Age-Friendly DC
STRATEGIC PLAN 2014 – 2017

— DECEMBER 2014 —

Age-Friendly DC

Letter from the Mayor

Over two years ago I committed the District of Columbia to pursuing designation by the World Health Organization as an age-friendly city: an inclusive and accessible urban environment that promotes active and healthy aging. Since that time, thousands of people – from government, from our nonprofit, academic and business sectors, and from communities across the city – have come together on a journey of listening, analysis and development that culminates today in this *Age-Friendly DC Strategic Plan*.

I want to thank all those who have contributed to the development of this plan. In particular, Beatriz Otero, Deputy Mayor for Health and Human Services, and Steven Knapp, President of The George Washington University, deserve special recognition as the co-chairs of the Age-Friendly DC Task Force.

On this journey, we learned that we have much to celebrate. DC's older residents are happy to live in a city they love – in the place many grew up, and where they, in turn, have raised their own families. Yet we also heard from those 50 years or older that the transition to the older years has been filled with challenges – maintaining good health, securing affordable housing, and being able to care for grandchildren and other family members. DC residents who are older want to take advantage of what our city has to offer, but are not always able to do so. While the District of Columbia has made notable progress in some of these areas, we have not finished the job.

These pages hold our commitment, as well as our concrete plans, for meeting the challenges facing DC residents as they age. In ten core areas, this strategic plan establishes specific goals and on-the-ground strategies: for making our outdoor spaces and public buildings more accessible; for improving our transit, housing, health care and employment systems; and for ensuring respect, inclusion and civic participation for our residents in the second half of life.

The development of this plan has been a uniquely collaborative process. And so, too, must we take our next steps together. With great appreciation for the work that has been undertaken, and with excitement about what it holds for our great city's future, I am pleased to present to you the *Age-Friendly DC Strategic Plan*.

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ABOUT AGE-FRIENDLY DC

"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

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. In the last four years in particular, 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." We have done this work with an intentional focus on supporting the various constituencies in our city that may have unique needs: people who are LGBTQ; grandparents raising their children; people who speak English as a second language; or people who have a disability, among others.

In 2012, the DC Office on Aging (DCOA) completed a Senior Needs Assessment (the first since the 1970s), and adopted the *New Community Living 2017 Strategic Plan*. The first goal of the plan supported DC's journey to obtain the age-friendly city designation:

> *"The District of Columbia will be an Age-Friendly City, a community that is an inclusive and accessible urban environment that encourages active and healthy aging."*

In 2012, Mayor Vincent C. Gray committed DC to seeking World Health Organization (WHO) designation as an Age-Friendly City. The Council of the District of Columbia unanimously supported the commitment and passed a resolution to that effect.

The Age-Friendly DC Initiative is a natural outgrowth of these efforts and an opportunity for the District to continue efforts already underway.

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.

The 10 Age-Friendly Domains are:

***Outdoor Spaces and Buildings** - accessibility to and availability of safe recreational facilities.*

***Transportation** - safe and affordable modes of private and public transportation.*

***Housing** - wide range of housing options for older residents, aging in place, and other home modification programs.*

***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.*

***Respect and Social Inclusion** - programs to support and promote ethnic and cultural diversity, along with programs to encourage multigenerational interaction and dialogue.*

***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.*

***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.*

***Community Support and Health Services** - access to homecare services, clinics, and programs to promote wellness and active aging.*

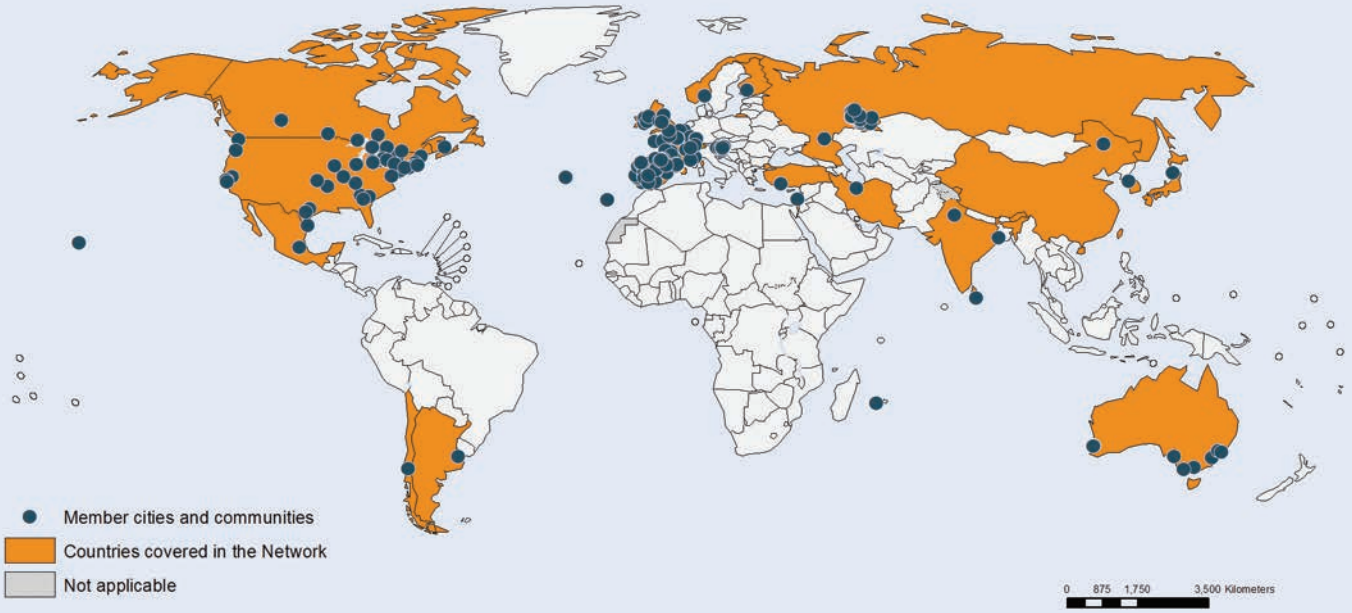
***Emergency Preparedness and Resilience, a DC focus** - information, education and training to ensure the safety, wellness, and readiness of seniors in emergency situations.*

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

As of today, WHO's Age-Friendly Network includes 210 cities and communities in 26 countries around the world, home to more than 88 million people.

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. AARP set out to encourage, educate and recognize communities seeking to improve the physical and social environments for older residents. In 2012, the AARP District of Columbia State Office (AARP DC) invited the District of Columbia to start the journey to become an age-friendly city. Both AARP DC and the national office continue to be critical partners on our city's journey to age-friendly city designation. DC's commitment to joining this robust network will put our city in great company and provide access to critical knowledge about best practices.

WHO Global Network of Age-friendly Cities and Communities



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

World Health Organization

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A SNAPSHOT OF DC'S SENIORS

Seniors are the fastest growing population in the United States – with the number expected to more than double between 2000 and 2030. In DC, the 60+ population was projected to be 75,626 by 2030, but it had well exceeded that number by 2010! Today, there are more than 100,000 people over the age of 60 in DC. There are nearly 72,000 age 65 and over, more than 11% of our population.[1]

Defining Age

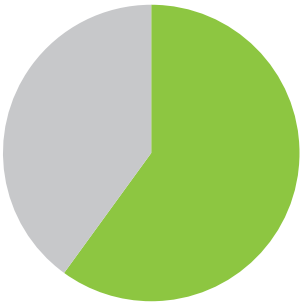
While there are various ages that are used as entry points to older adulthood, the *Age-Friendly DC Strategic Plan* broadly refers to population groups of 50 years or older as the target audience. There is no consistent definition of old, older, elder, elderly or senior as is demonstrated by the various designations below:

- AARP provides "information, services and tools to help people 50+ get the most out of life."
- Eligibility for services from the DC Office on Aging starts at age 60.
- The federal Older Americans Act applies to those age 60 and over.
- The World Health Organization Age-Friendly City initiative does not define old, older, elderly or elder but uses 60+ years to refer to the older population.
- Individuals may begin receiving benefits as early as age 62 from the Social Security Administration.

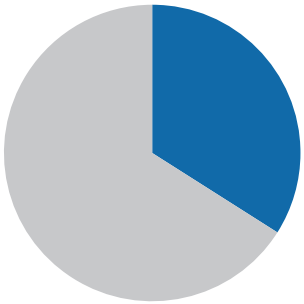
Data depicted in this plan typically refer to populations 65+, unless otherwise noted, as the U.S. Census Bureau collects and analyzes data in various age brackets with data available on older residents starting at age 65.

