address immediate accessibility/safety needs. For example, modifications up to \$7,500 would be eligible.

Objective 1.2.5: Housing (four units or less) that is using District funds to address code remediation or other rehab should be assessed for accessibility needs to facilitate aging in place.

Objective 1.2.6: Expand the Single Family Residential Rehabilitation Program to include funding for reasonable modifications for seniors with a disability in rental properties. This recommendation would provide funding for such structural changes in properties without Federal assistance. In addition to providing funding for reasonable modifications for seniors with a disability, funding could also be made available for modest modifications for seniors who did not meet the applicable disability definition.¹

Objective 1.3: Implement changes to DC Zoning Law recommended by the Office of Planning in their September 2012 draft zoning revisions that would permit accessory dwelling units (ADUs, or “granny flats”) by right in most residential zones, with certain restrictions.

Objective 1.4: Explore home-sharing as a strategy for enabling older adults who are physically, mentally and emotionally capable of maintaining their residency in a safe and mutually beneficial partnership.

Goal 2: Improve access to and availability of assisted living, supportive and affordable housing options.

Objective 2.1: Encourage preservation and improvement of existing, affordable senior housing proximate to mass transit (bus or metro).

Objective 2.2: Consider using Housing Production Trust Funds to produce new affordable, transit-oriented, universally designed units that are welcoming to all seniors and supportive of special needs populations.

Objective 2.3: Ensure consistent enforcement of the Fair Housing Act. Review impediments and recommendations included in the District of Columbia Analysis of Impediments to Fair Housing Choice 2006-2011, paying particular attention to Impediments 6, 8, and 9 and the associated recommendations. (Impediment 6 relates to accessory dwelling units; impediment 8 relates to ensuring the planning process complies with the Fair Housing Act and Americans with Disabilities Act; Impediment 9 addresses community-based residential facilities.)

Objective 2.4: Amend Medicaid waiver and/or State Plan to promote real assisted living options for low income seniors and promulgate more realistic Medicaid reimbursement rates that are high enough to attract investment and flexible enough to provide for seniors with greater ADL needs.

Objective 2.5: Devote more units to assisted living.

Objective 2.6: Investigate opportunities to use “Pay for Success” partnerships, such as the assisted living model being pursued by Ohio-based National Church Residences, to take on the financial risk of expanding permanent housing and assisted living, as described above.

Objective 2.7: Champion and advance a revised version of the visitability bill that was developed in consultation with developer and advocate communities that requires first floor bathrooms, 31.75 inch doorways, zero step entryways, and accessible controls and is on par with neighboring jurisdictions' visitability requirements and incentives.

Objective 2.8: In those projects where inclusionary zoning goals apply, 5% of the set asides should be suitable for households where at least one member is 60 years of age or older and the household's income is at or below the appropriate thresholds.

Objective 2.9: Recognizing that older LGBTQ residents still face unwelcoming environments in age-friendly housing settings, ensure that a range of safe, welcoming housing options exist for LGBTQ residents across the continuum of housing needs for aging populations.

Objective 2.9.1: Fund an additional thirty (30) vouchers from the Housing Choice Voucher program per year for the next ten years, and offer them to HIV-positive, elderly individuals who are otherwise qualified. The vouchers should be limited to housing located within ½ mile of both an HIV primary-care provider and a full service pharmacy.

Objective 2.9.2: Encourage development of new group (congregate) or other age-friendly housing projects that are committed to welcoming and including LGTBQ seniors and work with operators of existing housing to create more welcoming environments.

Goal 3: Maximize awareness and utilization of age friendly housing opportunities through education, marketing, and partnership building

Objective 3.1: Charge a position or office with responsibility for the above function, and ensure this entity is adequately resourced and empowered. Consider direct reporting lines to the Deputy Mayors of Health and Human Services and Planning and Economic Development. This entity could lead or support many of the recommended actions below.

Objective 3.2: Ensure greater awareness and increase utilization of programs and tax expenditures available to seniors

Objective 3.3: Increase awareness of changes to the Property Tax Credit made in 2014 and its applicability to and utilization by renters.

Objective 3.4: Require housing-related agencies to conduct affirmative marketing of affordable, safe, and welcoming housing options to LGBTQ seniors, seniors who are Non-English Proficient (NEP) and Limited English Proficient (LEP), and other senior target groups as needed.

Objective 3.5: Provide training for managers of existing publicly-owned and private projects (including those tenant-owned projects) in resources available and best practice strategies for dealing with needs of aging residents, including LGBTQ cultural competency training.

Objective 3.6: Utilize home inspectors, HUD certified housing counselors, and volunteers (if appropriate training is feasible) to train older adults on how to avoid and prevent home repair scams from unscrupulous contractors.

Objective 3.7: Require continuing education on aging in place, and universal design for architects and designers working in related areas.

Objective 3.8: Stimulate increased use of volunteering, possibly using tools such as timebanks and service learning programs, to improve services available to older adults to support aging in place and address issues affecting all ages.

Objective 3.9: Use an intergenerational lens to review existing timebank activities in DC and insert intergenerational language to encourage time exchanges across generations.

