

Age-Friendly DC

STRATEGIC PLAN 2014 – 2017

EXECUTIVE SUMMARY

— MAY 2015 —





Fellow DC Residents,

I am a fifth generation Washingtonian, and like you, I want to make sure this great city continues to grow into the best place for people of all ages to live, work and play. In October 2012, the District of Columbia began its journey to transform into an Age-Friendly City by 2017. I am proud to have supported this effort during my time on the Council, and as Mayor, I have continued to champion DC's pursuit to be supportive and welcoming for all ages and abilities. As my Administration builds pathways to the middle class, Age-Friendly DC will ensure that seniors are a part of the prosperity.

Age-Friendly DC has caught the attention of thousands of District residents in all eight wards. The strategies in this plan reflect the hopes and wishes that you have shared with me. They are strategies that are not only beneficial for our older residents, but for us all – and they are absolutely achievable.

Thank you to the numerous government agencies, community organizations, thought partners and scholars who have contributed to the development of this plan. I look forward to your continued support and feedback, and to 2017, when we will examine and report back to AARP and the World Health Organization on the progress we have made towards transformation.

Muriel Bowser
Mayor



ABOUT AGE-FRIENDLY DC

Over the last decade, under the leadership of multiple mayors, city councilmembers, and advocates across sectors, DC has taken numerous steps to build an inclusive and accessible city for seniors – to create an urban environment that promotes active and healthy aging. Our city has significantly increased its investments in programs and services for older residents including: outlets for wellness, creativity and fun, meal delivery, transportation and improved access to home and community-based services. DC has also supported the robust growth of senior villages, where “neighbors help neighbors.”

Guidance from the World Health Organization and AARP

The Age-Friendly DC Initiative is part of an international effort. Launched by the World Health Organization (WHO) in 2007, the Age-Friendly Initiative addresses two significant demographic trends: urbanization and population aging. The initiative helps cities prepare for the convergence of these two trends. WHO defines an Age-Friendly City as “an inclusive and accessible urban environment that promotes active aging.”

The WHO Age-Friendly Cities Project provides guidance for assessing local conditions and identifying areas for change in a five-year recurring cycle of planning, implementation, evaluation, and continual improvement. To guide cities’ self-assessment process, WHO identified eight aspects of urban communities that influence the health and quality-of-life of the older people living there. The District added two DC-specific domains: Emergency Preparedness and Resilience and Elder Abuse, Neglect and Fraud.

In the United States, the AARP national office serves as the key agent for the World Health Organization and leads a network of Age-Friendly Communities

across the country. DC’s commitment to joining this robust network will put our city in great company and provide access to critical knowledge about best practices.

The Journey to an Age-Friendly City

In 2012, the District of Columbia committed to seeking designation as an Age-Friendly City. The Council of the District of Columbia unanimously supported the commitment and passed a resolution to that effect.

Participating in the Age-Friendly Cities program entails committing to the following:

- Establishing an advisory committee including the active engagement of older adults;
- Securing a local council resolution to actively support, promote and work towards becoming age-friendly;
- Establishing a robust and concrete plan of action that responds to the needs identified by older adults in the community;
- Publicly posting the action plan;
- Measuring activities, reviewing action plan outcomes, and reporting on them publicly.

Over the next three years, the District will work to implement the strategies laid out in this plan and will submit annual progress reports to AARP. In 2017, the District will be evaluated against its progress for designation as an Age-Friendly City.



Goal/Strategy



DOMAIN 1. Outdoor Spaces and Buildings: Accessibility to clean air and availability of safe recreational facilities

GOAL 1.1: Increase access to and utilization of parks, open spaces and public buildings.

1.1.1: Ensure all residents have access to parks and open spaces within a half mile of every home and recreation facilities within a mile of every home.

1.1.2: Develop a plan to use landscaping, art and natural features as a means to create landmarks to improve pedestrian and driver way-finding.

1.1.3: Increase the number of parks and public spaces that are equipped with functional seating, drinking fountains and restrooms.

1.1.4: Initiate expansion of Park Prescription program beyond children to residents age 50+ (e.g., neighborhood walks, tai chi in the park, environmental stewardship programs).

1.1.5: Post accessibility reports for all District-owned buildings online and work with partners to publish additional accessibility reports for federal and private buildings.

1.1.6: Convert pre-existing parking spaces into parking spaces reserved for persons with handicapped parking permits.