A Look at DC's Seniors (65 and older)

DC's seniors are a diverse group:[2]

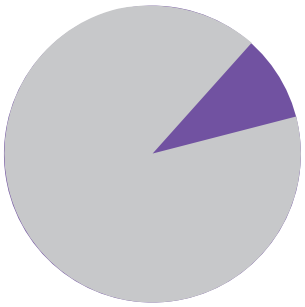


60% are women

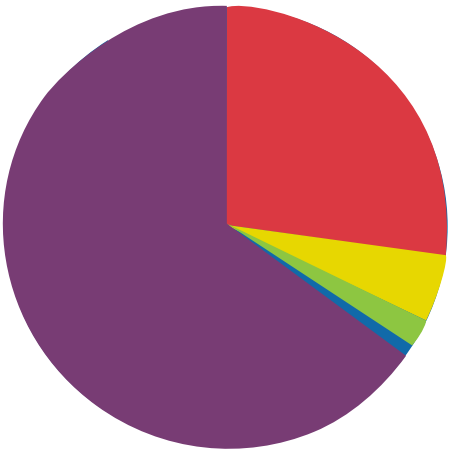


34% have a disability

3% of residents 65+ in DC are not U.S. citizens. 4% of residents 65+ speak English less than very well.

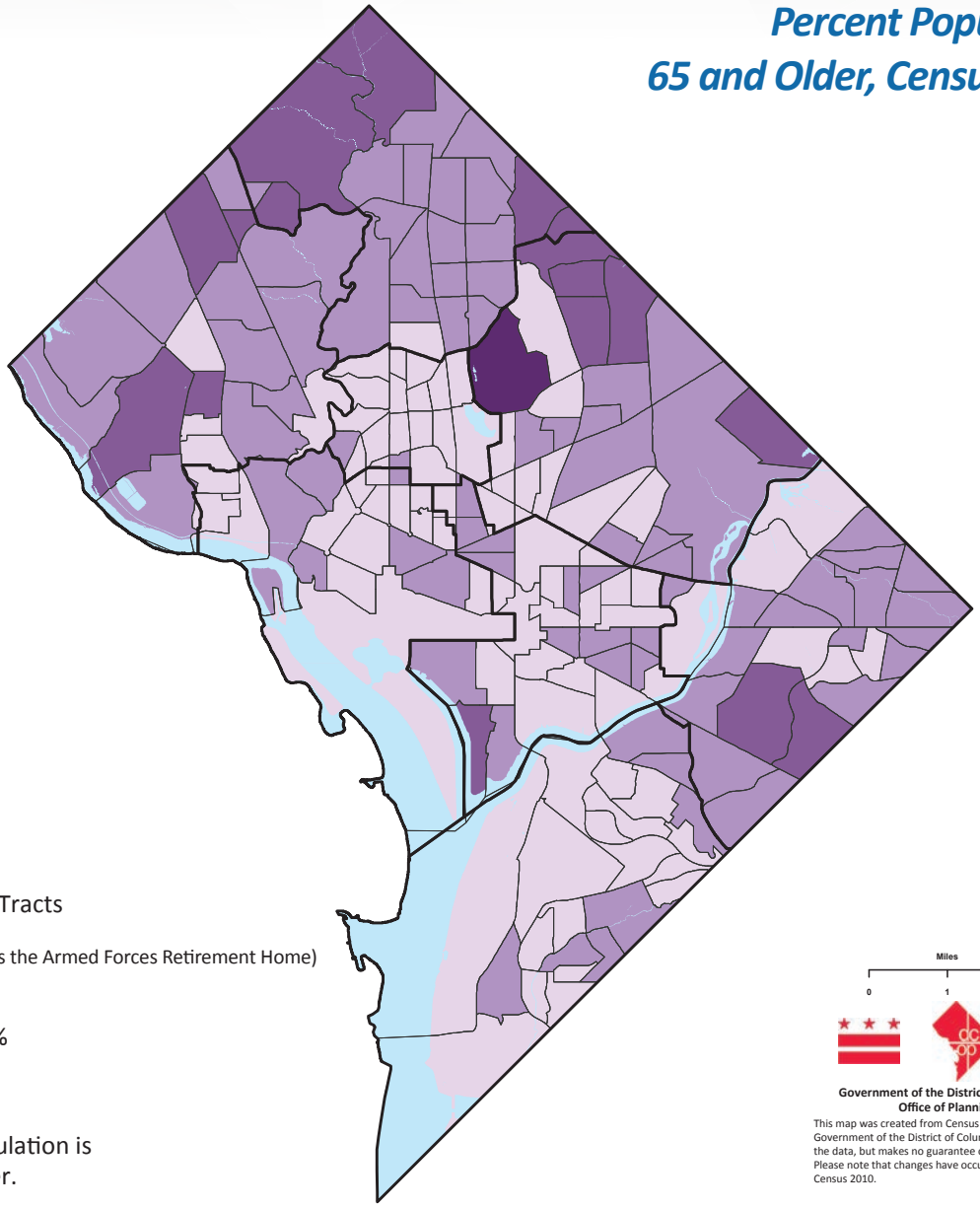


11% of residents in the District of Columbia are age 65 and older.



- **62% Black or African American**
- **31% White**
- **4% Hispanic or Latino**
- **2% Asian**
- **1% Other**

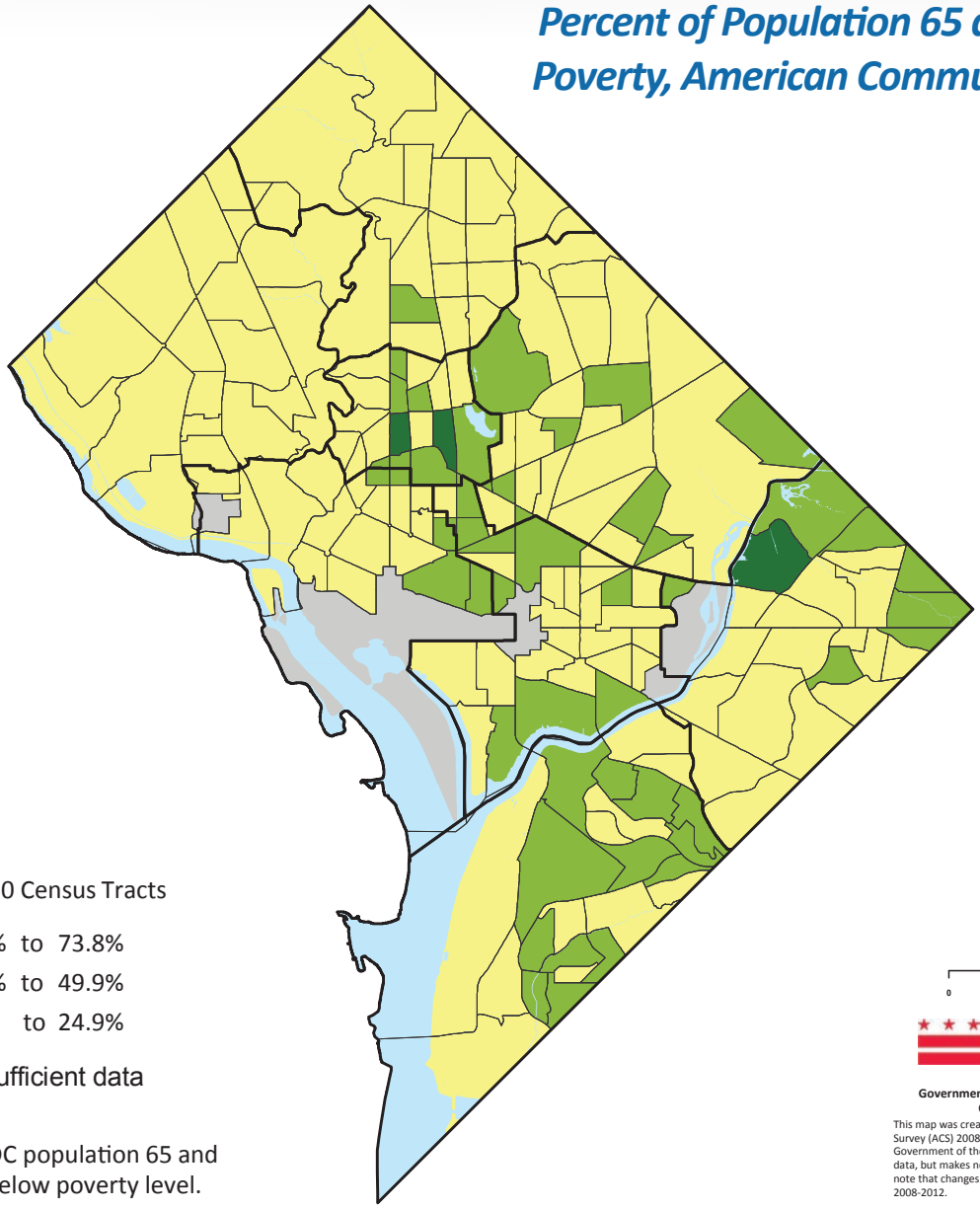
Percent Population 65 and Older, Census 2010