Objective 3.10: Build partnerships with local universities and professional associations to leverage pro bono design services and support that encourage universal design and aging in place. Consider the following possible opportunities: facilitate design competitions with students and/or professionals, create a fellowship program that pairs students with community based organizations, and generate research that informs design and production of age-friendly housing.

Objective 3.11: Target outreach and education about tenant rights and affordability protections to elderly tenants and tenants with disabilities.

Further Ideas to Consider

The ideas below emerged in public comment sessions, but the Housing Committee did not have an opportunity to fully consider them. Therefore we have included them here as possible additional areas for the City to consider exploring as it develops its Age-Friendly Strategic Plan. These are not recommendations from the Committee.

- Improve access to pro-bono lawyers and housing advocates so elderly tenants and homeowners understand their rights and what to do if they run into trouble with their health, paying bills, eviction, etc. which could impact their housing affordability.
- Amend the District's rent control law to lower the cap on standard annual rent increases for elderly tenants and tenants with disabilities and make it easier for elderly tenants and tenants with disabilities to qualify for the lower cap.
- Explore ways to promote and encourage additional supportive housing and affordable housing options suitable for grandparents raising grandchildren.
- Reducing parking minimums in senior-friendly housing, where automobile use is lower, to increase affordability.
- Support homeless shelters in providing senior-friendly accommodations, such as integrating universal design and ADA compliance.
- Improve the heavy house cleaning program to address elderly homeowner/renter pest control problems and other needs (hoarding/ too many pets) not currently covered.



Domain #4: Social Participation – access to leisure and cultural activities and opportunities for older residents to participate in social and civic engagement with their peers and younger people.

Goal 1: To bolster and promote continuing education and learning for older adults in the District of Columbia.

Objective 1.1: Assess current vocational and avocational opportunities for older adults in the District of Columbia

Objective 1.1.1: Identify current opportunities

Objective 1.1.2: Determine gaps, strengths, weaknesses

Objective 1.1.3: Identify potential and existing stakeholders

Objective 1.2: Overcome barriers to expanding access to education and learning opportunities for older adults

Objective 1.2.1: Ensure participation across cultures

Goal 2: Establish and strengthen vocational opportunities for older adults

Objective 2.1: promote/publicize vocational opportunities to older adults

Objective 2.2: maximize technology to expand learning opportunities for older adults

Goal 3: Establish and strengthen avocational opportunities for older adults

Objective 3.1: develop intergenerational opportunities

Objective 3.2: promote/publicize avocational opportunities to older adults

Objective 3.3: maximize use of technology and facilitate learning of that technology

Goal 4: Strengthen, develop, and promote arts, recreational and leisure activities for older adults (ARL= Arts, Recreation and Leisure)

***Definition of Older Adults:** older adult retirees, working older adults, homebound older adults, residents in long-term care, non-English speakers, older adults in the LGBTQ community, differently abled older adults*

Objective 4.1: Assess current arts, recreational, and leisure opportunities for older adults.

Objective 4.1.2: Determine gaps in services, strengths, weaknesses

Objective 4.2: Increase/Enhance access to arts, recreational and leisure opportunities for older adults

Objective 4.2.1: Develop quality transportation systems

Objective 4.2.2: Develop culturally, linguistically, and technologically appropriate opportunities

Objective 4.2.3: Make programming affordable

Objective 4.2.4: Expand ADA Accessibility to all programs

Objective 4.3: Strengthen and Expand ARL opportunities

Objective 4.3.1: Create participatory, not just passive opportunities

Objective 4.3.2: Create intergenerational opportunities

Objective 4.3.3: Create neighborhood based opportunities

Objective 4.4: Market ARL activities to promote health and well-being for older adults

Objective 4.5: Evaluate ARL programs, assessing degree to which they are:

Objective 4.5.1: Relevant

Objective 4.5.2: Accessible

Objective 4.5.3: Affordable

Objective 4.5.4: Culturally competent

Goal 5: Strengthen, promote and develop voluntarism among older persons and promote volunteer opportunities for them.

Objective 5.1: Assessment

Objective 5.1.1: Assess the nature and extent of volunteering among the city's older population

Objective 5.1.2: Assess the kinds of volunteer opportunities open to older persons

Objective 5.1.3: Identify needs, gaps and make recommendations for next steps

Objective 5.2: Develop a volunteer clearinghouse in the District whose mission is to match elders with volunteer opportunities

Objective 5.2.1: Promote streamlined volunteer application and matching process

Objective 5.2.2: Promote volunteering among older persons:

Objective 5.2.3: Publicize research on benefits of volunteering;

Objective 5.2.4: Make volunteering "affordable" by exploring time -bank arrangements and/or providing stipend to low-income persons

Objective 5.2.5: Enhance transportation opportunities

Objective 5.2.6: Organize neighbor-hood-based volunteer opportunities

Objective 5.2.7: Explore volunteer potential of homebound and institutionalized populations

Objective 5.2.8: Provide a broad range of volunteer opportunities to address many skill levels

Objective 5.2.9: Create and distribute volunteer handbooks directed to seniors

Objective 5.2.10: Promote volunteerism through city-wide volunteer expo

Objective 5.2.11: Provide recognition of model volunteers on an annual basis

Objective 5.3: Promote volunteering among potential users:

Objective 5.3.1: The Mayor should ensure all Boards and Commissions reflect the age-diversity of DC (unless the specified membership criteria requires otherwise)

Objective 5.3.2: Promote programs that provide multi-generational benefits—*e.g.*, DC Public Schools should explore the use of older volunteers in classroom settings

Objective 5.3.3: Civic and senior organizations should actively recruit seniors to apply for all Boards and Commissions, including ANCs

Objective 5.3.4: Publicize research on the benefits of using older volunteers

Objective 5.3.5: Promote networking between organizations that use older volunteers and those who haven't

Objective 5.3.6: Promote information on volunteerism at retirement exit interviews

Objective 5.3.7: Create and distribute volunteer handbooks directed to "employing" agency

Objective 5.3.8: Provide recognition of model volunteer employers on an annual basis



Domain #5: Respect and Social Inclusion – programs to support and promote ethnic and cultural diversity, along with programs to encourage multigenerational interaction and dialogue.

Mission Statement. Foster and sustain a culture that is empowering, understanding and accepting of older adults within the fabric of Washington, D.C.

Goal 1. EMPOWER: expand programs and services that promote and empower older adults to thrive.

Objective 1.1: Expand older adult-only times at activities, services, and programs (i.e. older adult hours at pools)

Objective 1.2: Increase programs and services specifically and exclusively for designated groups in the older adult population (i.e. LGBT specific dances, book clubs in different languages, etc.)

Goal 2. ELEVATE: increase social and economic partnerships that engage older adults.

Objective 2.1: Establish a program that assists businesses to communicate age friendliness (i.e. certificate)

Objective 2.2: Increase older adult discount opportunities

Objective 2.3: Establish a comprehensive public relations campaign and training initiatives that promote respect and inclusion, and engage older adults and their families.

Goal 3: INCLUSION: expand education and communication efforts that promote respect and a better understanding of older adults' presence and contributions in the community

Objective 3.1: Increase cultural sensitivity training in the community and work place

Objective 3.2: Increase older adult visibility in ad campaigns

Objective 3.3: Expand intergenerational connectivity through DC Schools

Goal 4 ACCESS: improve community infrastructure that increases opportunities for aging in place

Objective 4.1: Expand one-stop resource center for older adults to include searchable list of age friendly businesses and programs

Objective 4.2: Improve government services and facilities to address older adults (i.e. designated lines at DMV and Libraries)

Objective 4.3: Expand business and government outreach and communication efforts to seniors



Domain #6: Civic Participation and Employment - promotion of paid work and volunteer activities for older residents and opportunities to engage in formulation of policies relevant to their lives.

Goal 1: Promote the benefits of elder employment and entrepreneurship.

Objective 1.1: Develop a messaging campaign that communicates the value of hiring older workers to employers. Adopt an employment campaign with a slogan such as, “*BRAVO with Seniors*”: Businesses Reap Advantages and Value Operating with Seniors”

Objective 1.2: Train older applicants on how to complete on-line employment applications

Objective 1.3: Inform employers of potential senior employees via a newsletter

Goal 2: Increase full- and part-time employment and entrepreneurial opportunities for elders.

Objective 2.1: Educate seniors on the rules regarding Social Security benefits and working; partner with OHR to educate seniors on their rights on Age Discrimination and resources available to help them

Objective 2.2: Ensure older adults are aware of how to start new businesses, and provide them small start-up loans/grants

Objective 2.3: Create a DC-funded program similar to SCSEP that targets seniors who face significant obstacles to employment (e.g. transgender and peri-incarcerated)

Objective 2.4: Provide additional resources dedicated to senior employment to the Department of Employment Services (DOES) and the Department of Human Resources (DCHR)

Objective 2.5: Increase the number of entry-level opportunities (Grades 5 & 7) for older workers to work for the DC Government. The goal is to avoid impacting their other financial benefits

Objective 2.6: The DC Department of Human Resources (DCHR) should actively solicit applicants from the senior community, especially for jobs that are part-time or temporary. (i.e. precinct workers)

Objective 2.7: Increase awareness among seniors of opportunities to complete their GED

Objective 2.8: Office on Aging (DCOA) and Department of Recreation contracts should require providers to actively consider qualified seniors when hiring for jobs serving seniors, especially when the job is part-time or temporary; this should be considered one method, but not the only method, of demonstrating cultural competence with seniors

Objective 2.9: DOES should actively identify job opportunities for which transgender individuals may be uniquely qualified (e.g. home care for LGBT clients; LGBT-owned businesses)

Objective 2.10: Additional older adults should be recruited for internships and apprenticeships (including those with DC government)

Objective 2.11: Increase communication with the transgender community about employment opportunities

Objective 2.12: Provide training programs for entrepreneurs dedicated to seniors, perhaps taught by senior “mentors”

Objective 2.13: Businesses designated as Age-Friendly should foster and promote an age-diverse workforce

Objective 2.14 When appropriate, businesses designated as Age Friendly should ensure job sharing opportunities or part time employment are offered to employees as an alternative to full retirement

Objective 2.15: Businesses designated as Age-Friendly should make a concerted effort to communicate job openings to DOES, especially those involving job sharing and those that can be home-based, using communication technology