DOMAIN 2. Transportation: Safe and affordable modes of private and public transportation

GOAL 2.1: Ensure all modes of transportation are safe, affordable and accessible for residents of all ages and abilities, particularly older adults.

2.1.1: Improve transparency of reports for, and prioritization of, service requests for repairs of sidewalks, curb cuts and street lights.

2.1.2: Use safe, aesthetically pleasing materials for sidewalk construction that minimize falls and accidents.

2.1.3: Establish workgroup to identify strategies to increase the number of older riders using bicycles.

2.1.4: Require that replacement of missing street/traffic signage is easily readable, well-lit at night, and addresses access and functional needs.

2.1.5: Increase seating options at public transit stops (e.g., Metrobus, Circulator, Streetcars).

GOAL 2.2: Provide residents with the information and tools they need to make informed travel choices.

2.2.1: Create an integrated, one-call, one-click system for older adults and those with disabilities to access and schedule transportation options, including accessible options.



| Lead Agency | Partners |
|-------------|------------------------------------|
| | |
| DPR | DGS, OP |
| DDOT | DPR, DCCA |
| DGS, DPR | NPS |
| DPR | DOH, DCOA, MCOs |
| ODR, DGS | DCRA |
| DDOT | DPW, DGS |
| | |
| | |
| OUC | DDOT |
| DDOT | |
| DDOT | Capital Bikeshare, WABA |
| DDOT | |
| DDOT | WMATA |
| | |
| OCTO | DDOT, WMATA, OUC, DCTC, DCOA, DHCF |



Goal/Strategy

2.2.2: Develop an available-on-demand, cross training for direct service staff to ensure they have up-to-date information about current accessible transportation options and the one-call, one-click system.

2.2.3: Increase offerings of bicycle safety curriculum at schools, libraries, senior wellness centers and recreation centers.

2.2.4: Develop and implement a range of transportation training (individual counseling and group instruction) to introduce and familiarize older adults with all travel options (public and private) to ensure they can make informed, appropriate, cost-effective, and efficient choices.

2.2.5: Integrate eligibility determination for transportation options into the DC Access System (DCAS).



DOMAIN 3. Housing: Wide range of housing options for older residents aging in place, and other home modification programs

GOAL 3.1: Streamline, expand, and promote programs that support affordable housing and aging in place.

3.1.1: Raise awareness about the impact that adopting visitability standards would have on residents with limited mobility in order to gain support for new regulations.

3.1.2: Improve awareness of and access to home modification programs prior to mobility limitations and streamline the process for residents in urgent need to apply [e.g. the Single Family Residential Rehabilitation Program (SFRRP) and Handicapped Accessibility Improvement Program (HAIP), Rebuilding Together].

3.1.3: Include an occupational therapy (OT) home assessment in all home modifications for accessibility purposes.

3.1.4: Amend D.C. Zoning Law to permit accessory dwelling units (ADU or “granny flats”) by right in more residential zones.

3.1.5: Work with DCHA or eligible non-profits to purchase IZ units to serve elderly populations with a focus on increasing the number of units targeting 0-30% AMI.

3.1.6: Promote and research options for home-sharing, both intergenerational and among residents age 50+, as a strategy to enable older adults who are capable to remain in the community.

3.1.7: Encourage development, preservation, and improvement of new and existing, affordable and accessible housing, proximate to mass transit.

3.1.8: Increase assisted living residences (ALR) by neighborhood using best practice models and creative financing (e.g., Green Houses, Bridge Meadows, “Pay for Success” partnerships).

3.1.9: Designate some portion of the Housing Production Trust Fund to produce new affordable, transit-oriented, universally-designed units.

GOAL 3.2: Maximize awareness and provide training to increase the amount of housing that is accessible, affordable and healthy.

3.2.1: Develop a series of easy-to-comprehend fact sheets, webinars, and/or infomercials on topics such as qualifying for tax credits, Fair Housing Act compliance, saving money on utilities, and maintaining healthy homes.