Where DC's Seniors Live

While seniors in DC live in every ward of the city, the greatest numbers live in wards 3, 4, and 5 and the fewest in wards 1 and 8. DC's seniors live in a variety of settings – from single family homes to dedicated senior housing to nursing care. Living circumstances are closely connected to quality of life. Nationally, 54% of residents 65 or older live in a family household, while in DC, only 42% do. Eight percent of DC's seniors live in institutionalized care facilities such as nursing homes.[3] Of residents in DC age 65 or older who are householders (i.e. live in a house, condo, co-op, or apartment), 61% own their home and 39% are renters.[4] In 2013, housing costs constituted 53% of the average single senior renter's monthly expenses.[5]

Percent of Population 65 and Older in Poverty, American Community Survey 2008-2012



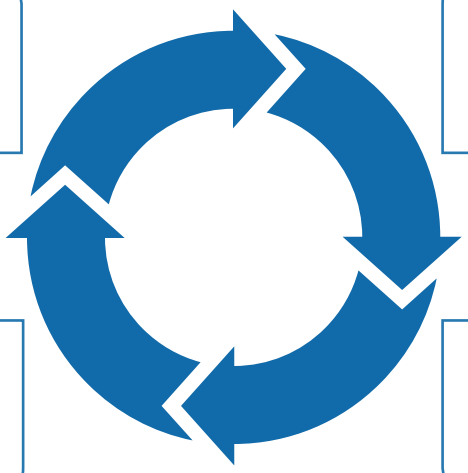
13.6% of the DC population 65 and older were below poverty level.

Our DC Seniors' Educational Backgrounds, Employment Status and Income

On average, DC's residents 65 and older are better educated than seniors across the country. While only about 22% of adults 65 and older in the U.S. hold a bachelor's degree or higher, 37% of DC's seniors do. At the same time, roughly 22% of seniors both in DC and across the country have not graduated from high school. Currently, 22% of DC residents 65 and older are in the labor force, compared to 16% nationally.[6] DC has been described as an economic tale of two cities. The District ranks first in the nation in retirement income as a percentage of pre-retirement income at 74% and has the fourth highest median income for residents 65 and over, in absolute terms, at $47,632.[7] However, 14% of DC residents live in poverty compared to 9% of those 65 and older throughout the nation.[8]

Step 1:
Study Phase

Step 2:
Planning Phase



Step 4:
Evaluation Phase

Step 3:
Implementation Phase

THE JOURNEY TO AN AGE-FRIENDLY CITY

Step 1: Study Phase (2013-2014)

To understand the extent to which DC was and is currently age-friendly, in early 2013 a comprehensive listening and assessment process was undertaken. The New York Academy of Medicine (NYAM) – which has served worldwide as the Collaborating Center for the WHO Age-Friendly City Initiative – was brought on as a partner for this work.

NYAM began by analyzing and synthesizing extensive data that had been collected for a 2012 DC Senior Needs Assessment, recording the needs and desires of thousands of older adults. Then, from May through December 2013, Age-Friendly DC engaged approximately 3,750 individuals on characteristics of an age-friendly community through various means:

800
DCOA Symposia attendees

250
Homebound survey respondents

200
Beacon Newspapers survey respondents

1000
Community Consultation participants

1000
AARP DC survey respondents

500
Block-by-Block Walk participants

Early on in this process of listening and consulting with communities, it became apparent that the WHO's eight domains did not fully capture the issues and interests of DC residents. Hence, two DC-specific domains were added – Emergency Preparedness and Resilience and Elder Abuse, Neglect, and Fraud.

In December 2013, when the listening and information-gathering period concluded, NYAM produced a comprehensive review and analysis of all the available data. In its report, NYAM lauded DC for recognizing the importance of holding extensive discussions with older residents (and gathering detailed data) to inform the development of goals and strategies. The NYAM report also emphasized that overall, DC residents are happy to live in the nation's capital:

In community consultations across the city, many older adults reported being largely satisfied with their lives as residents of the District of Columbia. In general, DC residents were pleased with the physical infrastructure of the city (parks, transportation, public buildings, etc.), the range of cultural and civic opportunities they have, and the care and support they receive (including social services and subsidized housing and meals). Many DC residents were proud to live in the nation's capital and felt deep bonds with the city in which many had worked, raised families, and lived for many years.

They were especially happy to have organizations like senior villages, and an abundance of volunteers to help them out. Moreover, they felt that, unlike larger cities such as New York, DC is not so rushed, and "people are not so impersonal… it's friendly." One man emphasized that DC has more hospitals than other cities, and noted (as a caregiver for relatives) the convenience. Finally, they agreed that DC is a city where they can easily exercise, with many neighborhood pools, and with some senior centers equipped with gymnasiums. However, within this largely favorable context, NYAM also identified several core concerns that were repeatedly expressed by older residents. These included: neighborhood change squeezing out affordable housing; isolation; lack of political representation; and the financial and physical burden on older residents who are raising grandchildren.

Results from the 2013 AARP DC surveys of members and volunteers added to our knowledge of what DC residents shared through other input methods. AARP found that respondents:

- Have lived in their neighborhoods a long time (more than half for more than 25 years) and want to remain there as they get older;
- Want to live in neighborhoods that are safe, easy to get around in and have opportunities for keeping fit;
- Drive themselves, use public transportation or walk to get where they want to go in their neighborhood;
- Vary in terms of their satisfaction with the safety of the streets in their neighborhood for pedestrians and bicyclists; and
- Would support a policy to ensure that their neighborhood roads are designed for all users.

As this listening and assessment work was underway, Mayor Vincent C. Gray appointed the members of the Age-Friendly DC Task Force in September 2013. Deputy Mayor for Health and Human Services Beatriz Otero and George Washington University President Steven Knapp were selected as co-chairs. Among the 23 voting members were eleven community members with extensive knowledge in at least one domain, and 12 District government cabinet members. The Task Force was charged with developing recommendations, including best practices, strategies, and policies for transforming the District of Columbia into an age-friendly city. Once appointed, Task Force members arranged and participated in community consultations with DC residents age 50 and older employed in their own agencies and organizations.

DC's academic community played an important role throughout this study phase. George Washington University faculty members helped lead the community consultations; students from the Milken Institute School of Public Health studied promising practices worldwide and shared results with the Age-Friendly DC Task Force. Other local universities – including Trinity Washington University, University of the District of Columbia, Howard University, The Catholic University of America, American University and Georgetown University – supported the collection of key data and information. In addition, locally-based, national think tanks such as the Urban Institute and the Brookings Institution lent their expertise and data to the process.

The Age-Friendly DC Block-by-Block Walk

One activity that was crucial to the success of the Age-Friendly DC study phase and required the involvement of hundreds of residents and other stakeholders was the Age-Friendly DC Block-by-Block Walk. Through the lens of older DC residents, this effort identified neighborhood assets, as well as issues needing attention, on many streets and in many neighborhoods across the city. Teams of three or more residents, including at least one person 60 years or older, walked through a designated zone making assessments in three areas:

1. **Safety.** This included an assessment of sidewalk conditions and walkability; pedestrian islands and traffic signals; police presence and accessibility of a fire station; the number of benches, trash cans, and public restrooms; and the number of vacant storefronts or abandoned lots or buildings.
2. **Services.** This included the availability of hospitals, pharmacies, post offices and mailboxes, bus and rail stops, senior centers and libraries, among other services.
3. **Amenities.** This included the availability of grocery stores, laundromats, banks and other financial institutions, places of worship, parks and recreational spaces and social clubs, among other amenities.