Objective 2.16: Businesses designated as Age-Friendly should adopt a standard, streamlined employment application for seniors that will be acceptable to many employers (supplemented by company-specific items, only when needed)

Objective 2.17: Businesses designated as Age-Friendly should decrease the number of jobs requiring face-to-face interviews (more phone interviews)

Objective 2.18: Investigate how employers that make concerted efforts to hire qualified seniors can be exempted from State/Federal discrimination laws (similar to how residences dedicated to seniors have been exempted)

Goal 3: Increase the number of elders who voluntarily participate in Government and businesses advisory bodies

Objective 3.1: Using senior publications and activities (sponsored by either DCOA, DPR or senior villages) publicize opportunities to advise the DC government by serving on a board or commission, and solicit volunteer applicants (at least six weeks before openings occur)

Objective 3.2: Ensure each Board or Commission that advises the DC government is age-diverse (unless membership requirements dictate otherwise)

Objective 3.3: Create an appropriate body, populated with volunteer elders, to advise all businesses designated as “Age-Friendly” about senior concerns



Domain #7: Communication and Information - promotion of and access to the use of technology to keep older residents connected to their community and friends and family, both near and far.

Goal 1: DC residents will have access to information important to them in a timely manner and via their preferred medium or media.

Objective 1.1: Review existing data (or collect data, if not currently available) on the types of media DC residents use, how they use them, and which are preferred by different age groups. [This is a data request.] Regularly update this data via surveys as needed.

Objective 1.2: Target communications through a variety of media formats (print, television, radio, digital) to reach all residents. Develop standards for each medium to use to ensure understanding and readability by older adults.

Objective 1.3: Develop email list serves for emergency, traffic, senior-specific and other types of important communications, and invite residents with email accounts to opt in by Ward or neighborhood, as well as age and interest. [This will require collection of email address and location data; not necessary at this time.]

Objective 1.4: Communications (whether print or digital) should be made available in the languages most commonly used by DC residents, as well as in formats suitable for those with no or low vision.

Goal 2: DC residents will have ready access to current information about services and resources available to assist older adults and their caregivers.

Objective 2.1: Print an annual information and resource guide that is easy to use, inexpensive to print and distribute, and can be funded through advertising.

Objective 2.2: Develop and maintain an online resource guide that is regularly updated and can serve as a template for each year's printed guide, and is funded through advertising.

Objective 2.3: Recruit and train contacts at existing community facilities (senior wellness centers, recreation centers, libraries, villages, faith-based and other organizations and clubs, etc.) to communicate with older residents as intermediaries.

Objective 2.4: Explore additional methods to reach socially isolated seniors through formal and informal community representatives, such as village volunteers, callers and home visitors, homecare workers, hairdressers/barbers, as well as through television, radio and print public service announcements. Consider developing interactive electronic kiosks or billboards for malls, office buildings and other public locations.

Goal 3: Older DC residents will have access to, and be able to use, advanced, emerging and assistive technologies, including computers, smartphones and tablets, wireless, fiber and digital technologies, and software applications.

Objective 3.1: Train older DC residents in technologies and devices using existing institutions, including libraries, senior centers, nonprofits and other organizations that offer technology education.

Objective 3.2: Train the trainers in appropriate techniques for teaching technology to older adults.

Objective 3.3: Encourage the provision of low-cost broadband to low-income seniors, as well as readily available public access at little or no charge.

Objective 3.4: Encourage investment in advanced technology, including broadband service, devices and software.



Domain #8: Community Support and Health Services - access to homecare services, clinics, and programs to promote wellness and active aging.

Mission Statement: For private, non-profit and DC government entities, to meet the demands of a growing and changing older population, at various levels of engagement, in need of health and behavioral, wellness and preventative, residential and home care supports and services, by expanding capacity, access, sensitivity, and effectiveness to achieve better health outcomes.

Goal 1: Health and Behavioral Services: to increase consumer awareness of and access to primary and behavioral care and immediate health services and equipment.

Objective 1.1: Increase awareness by providing:

- Transparent information regarding quality of care in hospitals, nursing homes, assisted living facilities and by individual providers
- Explanations regarding billing, medical reports, and fraud identification
- Assistance with finding the right healthcare providers and health care products
- Information about providers who accept Medicare and Medicaid
- Cultural sensitivity training for healthcare providers, family caregivers, and emergency responders to treat older adults (including LGBT older adults)

Objective 1.2: Improve access to health care services by:

- Aligning public policies to ensure maximum access to community-based care and services
- Increasing access to transportation for patients with physical and behavioral health issues

Objective 1.3: Increase range of care options for older people by including:

- Adult day centers
- Care for persons with cognitive impairments
- Mental/behavioral health services
- Respite care for caregivers
- Rehabilitation, hospice, and palliative care
- Hospital discharge planning and execution
- Increased supply of durable medical equipment, and better access in public spaces (e.g. Wheel chairs, Walking frames; Hearing and vision aids, Other adaptive equipment)

Objective 1.4: Advocate for barrier-free structures for health service centers, for easy accessibility

Objective 1.5: Improve and increase use of crisis and health emergency telephone services, medical alert systems, and telemedicine facilities for older adults, especially those living alone

Objective 1.6: Increase/establish shelter and protection services exclusively for homeless and abused older adults

Objective 1.7: Expand the Long-Term Care Ombudsman program to serve all clients residing in nursing homes, assisted living facilities, and Medicaid-funded home care services

Goal 2: Wellness and Preventative Services: to promote livability and activity in the community.