3.2.2: Develop a user-friendly inventory and description of housing choices welcoming to residents age 50+, who are LGBTQ, have disabilities or who are English language learners, and identify methods for wide dissemination.



| Lead Agency | Partners |
|------------------------------|--|
| DDOT | DCHR |
| DDOT | WABA, DCPS, DCPCSB, DCPL, MPD, DCOA, DPR |
| WMATA, DDOT | DCOA, DCPL, DPR, DMV |
| DHS | DDOT, WMATA, DCTC, DCOA, DHCF, ODR, DDS |
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| DCRA, DHCD | DMPED, OP, OVA, VA, ODR, OHR |
| DHCD | DCOA |
| DHCD | DCOA |
| OP | |
| OP, DHCD, DCHA | Nonprofit housing developers |
| DCOA | WAVE, AARP, DHCD, DMHHS |
| DHCD, OP, DCHA | DDOT, WMATA, HUD |
| DOH | DCOA, DHCF |
| DHCD, DCHA, DCHFA | |
| | |
| DHCD, DCHFA, DCHA, DDOE, DOH | DCOA, DC-OCT |
| DHCD, DCHFA, DCHA | ODR, DCOA, OGLBTA, OLA, OAA, OAPIA, National Association of Realtors |





Goal/Strategy

3.2.3: Provide training for managers of existing public and private housing (including tenant-owned buildings) to address the needs of aging residents, including Fair Housing and ADA compliance and cultural competency for populations such as residents who are LGBTQ, disabled and who are English language learners.

3.2.4: Promote consistent compliance with the Fair Housing Act by providing DCRA and third-party inspectors with additional guidance and training and offering technical assistance to architects and developers during design and construction.



DOMAIN 4. Social Participation: Access to leisure and cultural activities and opportunities for older residents to participate in social engagement with their peers and younger people

GOAL 4.1: Strengthen, develop and promote arts, recreation, leisure, and educational activities involving and targeting older adults.

4.1.1: Create and promote a searchable portal with arts, recreation, leisure, and educational activities likely to attract older residents, with the technical capacity to pull activities from existing online calendars and linked to social media to enable online interactions.

4.1.2: Coordinate with nongovernment partners to organize creative nighttime events, sports outings and competitions targeting and involving older residents (e.g., 50+ night club nights, walking soccer).

4.1.3: Increase referrals to credit- and non-credit-bearing free and low-cost educational and travel opportunities open to older learners and instructors (e.g., GU, AU's Osher program, Road Scholar).

4.1.4: Organize webinars on art, history, travel, culture, sports, politics, etc. that homebound residents can participate in.



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

GOAL 5.1: Expand programs and services that engage and empower older adults.

5.1.1: Expand activities, services and programs likely to attract residents age 50+ (i.e., 50+ adult hours at pools).

5.1.2: Assess all District agencies engaged in customer service to identify age-friendly practices in place and make recommendations for improvements (e.g., designated lines at the Department of Motor Vehicles and libraries).

5.1.3: Develop a marketing and outreach plan that increases participation by older adults in programs, services and activities that address the needs of diverse constituencies (i.e., LGBTQ, adults with disabilities, English language learners).

5.1.4: Work with the business community to adopt age-friendly business best practices and provide a welcoming and inclusive environment for older adult customers.



| Lead Agency | Partners |
|-----------------|--|
| OHR, ODR | DHCD, OTA, DCOA, OGLBTA, OLA, OAA, OAPIA, DCHA |
| DCRA, ODR | DHCD, OHR |
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| | |
| OCTO | DCCAH, DPR, DCPL, DDOT, DDOE, DCOA, Serve DC, OUC |
| DMHHS | DCCAH, DMPED, AARP, WAVE, DCOA, DPR |
| DCOA | UDC, Colleges and Universities, DCPL, DPR, DME |
| DMHHS | DCCAH, OLA, OAA, OAPIA, OGLBTA, OCTO, DCPL, DCOA, Smithsonian Museums, GW (Corcoran) and other universities, EventsDC, Verizon Center, National Geographic |
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| DPR, DCPL | DCOA, DDS |
| DMHHS | EOM (Communications Office), OCA, DMPED, DME, ODR |
| DCOA, DPR, DCPL | DDS, OGLBTA |
| DMPED | DC Economic Partnership, ODR |



Goal/Strategy

GOAL 5.2: Expand education and communication efforts that promote respect and a better understanding of older adults' presence and contributions in the community.

5.2.1: Complete a communications plan, to include a media campaign that promotes respect and inclusion.

5.2.2: Establish capacity to coordinate and expand intergenerational program and volunteer opportunities (e.g., YouthBuild, Mentor Up, Block-by-Block Walk).