This information was collected across the city's Single Member Districts (SMDs), geographic boundaries with elected neighborhood representatives consisting of approximately 2,000 residents each. Block-by-Block Walk participants used the DC 311 smartphone app to report concerns, such as damaged sidewalks and broken traffic signals or streetlights directly to the city's street repair database. Results from these walks led Age-Friendly DC staff to focus strategies around improving walkability and access to neighborhood services.

The Block-by-Block Walk provided an opportunity for young residents as well as older residents to participate in an intergenerational activity for a mutually-beneficial cause.

Mayor Gray kicked off the first of the city's many Block-by-Block walks. Over time, hundreds more joined the effort to do their part to make their community a safe, welcoming and livable place for all ages. Partners included many Advisory Neighborhood Commissioners (the local representatives of the SMDs), Trinity Washington University students, senior residents from the Residences at Thomas Circle, Ward 7 Councilmember Yvette Alexander, George Washington University students and their president – and co-chair of the Age-Friendly DC Task Force – Steven Knapp, and many neighborhood residents. Future walks through DC neighborhoods will assess changes and help to identify the locations and needs of vulnerable adults.

Ward	Number of SMDs Walked per Ward	Percent of the Ward that was Walked
Ward 1	6 of 37	16%
Ward 2	5 of 38	13%
Ward 3	5 of 43	12%
Ward 4	14 of 33	42%
Ward 5	17 of 37	46%
Ward 6	18 of 38	47%
Ward 7	11 of 35	31%
Ward 8	7 of 35	20%

* Numbers based on usable data reported

Step 2: Planning Phase (2014)

In early January 2014, leaders from DC government agencies, local organizations and academia, came together to begin discussing the findings from the previous year's listening activities and assessments. They also added their professional perspectives to help guide the initial planning phase of the initiative.

In March 2014, the Age-Friendly DC Task Force established 10 domain-specific committees which began synthesizing resident input and data, the results of the NYAM analysis, and the feedback from leadership discussions. Based on this information, each domain committee developed an initial set of recommended goals and objectives for improvement. Then, from August 26 to September 13, 2014 resident input was sought on these committee reports via social media, an online survey and through five community meetings – one in each quadrant of the city and one in the central business district. Hundreds of stakeholders attended these meetings. Those who were not able to attend a community meeting provided feedback through a web-based survey or via email.

Also during this period, the Age-Friendly DC team reviewed existing strategic plans developed by various District agencies. Staff found many examples of goals, objectives, and strategies that were moving the city in an age-friendly direction. A full cross-walk of these plans was completed, using the age-friendly domains as a framework, to create an inventory of actions underway that contribute to making DC an age-friendly city. A list of the strategic plans reviewed can be found on page 20.

In an effort to embed the age-friendly strategies in the day-to-day work of agencies, annual performance plans of numerous DC agencies were reviewed to mark efforts that were compatible with the emerging areas of Age-Friendly activity. Performance planning is the foundation for how we operate and evaluate our government. At the beginning of each fiscal year, each agency is asked to develop a performance plan. The performance plan describes new initiatives that improve the quality of services and highlights metrics that meaningfully gauge agency progress against goals.[9]

Age-Friendly DC Task Force Members

Steven Knapp, co-chair	The George Washington University
Beatriz Otero, co-chair	Deputy Mayor for Health and Human Services
Mario Acosta-Velez	Verizon
Robert Blancato	Matz, Blancato and Associates
Matthew Brown	District Department of Transportation
Deborah Carroll	Department of Human Services
Michael Kelly	Department of Housing and Community Development
Saul Levin	American Psychiatric Association
F. Thomas Luperello	Department of Employment Services
Rob Mancini	Office of the Chief Technology Officer
Linda Mathes	American Red Cross of the National Capital Region
Ellen McCarthy	Office of Planning
M. Jeff Miller	Deputy Mayor for Planning and Economic Development
Paul Quander	Deputy Mayor for Public Safety and Justice
Stuart Rosenthal	The Beacon Newspapers
Richard Sarles	Washington Metropolitan Area Transit Authority
Abigail Smith	Deputy Mayor for Education
Kathy Sykes	Environmental Protection Agency's Aging Initiative
Alexis Taylor	Office of Disability Rights
John Thompson	DC Office on Aging
Romaine Thomas	DC Retired Educators of America
Sarah Rosen Wartell	Urban Institute

Thanks also to former Task Force members: Derek Orr, Lisa Mallory, David Berns, Mercy Morganfield, Victor Hoskins, Carolyn Nicholas, Terry Bellamy, Steve Glaude, and Harriet Tregoning.

In keeping with the trajectory of this work, in September, 2014 Mayor Gray signed a pledge with the Milken Institute to make the District of Columbia one of the nation's "Best Cities for Successful Aging." The pledge solidified DC's commitment to moving up in the rankings – to providing older residents with excellent and accessible health care, housing and transportation options as well as real opportunities for purposeful living, employment, education and community engagement.

In October 2014, Mayor Gray accepted the Task Force's final set of recommended goals and objectives and directed the Office of the Deputy Mayor for Health and Human Services to draft the *Age-Friendly DC Strategic Plan*. Staff from the Deputy Mayor's office took the goals and objectives from the Task Force and turned them into actionable strategies that would be assigned to various agencies within District government, paying particular attention to efforts that weren't already identified in agency performance plans or other strategic plans for the District. The Deputy Mayor's office then sent these strategies to staff at all of the agencies that were assigned as leads, incorporating their feedback into the final strategies of the plan.

During this time, staff at the Deputy Mayor's office, also identified metrics to measure progress for each of the strategies. Fortuitously, the World Health Organization's Centre for Health Development in Kobe, Japan developed certain age-friendly indicators to be piloted by cities around the world, which the staff incorporated into the plan. AARP is also in the final stages of creating an interactive Livability Index and staff also incorporated available metrics into the plan and will be able to report on them regularly once AARP's index goes live in 2015.

Step 3: Implementation Phase (2015-2017)

In Fiscal Years 2015, 2016 and 2017, DC government agencies – in partnership with local businesses and non-profit organizations – will roll-out programs and initiatives to implement the recommendations in the *Age-Friendly DC Strategic Plan.* In accordance with selected metrics, data will be gathered in and across the domains and presented in annual progress reports. Surveys by DC government agencies, AARP DC, the *Beacon Newspapers* and other sources will be undertaken to examine the evolution of older residents' perceptions about their city, as a place where they can even more successfully live, work and play.

Step 4: Evaluation Phase (2017 and beyond)

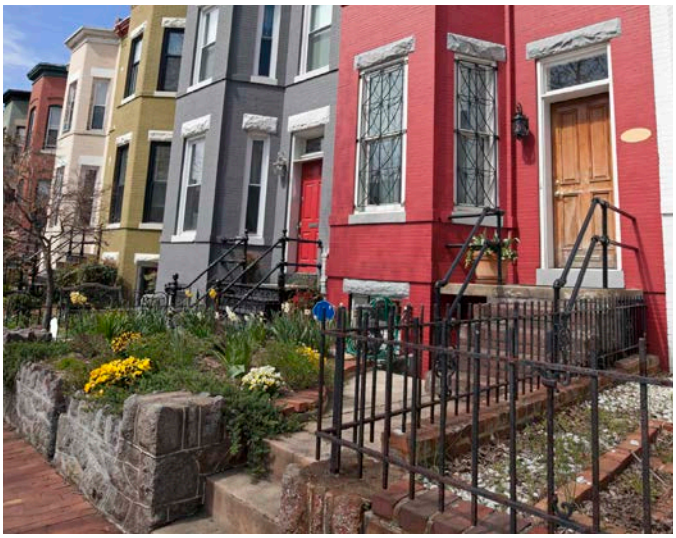
In 2017, the District will submit evidence to the World Health Organization of actual and perceived progress made on goals and strategies and age-friendly changes and improvements and await the response from WHO as to whether the District will receive the official designation as an Age-Friendly City.