Objective 2.1: Promote nutritious meal and grocery services, and stores with healthy foods

Objective 2.2: Improve access to affordable vaccines

Objective 2.3: Increase professional and life-long learning opportunities

Objective 2.4: Increase evidence-based falls prevention programs

Objective 2.5: Support programming for disease prevention, health promotion and wellness

Objective 2.6: Improve health-awareness by providing:

- Preventive screening
- Vision and hearing care
- Nutritional guidance, grocery distributions
- Behavioral health counseling
- Physical activity promotion
- Support groups (i.e. Diabetes, etc.)
- Social and recreational activities

Objective 2.7: Develop substance abuse programs specifically targeting older adults

Objective 2.8: Increase public awareness of elder abuse and neglect, and of reporting methods

Objective 2.9: Increase access to and the number of affordable and Medicaid-approved assisted living facilities in DC

Objective 2.10: Develop opportunities for adult foster care

Objective 2.11: Increase level of activity among DC seniors

Objective 2.12: Increase peer support and counseling services

Objective 2.13: Encourage partnerships with religious institutions and communities to develop programs, including spiritual support and counseling

Objective 2.14: Ensure older adult populations most susceptible to cultural and social isolation have programs and venues that target their needs (i.e. blind, API, Latino, LGBT, etc.)

Objective 2.15: Increase the capacity and operating hours of existing senior wellness centers

Objective 2.16: Ensure that all new and existing senior wellness centers have up-to-date designs and capabilities, and offer all essential services and technologies for people living with disabilities

Objective 2.17: Increase access to affordable fitness centers and equipment

Objective 2.18: Increase access to literacy and educational opportunities

Goal 3: Residential and Home Care Services: improve safety and support structures in and around the home, and increase connectivity.

Objective 3.1: Evaluate existing support and services contributing to age-friendly housing:

- Increase access to affordable, universal design housing
- Increase the number of moderate and low income affordable housing units available to older adults
- Increase emergency rental assistance programs (i.e. E-RAP)
- Increase financial assistance with utilities for older adults with low income (i.e. LIHEAP)

Objective 3.2: Support and create programs to provide additional assistance for non-medical needs:

- Light house cleaning

- Grocery shopping
- Meal preparation and grocery delivery
- Non-emergency medical transportation
- Expand home services for physiotherapy and psychological counseling

Objective 3.3: Include pharmacists in home-visit teams, to assist with medication management.

Objective 3.4: Improve quality of home care services:

- Place case-managers in convenient locations, easily accessible to clients (walkable)
- Increase number of case managers and professional supervisors for home care workers
- Establish a maximum client caseload for case managers, and modify staffing standards accordingly
- Decrease time between hospital discharge and caregiver’s first visit

Objective 3.5: Develop a comprehensive integrated and coordinated case management system:

- Reduce fraud by increased monitoring/accountability of home care agency services
- Systematic monitoring of home care workers’ performance, skills and educational levels
- Revise and update home care agency licensure standards to reflect industry standards

Objective 3.6: Increase the number of medical house call programs (i.e. Washington Hospital Center)

Objective 3.7: Improve transition from nursing facilities and hospitals back to the community

Objective 3.8: Improve the human and technological networks that combat social isolation:

- Increase intergenerational opportunities through volunteerism
- Provide access and training around technology (i.e. software and devices)
- Increase access to internet and affordable computers
- Increase the number of senior villages and ensure all are sustainable
- Expand volunteerism for life-span respite care
- Increase personal storage space in nursing facilities

Goal 4: Long-Term Care Planning: to educate the community-at-large about options, and promote planning for longer, healthier living and future care needs.

Objective 4.1: Assist in building pathways to economic security and equality for older adults (i.e. career to golden years framework)

Objective 4.2: Promote financial assistance and training, and encourage employers to provide pensions

Objective 4.3: Continue education regarding public benefits

Objective 4.4: Encourage will & estate planning

Objective 4.5: Increase awareness of both public and private long-term care resources

Objective 4.6: Allow domestic partners to access “spousal impoverishment protections” when one person needs nursing home care. (This reform will provide equal protection for opposite-sex couples, same-sex couples, and other pairs of adults who live together, thus ending the disproportionate effect against older LGBT people.)



Domain #9: Emergency Preparedness and Resilience, a DC focus - information, education and training to ensure the safety, wellness, and readiness of seniors in emergency situations.

Goal 1: Conduct best practice research on emergency resilience messaging.

Objective 1.1: Focus research on protocols, process orientation, community capacity, cultural competencies.

Objective 1.2: Include vulnerable populations, specifically residents over the age of 50, the disabled, and those who speak English as a second language.

Goal 2: Disseminate business continuity infrastructure survey, a vulnerability assessment tool.

Objective 2.1: Survey healthcare facilities, faith-based institutions, residential housing facilities, and other organizations serving the Age-Friendly population.