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 6.1: Increase full- and part-time employment and entrepreneurial opportunities for older residents.

6.1.1: Establish an inter-agency work group to increase coordination and spread awareness of employment services for residents age 50+, including phased retirement, and explore employment application and interview processes to make it easier for older residents and those with disabilities.

6.1.2: Develop a new District government adult internship/fellowship program for residents age 50+.

6.1.3: Develop a series of easy-to-comprehend fact sheets of FAQs on topics such as the impact of working while receiving Social Security, practices and resources to identify home-based, part-time and job-sharing employment opportunities, age-discrimination claims, and starting a business.

6.1.4: Offer technical assistance and explore financial incentives, to help small and local businesses become age-friendly and hire residents age 50+.

GOAL 6.2: Strengthen, develop, and promote volunteerism and civic participation among persons age 50+.

6.2.1: Produce a "State of Volunteerism in the District" report, assessing volunteerism by age group, activity, and organization, providing recruiting and retaining techniques and recommendations.

6.2.2: Enhance and promote the NeighborGood volunteer database to improve usability, increase choices, and better match residents age 50+ with volunteer opportunities.

6.2.3: Compile and publish a listing of all opportunities for civic participation and how to get involved (e.g., ANC, Police Service Area meetings, polling precinct captains and poll watchers, board/commission member).



| Lead Agency | Partners |
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| DMHHS | DDS, OGLBTA |
| DMHHS, DCOA | Serve DC, OSSE, DYRS, DDS |
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| DOES, DCHR | DCOA, DDS, DHS, DCPL, Community partners, OCA |
| DCHR, DCOA, DOES | All DC government agencies |
| DOES | DCOA, DHS, DDS, OHR |
| DSLBD, DMPED, DOES | OTR |
| | |
| Serve DC | United Way, AARP |
| Serve DC | WAVE |
| Serve DC | MOTA, OANC, MPD, BOE |



Goal/Strategy



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 7.1: Improve delivery of timely and accessible information important to residents age 50+ and caregivers.

7.1.1: Overhaul and promote 211, *Answers Please!* database to ensure up-to-date records, a user-friendly interface, easy key-word searches and filterable reports.

7.1.2: Develop a 211, *Answers Please!* mobile app.

7.1.3: Protect DC resident privacy by implementing a direct email encryption program for all client communication.

7.1.4: Produce a report that identifies the preferred methods of communication for all residents age 50+, differentiated by age, use of technology, and isolation level.

7.1.5: Develop guidance for People First language, Language Access compliance, and age-friendly communication practices.

GOAL 7.2: Expand use of technology by older residents.

7.2.1: Increase access to technology at home for low-income residents age 50+ who are disabled and/or isolated (e.g., computers, tablets, smart phones).

7.2.2: Partner with high schools and youth organizations to establish intergenerational 'knowledge exchanges' where residents age 50+ are trained on new technology skills and offer career and life guidance to youth (e.g., Mentor Up).



DOMAIN 8. Community Support and Health Services: Access to homecare services, clinics, and programs to promote wellness and active aging

GOAL 8.1: Increase consumer awareness of and access to preventive, primary, urgent and long-term care.

8.1.1: Expand a team of navigators to assist residents with identifying, understanding and accessing appropriate services and programs (e.g., medical house call programs, telemedicine, medical alert systems, accessible transportation) through the No Wrong Door program.

8.1.2: Provide cross-training for navigators and a series of fact sheets on accessing financial planning, will and estate planning, Medicaid qualification, and long-term care resources for individuals, families, spouses and domestic partners.



| Lead Agency | Partners |
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| DHS, OCTO | OUC, OCP, All agencies offering relevant services |
| OCTO, OUC | DHS |
| OCTO | DHCF, DOH, DCOA, DDS, DBH, DHS, FEMS |
| DCOA | |
| EOM (Communications Office) | DDS, OHR, DMHHS |
| | |
| DCOA | DCPL, DDS, ODR |
| DCOA | DPR, DCPS, DCPCSB |
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| | |
| DCOA, DDS | All direct service agencies |
| DCOA | DISB, LCE |





Goal/Strategy

8.1.3: Require Continuing Education Units (CEU) in geriatric care and cultural competency training (e.g., LGBTQ, English language learners) to be obtained by licensed healthcare providers, first responders, caseworkers and caregivers.