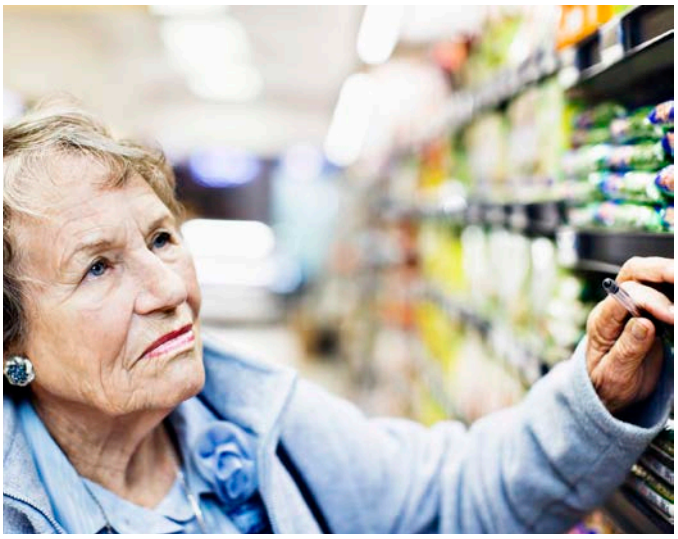
In 2017 the District government will continue the five-year cycle, holding sessions with DC residents, and the Strategic Plan will be updated. A re-examination of the Age-Friendly DC designation will take place in 2022.

The Age-Friendly DC journey will continue…

COMMON THEMES AND CROSS-CUTTING ISSUES

After reviewing the listening and assessment documents from the study phase, the Task Force recommendations elevated some common, and critical, cross-cutting issues:





Housing

Concerns about the quality and rising costs of housing were a consistent drumbeat heard across the consultations and surveys. Of greatest concern was the availability of a variety of accessible, step-free housing options, as well as the need for reliable services to help older, particularly low-income residents with home maintenance.

Affordability

Another overarching theme across domains was affordability and the general cost of living in DC. Many residents expressed feeling crowded-out by wealthier young professionals. Concerns about affordability and inadequate financial resources were voiced in reference to subsidized transit, housing and other programs – in particular the need for easier-to-access programs for home repairs and modifications to enable lower income homeowners to remain at home. Senior villages were a popular topic, suggesting that DC residents are willing to rely on each other to help off-set the negative effects of income challenges.

Anticipating More Residents with Disabilities

Another common theme was concern about the usually-progressive frailty and vulnerability (both physical and mental) of most seniors. While seldom mentioned explicitly, diminishing capacity was implicit throughout the discussions with references to accessibility, handicapped parking, the challenge of stairs, limited knowledge of and access to social media, and the need for more home health care and nursing options.

Challenges for Lesbian, Gay, Bisexual, Transgender, Questioning or Queer (LGBTQ)

Concern for the LGBTQ community was highlighted by NYAM and appears in several of the domain reports. While the District of Columbia has been "ahead of the curve" on marriage equality, many older residents remain nervous about facing discrimination in accessing services like senior housing and home health aides and marginalization in settings like Wellness Centers or nursing homes. Like racism and sexism, heterosexism is still a potent cultural force and concrete steps are needed to address it.

All of these important issues resonate throughout the sets of goals and strategies that are detailed in the next section. They will also help shape all facets of the implementation work.

AGE-FRIENDLY DC: GOALS AND STRATEGIES

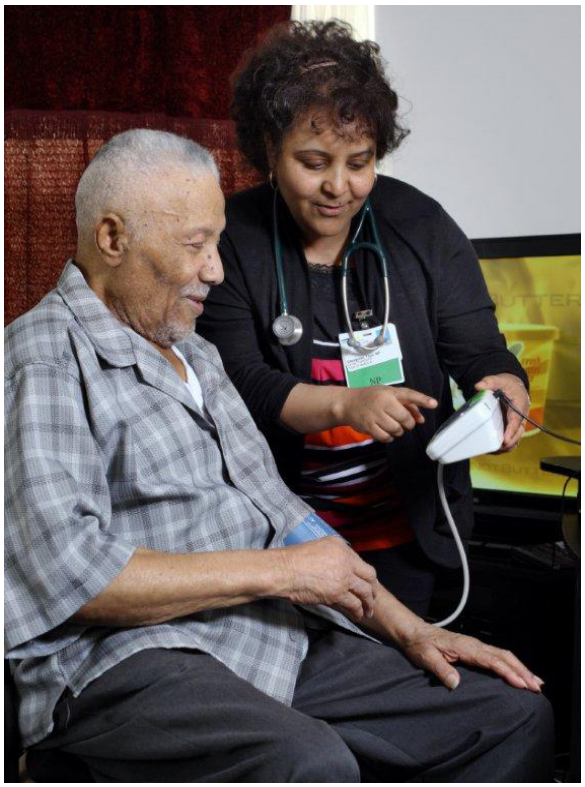
Many government agencies in the District have already developed strategic plans containing elements that are well-aligned with the goals and strategies of Age-Friendly DC. City-wide initiatives such as Sustainable DC, moveDC, Play DC, and the city's Comprehensive Plan have already pledged to meet goals and targets that will help make DC a more inclusive, age-friendly city. For example, both the Sustainable DC and Play DC plans call for a meaningful green space within a ½ mile of every DC resident. The moveDC plan calls for a sidewalk on at least one side of every street and safer street crossings, and the District's Comprehensive Plan calls for maintaining rent control and prioritizing the need for applying universal design standards when producing and rehabilitating publicly-assisted senior housing. As each of these initiatives works to achieve its own goals, collaborative action across the common elements in these plans will streamline implementation of the *Age-Friendly DC Strategic Plan*, and lead to more robust outcomes across the board. A list of goals and policies from other DC strategic plans that align with Age-Friendly DC is available online at http://agefriendly.dc.gov.

In addition, all DC agencies develop annual performance plans which are posted publicly and reviewed by the DC Council at agency oversight and performance hearings. In the fall of 2014, the Age-Friendly DC team reviewed nearly 50 of these plans from agencies engaged in work that directly relates to the goals and strategies of the Age-Friendly DC Strategic Plan and identified Fiscal Year 2015 initiatives that aligned with domains in the plan. Progress on these initiatives will be evaluated over the year ahead. The agencies which have Age-Friendly initiatives in their performance plans are marked with an asterisk in the Acronym Glossary (pages 61-62). All agency performance plans are posted publicly on the Office of the City Administrator's website at http://oca.dc.gov/page/performance-plans-and-reports. Leveraging goals and strategies from other strategic and performance plans will help ensure that age-friendly goals are kept at the forefront of planning and implementation by agencies in their day-to-day work.

DC Strategic Plans Containing Age-Friendly Elements

- *Bridges to Opportunity: A New Housing Strategy for DC* (DCHFA, 2013)
- *Comprehensive Plan* (OP, 2006/2011)
- *Creative Economy Strategy for the District of Columbia* (DMPED, 2014)
- *District of Columbia State Plan on Aging 2013-2015* (DCOA, 2012)
- *Momentum: Strategic Plan 2013-2025* (WMATA, 2013)
- *moveDC: The District of Columbia's Multimodal Long-Range Transportation Plan* (DDOT, 2014)
- *New Community Living Strategic Plan* (DCOA, 2013)
- *Play DC Master Plan – Vision Framework* (DPR & OP, 2014)
- *Sustainable DC Plan* (DDOE & OP, 2013)
- *The District of Columbia State Plan on Alzheimer's Disease* (DCOA, 2013)
- *The Five Year Economic Development Strategy for the District of Columbia* (DMPED, 2012)

These plans can be found online at http://agefriendly.dc.gov.



ONE CITY
ACTION PLAN
SUSTAIN
ABILITY
DC

DOMAIN 1: OUTDOOR SPACES AND BUILDINGS

Our vision

We envision a city in which people of all ages lead active and purposeful lives that promote personal growth, as well as mental and social well-being – a city where everyone has access to recreational facilities, activities and services; moves easily indoors and out; and routinely experiences nature.

Where we are now

The District of Columbia has nearly 8,000 acres of parkland and open space (including over 150 miles of recreational paths and trails),[10] 73 recreation and six senior wellness centers. And yet, the quality and consistency of our recreational resources, public space, and access to nature varies greatly. From the safety and accessibility of public buildings, to the quality of parks and green space, to critical details like ramps, benches, signage, restroom facilities, water fountains, lighting, and shade, many of our neighborhoods and points of service are behind where they need to be.

DC has 8,000 acres of parkland and open space (including over 150 miles of recreational paths and trails).[10]

Where we are headed

Our city has already begun to tackle these challenges. Age-Friendly DC will join the ongoing work of existing citywide plans and initiatives such as Play DC, Sustainable DC, and the DC's Comprehensive Plan to create green and vibrant neighborhoods that ensure equitable access to great public spaces and services as well as the natural environment. These improvements will allow our older residents and visitors to take full advantage of what our city has to offer.