Objective 2.2: Use survey results to inform the development training models produced by Sustainable DC and Resilient DC.

Objective 2.3: Increase Health Alert and/ or SMART911 enrollment by 50% through business outreach.

Goal 3: Encourage Advisory Neighborhood Commissions to support building community resiliency and individual COOP planning.

Objective 3.1: Design training to emphasize the importance of community members as first responders in resiliency efforts.

Goal 4: Introduce modified method of care legislation

Objective 4.1: modify Medicare/Medicaid regulations to allow seniors to maintain a one-month emergency medication supply at all times.

Goal 5: Identify, locate and reach special, vulnerable and at-risk populations in an emergency.

Objective 5.1: By 2017, Create a Community Outreach Information Network (COIN).

Objective 5.2: Update signs for evacuation routes and dead ends streets.



Domain #10: Elder Abuse, Neglect, and Fraud, a DC focus - prevention and prosecution of financial exploitation, neglect, and physical, sexual, and emotional abuse of seniors.

Goal 1: Develop a sustainable framework and increase local and federal agency cooperation and collaboration, to share information and jointly work on cases of actual or suspected elder abuse.

Objective 1.1: Form a panel composed of D.C. Adult Protective Services, D.C. Metropolitan Police Department, U.S. Office of the Attorney General, Department of Insurance Securities and Banking, social services staff who can provide advice, temporary shelter and other services, and financial services/banking to educate on elder abuse and fraud.

Objective 1.2: Advocate with the Mayor to appoint a Commission

Objective 1.3: Hold a summit on Elder Financial Abuse for seniors and professionals, with work groups to address various aspects of financial fraud.

Objective 1.4: Conduct a survey among financial institutions about their current practices for safeguarding seniors' assets, and the extent to which collaboration with investigation is supported.

Objective 1.5: Establish reporting criteria and processes, and use them to develop a Memorandum of Agreement

Objective 1.6: Update the list of stakeholders, including financial institutions

Objective 1.7: Reinforce communication and referral systems.

Objective 1.8: Develop a "pilot" program with financial institutions to determine best practices for increasing collaboration and minimizing fraud.

Objective 1.9: Require that bank tellers and customer service personnel are trained on elder financial fraud and abuse.

Objective 1.10: Lower the dollar threshold from \$5,000 to \$2,000 for Suspicious Activity Reports (SARs) on the part of financial service providers to law enforcement.

Objective 1.11: Make banking more accessible for LMI older adults.

Goal 2: Increase awareness of Elder Abuse and Fraud Prevention issues among the general public and professionals who engage with older adults.

Objective 2.1: Develop the message(s) we want to deliver to the public. (Awareness, detection, prevention, reporting)

Objective 2.2: Develop Public Service Announcements for broadcast over Channel 16 and other media

Objective 2.3: Advertisements on buses and billboards, physician offices, schools/universities.

Objective 2.4: Identify and enlist the support of various community and advocacy groups.

Objective 2.5: Compile District Elder Abuse and Fraud Prevention educational materials by Spring, 2015, including a DVD.

Objective 2.6: Conduct Money Smart trainings for seniors in churches, Wellness Centers, congregate meal sites, day programs and other events attended by Seniors.

Objective 2.7: Provide CEU training to community social workers and other health professionals

Objective 2.8: Provide training to direct care workers in home care and facility settings.

Objective 2.9: Provide training to financial institutions.

Objective 2.10: Increase private partnerships to enhance outreach efforts.

Objective 2.11: Conduct outreach to family caregivers through the DC Caregivers' Institute and other programs that reach family caregivers of seniors.

Objective 2.12: Consider conducting a study to determine prevalence and categories of abuse using empirical data

Goal 3: Enforce rigorous certification regulations for home health providers that include, but are not limited to, nurses, home health aides and home health workers.

Objective 3.1: Increase awareness of regulations.

Objective 3.2: Develop a strategic plan to allocate appropriate resources for enforcement activities.

Objective 3.3: Mandate culturally sensitive continuing education, training & licensing in order to maintain certification through the Board of Nursing, Social Work or other agencies that certify home health providers

Objective 3.4: Develop an accessible registry of home health workers that have been terminated for reasons pertaining to elder abuse and/or fraud.

Objective 3.5: Provide certificates and other awards and incentives for agencies/organizations that become age-friendly

Objective 3.6: Develop a Compliance Office for monitoring and oversight.

Objective 3.7: Expand the scope of the Long-term Care Ombudsman Program to investigate issues regarding home care providers.

Objective 3.8: Fully implement the pending legislation regarding Nursing Assistive Personnel.

Goal 4: Increase reporting of abuse, neglect, self-neglect and fraud, and enforcement

Objective 4.1: Assess the current reporting system (identify challenges, numbers, sources).

Objective 4.2: Establish uniform reporting criteria and process.

Objective 4.3: Educate mandated reporters.

Objective 4.4: Develop an early warning system focused on suspicion of elder abuse and fraud

Objective 4.5: Require all Senior-serving agencies that receive funding or licensure through the D.C. government to have a written policy regarding mandatory reporting of elder abuse, neglect, self-neglect and fraud.