8.1.4: Continue progress toward federal approval to implement the Program for All-inclusive Care for the Elderly (PACE), using a hub and spoke model to reach more residents closer to home.

8.1.5: Expand compensated respite care for low-income unpaid caregivers of Medicaid-eligible residents.

GOAL 8.2: Promote safety, wellness, livability and activity in the community.

8.2.1: Make progress toward becoming a healthier, cleaner, greener, and more biodiverse city.

8.2.2: Create incentives, partnerships, and training for the establishment of new, and expansion of existing, programs to increase access to fresh produce and healthy foods (e.g., Healthy Corners, D.C. Fresh, community and shared backyard gardens).

8.2.3: Establish and implement an evidenced-based falls prevention program for residents 50+, particularly those with balance and mobility issues.

8.2.4: Expand number of peer counseling and support programs (e.g., substance abuse counseling, Alzheimer's disease support groups) and increase the number of older adult peer counselors.

8.2.5: Establish awareness campaign and regular drop-off locations for safe disposal of over-the-counter and prescription medications.



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 9.1: Identify, locate and reach special, vulnerable and at-risk older resident populations in an emergency.

9.1.1: Increase AlertDC, Smart911, and SmartPrepare enrollment by requiring direct service contractors and grantees to offer enrollment during the client intake process.

9.1.2: Provide training on preparedness practices to shelter-in-place or relocate to accessible shelters when necessary.

GOAL 9.2: Build individual and community resiliency.

9.2.1: Develop a plan to ensure uninterrupted prescription refills to residents with chronic medical conditions in the event of an emergency.

9.2.2: Promote and support personal responsibility and first responder opportunities for residents and neighborhoods.

9.2.3: Create and assist community supported, neighbor-to-neighbor networks across the city that are accessible to all income levels (e.g., villages, fraternal organizations, faith-based communities, neighborhood associations).

9.2.4: Provide guidance and require direct service contractors and grantees considered essential to develop a Continuity of Operations Plan (COOP).



| Lead Agency | Partners |
|---|--|
| DOH | |
| DHCF | DOH, DCOA, PACE vendor |
| DCOA | DHCF |
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| DDOE | DOES, DPR, DOH, NPS, EPA, OP, DDOT, DSLBD, DPW, DCRA, DC Water, Community partners |
| DOH, DPR, DCOA, DCPS, OSSE | DC Central Kitchen, OP, DSLBD |
| DCOA | Community partners |
| DCOA, DBH | DOH |
| DOH, DPW | DC Water, MPD, FEMS, DDOE, DCOA, DEA |
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| | |
| DCOA, DDS, DHS, DBH, DHCD, DDOE, DCHA, CFSA | OUC, HSEMA |
| DOH, Serve DC | DHS, DGS, ODR |
| | |
| DHCF | DOH (Board of Pharmacy) |
| EOM | |
| HSEMA, DCOA, EOM | DMHHS |
| HSEMA, OCP | All agencies with direct service contracts and grants |



Goal/Strategy



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 10.1: Strengthen the elder abuse prevention, detection and enforcement system.

10.1.1: Develop and implement a plan to conduct outreach to unpaid caregivers, mandated reporters and the public for awareness, education and training purposes.

10.1.2: Develop and/or update CEU training materials and offer trainings on elder abuse, neglect and fraud reporting, referrals, protocols, and sanctions.

10.1.3: Require CEUs specific to elder abuse, neglect and fraud to be obtained by licensed caseworkers and caregivers.

10.1.4: Expand the scope of the Long-Term Care Ombudsman (LTCO) Program to investigate home care providers, provide expert consultative services to Adult Protective Services (APS), and receive referrals from APS involving long-term care group homes or home care providers.

10.1.5: Fully implement the Nursing Assistive Personnel (NAP) legislation.

10.1.6: Develop educational programs to protect older residents from home repair scams and unscrupulous contractors.

GOAL 10.2: Improve cooperation and collaboration among agencies on cases of actual or suspected elder abuse.

10.2.1: Implement processes which allow key government agencies and social services staff to coordinate on interventions for reported cases of elder abuse, neglect, or fraud, including data-sharing, interagency team meetings, data tracking and monitoring, and co-locating staff.