DC has 73 recreation and 6 senior wellness centers.

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

Our vision

We envision a city with a varied and efficient nexus of transportation modes. These modes include active transportation such as walking and biking and are: safe and affordable for travelers of all ages and abilities, easy to find and use, and connect residents to jobs, goods and services both near home and across the city.

Where we are now

In some respects, DC is well on its way to achieving this vision. Supplementing our extensive Metro rail and bus systems, the city continues to:

- Add new bike lanes and make sidewalk improvements;
- Provide wheelchair accessible vans with extended hours;
- Subsidize accessible taxi service;
- Provide free medical transportation for Medicaid recipients;
- Provide kneeling and wheelchair buses; and
- Offer free transit service through the "Seabury Connector."

The city's 211 and 311 call takers are available 24/7 to answer questions about transportation (and other) services. Faith-based and nonprofit organizations across the city also provide additional transportation options.

But within this landscape, it remains a challenge to ensure that residents know about their options, and can successfully navigate them. Making public transit more affordable is also a high priority. And, in a city with a high incidence of pedestrian death and injuries – two for every 100,000 residents in 2012 – much more than Seattle and about the same as New York City,[11] increasing pedestrian and cyclist safety is critical.

There were 2 pedestrian deaths for every 100,000 residents in 2012.

Where we are headed

Age-Friendly DC will partner with the District Department of Transportation to ensure that its Strategic Highway Safety Plan, moveDC initiative and emerging ADA accessibility plan will focus on the needs of the city's older residents and visitors. We will work to ensure that existing and emerging transportation modes are known, safe, affordable and accessible to all.

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.
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

Our vision

We envision a city that provides a continuum of safe, affordable, and healthy housing options that provide the services, resources, and accessible design necessary to allow residents to age in place.

Where we are now

By and large, DC's older adults are eager to remain in their neighborhoods – in familiar places and among familiar faces of all ages. This can be accomplished by providing a broad range of housing options and living arrangements and through neighbor-to-neighbor connections. The Washington Area Villages Exchange (WAVE), a regional network that includes 14 senior villages underway or developing in DC, stands out as a national model for how neighbor-to-neighbor social interactions can connect members with needed services and provide the community support necessary to allow residents to stay in their communities as they age. With 40 senior villages, the DC metropolitan area has more than any other urban area in the country.

At the same time, there are often lengthy waiting lists for senior-specific housing. And, for many homeowners, high housing costs (including property taxes) mean putting off needed repairs and home modifications that would provide safe and comfortable living. New market-driven development across the city has raised the cost of housing and has been especially hard on renters, bringing increasing concerns about being able to afford living in the District.

Visitability refers to housing designed in such a way that it can be lived in or visited by people who have trouble with steps or who use wheelchairs or walkers. A house is visitable when it meets three basic requirements: one zero step entrance, 32" wide doorways, and one bathroom on the main floor.

Where we are headed

Housing policy is enormously complex, as is the path to full resolution of these challenges. Age-Friendly DC will work with a cross-section of advocates, government agencies and nonprofit organizations to navigate federal and local funding opportunities and explore new regulations and zoning requirements to make progress on issues such as home health and safety, visitability, accessory dwelling units, co-housing, taxation, and fair housing compliance. Having healthy, secure, and affordable housing makes it easier to take part in the recreational and social activities that are a part of purposeful living.

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.
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 or 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

Our vision

We envision a city with a robust slate of leisure, cultural, and creative activities and opportunities for and with residents age 50+. These activities are accessible, affordable, participatory, cross-cultural and intergenerational. They strengthen relationships and knowledge, promote fun together, and enrich lives.

Where we are now

The DC Department of Parks and Recreation (DPR) offers more than 400 events and programs across the city each year, many of them free, including a community day of service. The DC Office on Aging (DCOA) supports adult education programs in six Wellness Centers. The Centers provide programs for fitness, information, entertainment, camaraderie and resources for older residents. Nonprofit organizations across the city offer many more opportunities.

DPR offers 400+ events and programs across the city each year.

Yet isolation for some of our senior residents remains a challenge. Social networks may dwindle or the threshold for participating may seem too high due to cost, transit accessibility or declining health or mobility. Surveys conducted during the listening phase of the Age-Friendly DC Initiative suggest that many feel unsafe leaving home after dark, limiting participation in age-integrated recreation and enrichment activities to daylight hours. In fact, a substantial number of DC's seniors have few or no routine in-person interactions outside the home at all.

Where we are headed

Age-Friendly DC aims to take on this problem of isolation. In partnership with DPR and DCOA, we will gain an individualized understanding of the barriers to participation for our older residents and work to systematically address them. Through greater outreach and supports, DC's isolated seniors will reconnect with neighbors, develop new skills and friendships and regain a sense of purpose and community.

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

Our vision

We envision a city that actively empowers older adults, especially those often-marginalized such as LGBTQ seniors, recent immigrants, non-English speakers, or persons with disabilities. We further envision a city that fosters economic partnerships that engage older adults and routinely uses public education and communication vehicles to promote respect and build awareness about older adults' contributions to the community.

Where we are now

In recent years, the District has experienced significant growth and development that has bolstered the economy and brought improvements to long-disinvested areas of the city. At the same time, many older adults have felt pushed aside as the city actively seeks to welcome young professionals. New developments and businesses, in an effort to cater to this younger crowd, can make older adults feel unwelcome or uncomfortable in their own communities. This lack of respect and acknowledgment of the needs of older adults can lead to more age-segregated communities or to communities where older adults disengage socially.

Where we are headed

Age-Friendly DC will engage private-sector partners such as the Washington, DC Economic Partnership; AARP DC; Main Streets and Business Improvement Districts; and banks, utilities, and cable and internet service providers. The goal of this engagement is to increase respect and social inclusion, by promulgating age-friendly business practices; facilitating easy access for seniors at public facilities and events; ensuring that existing (and new) policies, programs, and practices do not inadvertently create barriers or discriminate; and affirmatively communicating positive messages about seniors and their important role in the life of our city.

To learn more about the Washington, DC Economic Partnership's Age-Friendly Business Initiative, or to apply as an age-friendly business, please visit http://wdcep.com/become-an-age-friendly-business.

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.
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

Our vision

We envision a city in which full and part-time work, civic leadership and participation, and meaningful volunteer opportunities are commonplace for residents age 50 and over.

Where we are now

As in the nation, the unemployment rate for people over 55 in the District has increased sharply over the last seven years.[12] While the DC Office on Aging and Department of Employment Services (DOES) operate employment programs that include job and volunteer training and placement assistance, too many older adults remain disconnected from these opportunities. Many feel denied or unable to access employment due to age. Lack of employment can result in financial insecurity, or even poverty, which can undermine one's sense of well-being and safety. Although many of the city's elected representatives are 50 and over, some seniors report feeling underrepresented in and disconnected from neighborhood, ward and citywide decision-making processes.

Where we are headed

In partnership with DCOA, DOES, Serve DC, the city's Department of Human Resources, the DC Chamber of Commerce and nonprofit religious and service organizations, Age-Friendly DC will work to address these challenges. Through specific program changes and enhancements and outreach and education efforts, we aim to increase and improve the numbers of residents over age 50 engaged in employment and volunteerism and ensure that our city's many boards, commissions and task forces reflect our age-diversity so that senior voices are integral to decision-making.

22% of DC residents 65 and older are in the labor force, compared to 16% nationally.

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).

DOMAIN 7: COMMUNICATION AND INFORMATION

Our vision

We envision a city whose older residents are well-connected to their chosen communities and to friends and family both near and far – residents who are abreast of current information about the services and resources that are available to assist them and their loved ones. To achieve this level of connectedness, we envision a city that actively promotes – and provides access to – a range of affordable technologies (including advanced, emerging and assistive methods), as well as high quality electronic and print information resources.

Where we are now

As technology advances around us, keeping everyone fully connected and informed is a critical challenge. In DC, the Office of the Chief Technology Officer's (OCTO) Connect.DC initiative, along with select community organizations, work to build digital literacy and connection through training and public awareness campaigns and by providing resources and tools that increase access to technology. In addition, the DC Public Library, Department of Parks and Recreation, DC Office on Aging, senior villages and private organizations such as Byte Back, are working to provide tech training and increase connectivity for seniors.