Objective 4.6: Review the elder abuse/neglect/self-neglect/fraud policy and evidence of compliance during licensure surveys and other compliance site visits.

Objective 4.7: Require all financial institutions that serve seniors to have a written policy & process for mandatory reporting of elder abuse, neglect, self-neglect and fraud.

Objective 4.8: Reach out to mandatory reporters to inform them of the requirements and methods of compliance.

Objective 4.9: Strengthen the sanctions for failure to report, and incentives for complete reporting and cooperation

Objective 4.10: Develop early intervention strategies for loss prevention and minimization of damage.

Objective 4.11: Establish rating system/survey to identify and reward businesses with best reporting practices and procedures.

Acknowledgments

The office of the Deputy Mayor for Health and Human Services would like to acknowledge George Washington University (GW) for its dedication and commitment to our collective efforts to make the District of Columbia an Age-Friendly city. GW contributed technical assistance, faculty expertise on specific domain committees, and hosted meetings. GW also engaged students from its Milken Institute School of Public Health to work with faculty to study the opinions of District residents; examine best practices from other Age-Friendly cities; collect data; and sort through other information that was used to shape the goals and objectives in every domain. Finally, we would like to extend special recognition to GW President Steven Knapp who co-chaired the Age-Friendly Task Force, and joined over 200 GW Freshman Day of Service volunteers in conducting the D.C. Block-by-block Walk survey on September 6, 2014. President Knapp's leadership was instrumental in moving this entire process forward.

The following individuals committed time and expertise by serving on a domain committee to help share the goals and objectives included in this document.

Last Name	First Name	Organization/Agency
Domain 1: Outdoor Spaces and Buildings		
Ashbrook	Alex	DC Hunger Solutions
Barreto	Cesar	District Department of Transportation
Bunner	Michael	Metropolitan Police Department
Carroll	Ann	US Environmental Protection Agency
Cidlowski	Laine	Office of Planning
Ennis	Ralph	Metropolitan Police Department
Epley	Dave	Department of Consumer and Regulatory Affairs
Fothergill	Anne	Department of General Services
Frazzini	Alison	US Department of Health and Human Services, Office of the Surgeon General
Gray	Regina	US Department of Housing and Urban Development
Higgins	Chuck	National Park Service/Office of Public Health
Levine	Cheryl	US Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response
Levine	Jason	US Consumer Product Safety Commission
McCarthy*	Ellen	Office of Planning
Michael	Bunner	Metropolitan Police Department
Newcomer	Kimberly	Department of Consumer and Regulatory Affairs
Pearson	Clarence	University of the District of Columbia
Phillips	Karon	IMPAQ International, LLC
Ricklin	Anna	American Planning Association
Sabbakhan	Rabbiah	Department of Consumer and Regulatory Affairs
Savage-Narva	Yolanda	American Walks
Shaheen	Chris	Office of Planning
Spearman	Courtney	National Endowment for the Arts
Stiefel	Jeffrey	US Department of Homeland Security, Office of Health
Sykes*	Kathy	US Environmental Protection Agency

Last Name	First Name	Organization/Agency
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Wellman	Jacob	US Department of Transportation
West	Stacie	Department of Parks and Recreation
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Domain #2: Transportation		
Ball	Ben	WMATA Riders' Advisory Council
Bauer	Sharen	DC Pedestrian Advisory Council
Berlin	Marlene	Iona Senior Services
Blake	Christiaan	Washington Metropolitan Area Transit Authority, Department of Access Services
Bronheim	Suzanne	Georgetown University
Brown*	Matthew	District Department of Transportation
Case	Heidi	Metro Accessibility Advisory Committee
Conley	Yvette	District Department of Transportation
Cosenza	Mark	Seabury Resources for Aging
Dey	Soumya	District Department of Transportation
Dock	Stephanie	District Department of Transportation
Hamdar	Samer	George Washington University
Johnson	Fawn	Transportation Expert Blog, National Journal
Jones	Ellen	Downtown DC BID
Kent	Christian T.	Washington Metropolitan Area Transit Authority, Department of Access Services
Klancher	Wendy	Metropolitan Washington Council of Governments
Knight	Leonard	Seabury Connector
McAuliff	Erin	Coalition for Smarter Growth
Prevost	Terry	Washington Metropolitan Area Transit Authority, Department of Access Services
Resch	Joe	Seabury Resources
Sarles*	Richard	Washington Metropolitan Area Transit Authority
Shane	Jeffery	US Department of Transportation
Stephens	Antonio	Washington Metropolitan Area Transit Authority, Department of Access Services
Swanda	Ron	Commission on Aging
Waters	Kathryn	American Public Transportation Association
Wynn	Lester	Seabury Resources for Aging
Domain #3: Housing		
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Butts	Donna	Generations United
Carney	Sharon	The Urban Institute
Caruso	George	National Affordable Housing Management Association
Day-Marshall	Maria	Housing Finance Agency
Evans	Lessie Powell	Federal Housing Administration
Goldhammer	Tori	Living at Home Consultations
Grant	Bradford C.	Howard University School of Architecture
Gutierrez	Sonia	Department of Housing and Community Development