10.2.2: Create a Home Health Worker Registry in which names of those who have been terminated for reasons pertaining to elder abuse and/or fraud are included.





| Lead Agency | Partners |
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| DHS, DCOA | DISB |
| DHS | LCE, U.S. Attorney's Office, Community Prosecution Division |
| DOH, DHS | |
| DHS, DCOA | LCE |
| DOH | |
| MPD | DHCD, DCOA, DCRA, OAG |
| | |
| DHS, OAG | MPD, DCOA, DBH, DHCF, DOH, OTA, DCRA, DHCD, CFSA, DYRS, DDS |
| DOH, DDS | DHCF, DCOA |





ACRONYM GLOSSARY

| Acronym | Full Name |
|---------|---|
| AARP | American Association of Retired Persons (former name) National Office |
| AARP DC | AARP District of Columbia State Office |
| BID | Business Improvement Districts |
| BOE | Board of Elections |
| CFSA | Child and Family Services Agency |
| DBH | Department of Behavioral Health |
| DCCA | DC Commission on the Arts and Humanities |
| DCHA | DC Housing Authority |
| DCHFA | DC Housing Finance Agency |
| DCHR | DC Department of Human Resources |
| DCOA | DC Office on Aging |
| DCPCSB | DC Public Charter School Board |
| DCPL | DC Public Library |
| DCPS | DC Public Schools |
| DCRA | Department of Consumer and Regulatory Affairs |
| DCTC | DC Taxicab Commission |
| DDOE | DC Department of the Environment |
| DDOT | District Department of Transportation |
| DDS | Department of Disability Services |
| DEA | Drug Enforcement Administration |
| DGS | Department of General Services |
| DHCD | Department of Housing and Community Development |
| DHCF | Department of Health Care Finance |
| DCHFA | DC Housing and Finance Agency |
| DHS | Department of Human Services |
| DISB | Department of Insurance, Securities and Banking |
| DME | Deputy Mayor for Education |
| DMHHS | Deputy Mayor for Health and Human Services |
| DMPED | Deputy Mayor for Planning and Economic Development |
| DMV | Department of Motor Vehicles |
| DOES | Department of Employee Services |
| DOH | Department of Health |
| DPR | Department of Parks and Recreation |
| DPW | Department of Public Works |
| DSLBD | Department of Small and Local Business Development |
| DYRS | Department of Youth Rehabilitation Services |
| EOM | Executive Office of the Mayor |



| Acronym | Full Name |
|----------|---|
| EPA | Environmental Protection Agency |
| FEMS | Fire and Emergency Medical Services |
| HSEMA | Homeland Security and Emergency Management Agency |
| HUD | Housing and Urban Development |
| LCE | AARP Legal Counsel for the Elderly |
| MCOs | Managed Care Organizations |
| MOTA | Mayor's Office of Talent and Appointments |
| MPD | Metropolitan Police Department |
| NPS | National Park Service |
| OAA | Office on African Affairs |
| OAG | Office of the Attorney General |
| OANC | Office of Advisory Neighborhood Commissions |
| OAPIA | Office on Asian and Pacific Islander Affairs |
| OBC | Office of Boards and Commissions |
| OCP | Office of Contracting and Procurement |
| OCT | Office of Cable Television |
| OCTO | Office of the Chief Technology Officer |
| ODR | Office of Disability Rights |
| OGLBTA | Office of Gay, Lesbian, Bisexual, and Transgender Affairs |
| OHR | Office of Human Rights |
| OLA | Office of Latino Affairs |
| OP | Office of Planning |
| OSSE | Office of the State Superintendent of Education |
| OPC | Office of the People's Counsel |
| OTA | Office of the Tenant Advocate |
| OTR | Office of Tax and Revenue |
| OUC | Office of Unified Communications |
| OVA | Office of Veterans Affairs |
| Serve DC | The Mayor's Office on Volunteerism |
| UDC | University of the District of Columbia |
| VA | Veterans Affairs |
| WABA | Washington Area Bicyclist Association |
| WAVE | Washington Area Villages Exchange |
| WMATA | Washington Metropolitan Area Transit Authority |

“America is growing older. With increased longevity and declining birth rates, the strain on retirement safety nets and health-care systems will require the engagement of all sectors – government, business, philanthropy and academia. The longevity miracle should be met not with alarm but with thoughtful leadership and management so that social resources support healthy, active aging and harness the contributions and potential of our seniors.”

The Milken Institute, Best Cities for Successful Aging



Age-Friendly
**DC**

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