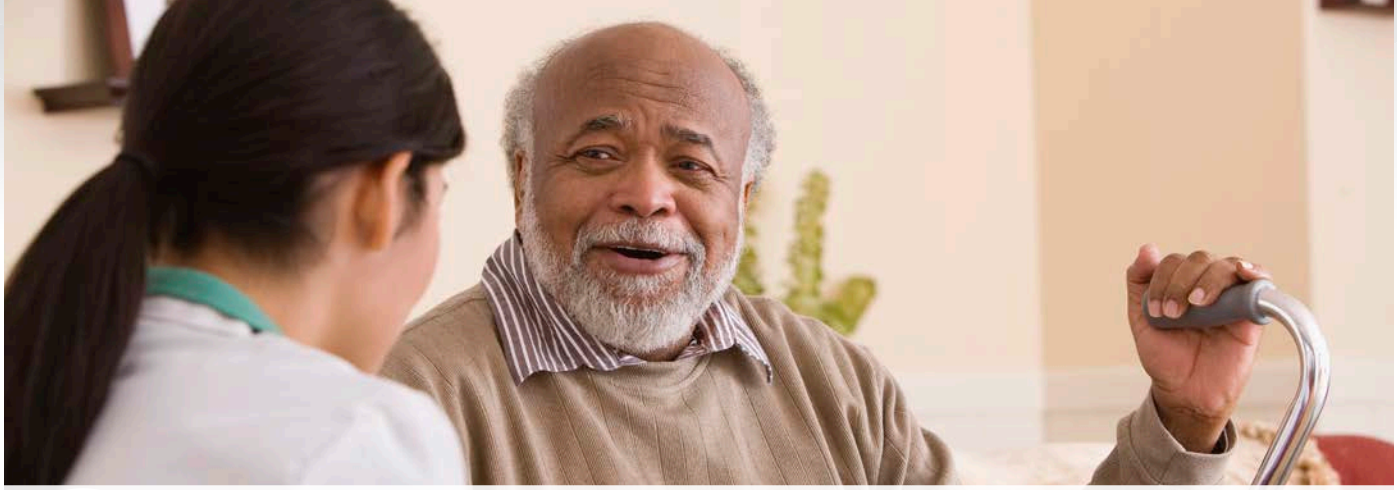
And yet, financial barriers, security fears and lack of technology skills can leave many older adults behind, struggling to keep in touch with friends and family, learn about current events, or take advantage of the resources and opportunities that the internet provides.

Where we are headed

Age-Friendly DC will partner with relevant entities to increase connectedness for older residents through strategies such as new email discussion lists for emergency notices, traffic updates, senior-specific and intergenerational activities and announcements; increased access to phones, computers and software; trainings on new technologies; age-friendly design improvements to written products, such as larger typefaces; and modifications to the city's 24-hour call centers to better meet the needs of older residents. Our goal is to make all lines of communication open and accessible, ensuring that everyone has the opportunity to connect.

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

Our vision

We envision a city that promotes wellness and active aging while achieving excellent health outcomes for all ages. Through improved access to services, healthy food, and information; population-specific sensitivity; and consistently excellent care, we will provide a growing and changing older population with supports and services across the healthcare continuum.

Where we are now

Through a combination of Federal and local funds, the District of Columbia supports strong health care coverage for residents. Largely due to the availability of Medicare, only 1% of DC seniors (age 65+) were uninsured in 2009.[13] The DC Health Benefits Exchange (launched in October 2013) has helped to narrow the gap for those age 50-64. In 2010, 10.3% of DC residents in this age group were uninsured;[14] in 2013 that number was 9.5%. In addition, with wellness in mind, the DC Office on Aging administers or oversees numerous and varied programs providing community-based health-related services for the District's seniors.

Yet in the areas of health conditions and health care delivery the city faces a number of significant challenges. Nearly one-third of residents age 65 to 74 (and half of those 74 and older) have one or more disabilities.[15] DC is facing increasing rates of elders with HIV and Alzheimer's disease. And successfully navigating the healthcare system – in particular when specialized services are needed – remains a challenge for many seniors.

Where we are headed

To meet these challenges, the District plans to expand and improve expeditious access to the city's home and community-based long-term care programs, while also seeking to increase the range of health care options readily available to older residents. Age-Friendly DC will support these efforts and partner with DCOA, Department of Health, Department of Behavioral Health, Department of Health Care Finance, and Department on Disability Services as well as private and nonprofit organizations to increase self-health awareness and cultural sensitivity, as well as focus on prevention and wellness and improve access to services. Across the health and health care continuum – physical, mental, behavioral, preventive, residential, and long-term – we will build communities that support DC residents to stay healthy and active throughout their lives.

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.
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

Our vision

We envision a city that ensures the readiness, immediate safety, and resiliency of all residents and communities before, during, and after emergency situations – with responders fully trained and able to identify, locate and reach those at risk, and provide a rapid and safe response.

Where we are now

Significant emergency preparedness work is already in place – or underway – across the District. The Department of Health's *Resilient DC* initiative is developing a strategic plan to help the city quickly recover from an emergency or disaster, and in October 2014 began pilot-testing emergency response strategies in selected communities.

The Office of Disability Rights and the Department of Health, Health Emergency Preparedness and Response Administration (HEPRA) 2014 *Path to Preparedness* handbook is an accessible resource for responding to emergencies such as a power or water loss, heat wave, tornado, earthquake, hurricane or snowstorm. Serve DC (the Mayor's office on volunteerism) offers Certified Emergency Response Training (CERT) and coordinates critical volunteer support for the first 72 hours of a crisis. Finally, AlertDC, which provides immediate emergency communication via text or email, and Smart 911, which allows residents to create personal profiles to better inform emergency responders, add critical layers of support.

Unfortunately, as is the case in many other areas, emergency preparedness resources are too often out of reach for our city's seniors, especially for those with limited access to, or ability to use, information and communication technology.

The Department of Health and The Mayor's Office on Volunteerism (Serve DC) have organized the Vulnerable Populations, Community, and Healthcare Coalition to ensure that our most vulnerable residents are resilient in cases of emergency. Learn more at http://dcvpchcc.org.

Where we are headed

Age-Friendly DC will work hand-in-hand with the city's ongoing efforts, focusing on increasing older residents' access to information and resources, and continuing to build capacity for resilience in the face of difficulties. Systems and training enhancements, as well as greater public outreach and education, will be critical strategies. A recently-launched Rand Corporation/NIH study of emergency preparedness in DC will provide additional direction, with a resiliency tool kit planned for dissemination in June 2016.

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).

DOMAIN 10: ELDER ABUSE, NEGLECT, AND FRAUD

Our vision

We envision a city in which seniors live free of financial exploitation, neglect, and physical, sexual and emotional abuse – in which effective collaboration across systems results in high levels of public awareness, a streamlined and accessible reporting infrastructure, and rigorous enforcement of all laws and regulations.

Where we are now

A number of offices and agencies share responsibility for addressing elder abuse, neglect and fraud. These include:

- The Adult Protective Services (APS) office in the Department of Human Services;
- The DC Office on Aging (DCOA);
- The Long Term Care Ombudsman (within AARP's Legal Counsel for the Elderly Program);
- The City's Office of Health Care Ombudsman;
- The Department of Health Care Finance; and
- The US Office of the Attorney General's Community Prosecution Division.

The availability of resources such as hotline services, seminars, assistance from caseworkers, availability of ombudsman programs, and a plethora of nonprofit service providers offer a safety net to vulnerable residents.

Inconsistent coordination across these agencies leaves people and priorities to fall through the cracks.

The US Office of the Attorney General's Community Prosecution Division offers seminars on "Financial Crimes Against Seniors" and "Elder Abuse and Exploitation of the Elderly." Attorneys are available for consultation with offices in each of the District's seven police districts. Find locations at http://www.justice.gov/usao/dc/programs/cp/community_engagements.html.

In addition, while many sectors in our city routinely interact with seniors, trainings and education about abuse, neglect, and fraud are in short supply and under-utilized. In addition, seniors themselves – in particular those who are homebound – lack information and awareness about how to avoid victimization and/or seek help.

Where we are headed

Age-Friendly DC will play a leadership role in bringing greater collaboration across the city's agencies and providers, securing improved service delivery, and developing comprehensive training and public awareness vehicles, among other core goals. Our objective is to diminish the incidence of abuse, neglect, and fraud; to empower older residents to protect themselves; and to ensure that outside assistance and support is available for those who need it.

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.