Last Name	First Name	Organization/Agency
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Hartman	Chester	Poverty and Race Research Action Council
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Lyons	Pamela	Community Preservation and Development
Mellett	Martin	Jubilee Housing
Mitchell	Michael	National Neighbors, National Community Reinvestment Coalition
Newsome	Oramenta	Local Initiatives Support Corporation: DC
Nuñez	Jose	Department of Housing and Community Development
Roodberg	David	Horning Brothers
Shattuck	Jeanie	Enterprise Community Partners
Squires	Greg	George Washington University
Thomas	Rick	Christ House
Waldrum	Alayna	Leading Age
Wartell*	Sarah Rosen	The Urban Institute
Williams	Risha K.	Housing Finance Agency
Zdenek	Bob	National Community Reinvestment Coalition
Domain #4: Social Participation		
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Blackman-Mills	Karen	DC Public Library
Branton	Krystal	DC Office on Aging
Williams	Joe	AARP, Emmaus
Everett	Ace	National Center for Creative Aging
Footer	Brian	DC Office on Aging
Glaude*	Steve	Office of Community Affairs
Hanna	Gay	National Center for Creative Aging
Lanier*	Ivan	AARP-DC
Nusberg	Charlotte	Glover Park Village
White	Saran	Corporation for National and Community Service
Domain #5: Respect and Social Inclusion		
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Albert	Nina	Wal-mart
Curtis	Chaka	Department of Behavioral Health
DeBose	Natasha	Department of Behavioral Health
Gutierrez	Ingrid	EOM/Office of Latino Affairs
Hunt	Jessica	Office of Disability Rights
Orr*	Derek	Office of Disability Rights
Singleton	Margaret	DC Chamber of Commerce
Taylor	Alexis	Office of Disability Rights
Washington	Sterling	Office of Gay, Lesbian, Bisexual and Transgender Affairs
Domain #6: Civic Participation and Employment		
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Last Name	First Name	Organization/Agency
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Richardson	Jeffrey	Serve DC
Shelton	Christine	Department of Employment Services
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Wingo	Harry	DC Chamber of Commerce
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Henderson	Maurice	Office of the Chief Technology Officer
Johns	Alicia	Assistive Technology Program for DC
Mancini*	Rob	Office of the Chief Technology Officer
Reed	Jo	Wider Opportunities for Women
Riley	Eric	DC Public Library
Rosenthal*	Stuart	The Beacon Newspapers
Swanda	Ron	Commission on Aging
Domain #8: Community Support and Health Services		
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DeBose	Natasha	Department of Behavioral Health
Lahat	Marla	Home Care Partners
Levin*	Saul	American Psychiatric Association
Maggioncalda	Julie	Capitol Hill Village
Patel	Sejal	American Psychiatric Association
Reichel	Paula	Capital Area Food Bank
Thompson*	John	DC Office on Aging
Vowels	Robert	Department of Health Care Finance
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Williams	Camile	DC Office on Aging
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Keller	Peggy	DC Department of Health
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Perry	Jennifer	D.C. Baptist Convention, Emergency Response Team
Quander*	Paul	Office of the Deputy Mayor for Public Safety & Justice (DMPSJ)
Trinh	Ngoc	Office of Asian and Pacific Islander Affairs (OAPIA)

Last Name	First Name	Organization/Agency
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Domain #10: Elder Abuse, Neglect, and Fraud		
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Bazron	Barbara J	Department of Behavioral Health
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Brown	Cynthia	Unique Residential Care Center
Caroll*	Deborah	Department of Human Services
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Dinerstein	Robert	American University Washington College of Law
Eisenhower	Nora Dowd	Consumer Financial Protection Bureau
Gordon	Fay	National Senior Citizen Law Center
Haden	Matt	Mobile MDs
Hagler	Graylan-Ellis	Plymouth Congregational United Church
Heisse*	Janet	Advocates for Elder Justice
Holt	Maude	Office of Health Care Ombudsman and Bill of Rights
Ivey-Nixon	Aisha	District of Columbia Superior Court
Jones	Dr. Sheila	Department of Human Services
Kali	Karen	National Community Reinvestment Coalition
Lewis	Nikki	DC Jobs With Justice
Longstreth	Veronica	Department of Health
Lucero	Tami	Consumer Financial Protection Bureau
Majett	Nicholas	Department of Consumer and Regulatory Affairs
Mason	Staci	Department of Health
Mebane	Sharon	Department of Health
O'Rourke	Marie	Department of Justice, Office of the Victims' Rights Ombudsman
Person	Lynne	DC Long Term Care Ombudsman Program
Phifer	George	Metropolitan Police Department
Prince	Curtis	Metropolitan Police Department
Roque	Sarah	DC Fire and Emergency Medical Services
Royster	Deborah	DC Office on Aging
Shumar	Maria	US Attorney's Office, District of Columbia, Victim/Witness Assistance Unit
Staveley	Catherine	National Academy of Elder Law Attorneys
Stiegel	Lorie	American Bar Association, Commission on Law & Aging
Tucci	Vincent	Metropolitan Police Department
Walker	Nekia	Unique Residential Care Center
Ward	Jonathan	Department of Behavioral Health

*Indicates Task Force committee co-facilitator