IMPLEMENTING THE AGE-FRIENDLY DC STRATEGIC PLAN

Implementation of the Age-Friendly DC Strategic Plan requires individuals, government, businesses and nonprofit organizations across the District to all play important roles. Our progress will be evaluated annually with reports to DC residents, AARP, and WHO. In October, 2017, AARP and WHO will assess our progress and determine whether DC will join the list of WHO-designated Age-Friendly Cities.

Roles for Individuals

DC will only become an age-friendly city if everyone takes ownership of the goals and plays an active role in achieving them. Across the 10 domains there are many opportunities for individuals of all ages to get involved, whether you live in, work in, or visit the District. Sharing your opinions at community meetings, running for elected positions in your community, applying to be on public and/or private boards and commissions, attending first responder training, delivering meals and checking-in on the homebound, assisting those with mobility limitations in getting to appointments, shopping and social events, and simply spending time with others to explore creative interests are all great ways to contribute to DC becoming an age-friendly city.

Roles for Government

All of the strategies in the *Age-Friendly DC Strategic Plan* are assigned lead and partner agencies within DC government. Age-Friendly DC staff will communicate regularly with these agencies to continually examine progress. The metrics identified in the plan will also come largely from DC government datasets. Highlighting age-friendly initiatives in agencies' performance plans also leads to direct accountability both to the City Administrator's Office and the DC Council. This ensures ongoing support and coordinated efforts on age-friendly initiatives throughout changes in administrations. Continued leadership from elected and appointed officials will also be critical to meeting these goals.

Roles for the Age-Friendly DC Task Force

The Age-Friendly DC Task Force is charged with advising on best practices, strategies, policies, and private and public funding opportunities for implementing the *Age-Friendly DC Strategic Plan*. The recommended goals and objectives developed by the Task Force can be viewed at www.agefriendly.dc.gov. These recommendations form the foundation of the strategies presented here. The Task Force will continue to meet quarterly to examine the impact of the strategic plan. Domain-specific committees of the Task Force will serve as resources, helping to develop new initiatives and assess progress.

Roles for Nonprofit Organizations

The District's nonprofit sector has been deeply involved in the development of the *Age-Friendly DC Strategic Plan*. The community consultation process was guided and supported by leaders and staff from nonprofit organizations across the city. Nearly 75% of the knowledgeable-leader group that contributed to the study phase of the initiative, and half of the Age-Friendly DC Task Force members, either lead or are affiliated with nonprofit organizations. In the end, nearly every organization in the city that is involved with the older adult population has helped in some way to shape the strategic plan.

Going forward, this sector will have an equally central role. Local service organizations working directly with seniors – those funded by the government as well as those operating independently – will continue to provide vital resources like in-home health care, transportation, meals and a wide range of neighbor-to-neighbor supports. These organizations will also be testing new approaches on the ground and will be uniquely positioned to give feedback on Age-Friendly DC's progress over the next three years. Advocates will help provide accountability, working to hold the government and elected officials to their commitments. Finally, representatives of colleges and universities and other research organizations will continue to assist in data gathering, analysis, and assessment.

Today's small businesses need to increase sales to maintain their growth. Tapping further into the older-consumer base is an important strategy.

- In 2010, disposable income for Americans age 50+ was over $3 trillion.
- People over age 50 account for almost half of all discretionary spending by consumers.[17]
- 19 million tourists visited DC in 2013, most over the age of 50.[18]

Roles for Businesses

Local businesses play a key role in the life of our city. They support older residents by providing necessary goods and services and, in turn, they are supported by older residents, whose purchasing power often extends to the needs of children and grandchildren. Recognizing this reciprocal relationship, in early 2014 the Washington, DC Economic Partnership began hosting meetings with business leaders and government members involved in the Age-Friendly DC Task Force to assess opportunities for business-specific participation and support. The Age-Friendly DC Business Initiative that emerged from this assessment makes a strong case for businesses to get involved.

Currently, the Age-Friendly DC Business Initiative is developing an education, outreach and recognition campaign that will help local businesses increase their customer base among older residents by providing a more inclusive and age-friendly environment. In addition to creating targeted outreach materials, the group has developed a self-assessment tool (see pg. 44) for businesses and a process (including assessments by older shoppers) through which businesses can become certified and publicly recognized as Age-Friendly Businesses, with annual re-evaluation. A pilot began in November 2014 to identify an initial group of age-friendly businesses in the District.

How you can get involved

Age-Friendly DC is a creative, dynamic journey that has been guided by the World Health Organization and supported by leaders across our city. In the end, however, its success will depend on the active participation and engagement of all DC residents who love this city, as well as the people who come here to work and visit. You can find opportunities for getting involved with Age-Friendly DC online at agefriendly.dc.gov or email agefriendly@dc.gov.

Age-Friendly Business Best Practices Checklist

PHYSICAL FACILITY: Create a Welcoming Atmosphere
Have an easily accessible and identifiable waiting area for customers who are older and/or disabled
Have adequate lighting at the business entrance and around emergency exits
Have easily opened or automatic doors
Have non-slip surfaces, sturdy railings, wider aisles and uncluttered pathways
Have wheelchair accommodation at tables (e.g. restaurants and theaters)
Have an elevator/escalator to reach multiple levels
Have an easily accessible, universally-designed customer restroom
Have a customer service desk in an easily accessible and clearly visible location
Maintain business exterior and sidewalks free of dirt, snow, leaves, debris, etc.
Limit noise levels to a moderate/low level at lunch or early evening

PERSONNEL: Provide Respectful and Excellent Customer Service
Provide respectful customer service in person and on the phone
Have staff that act as greeters and offer assistance
Train staff to assist customers (e.g. reach shelved items, speak clearly, read labels/menus)
Offer employment training and opportunities for older adults

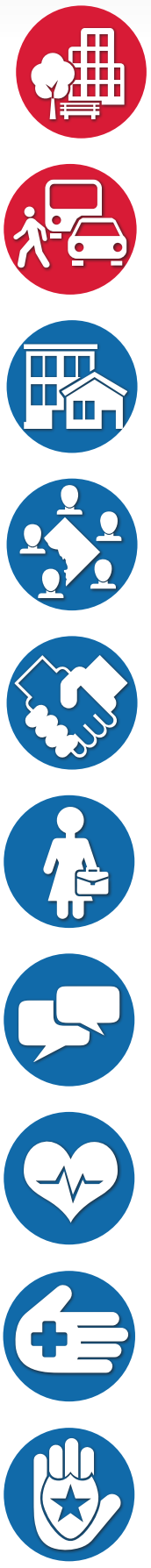
PRODUCTS & SERVICES: Attract and Serve Customers 50 and over
Offer discount programs for older adults (e.g. senior discount day, coupons)
Advertise in media outlets or participate in community events targeting older adults
Offer consumer education and training (e.g. use of new products, technology, info sessions)
Offer products that are tailored to older adult customers (e.g. small portions, large print materials)
Offer drop-off/delivery service
Offer shop by phone or online

PRINT & WEB: Provide Easily Accessible Information
Use large, clear fonts – at least 12 point – and good contrast (e.g., signage, menus, brochures)
Have a large front or easy text resize option on websites
Have easy navigation and fewer clicks for web users who are less technologically savvy
Have an easy-to-find customer service phone number and contact information on the website
Have well-lit areas where customers can read and inspect products

Strategic Plan Action Chart

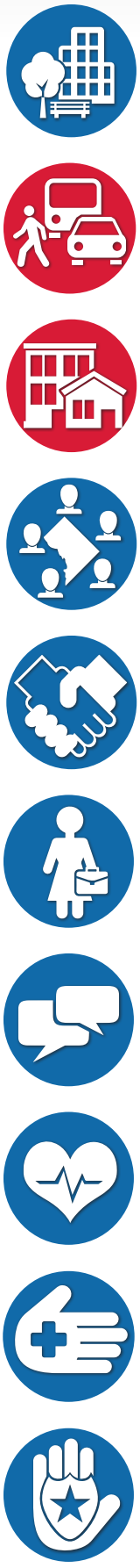
Goal/Strategy
DOMAIN 1. Outdoor Spaces and Buildings: Accessibility to clean air and availability of safe recreational facilities
GOAL 1.1: Increase access to and utilization of parks, open spaces and public buildings.
1.1.1: Ensure all residents have access to parks and open spaces within a half mile 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, DCCAH
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
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
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
DPR, DCPL	DCOA, DDS
DMHHS	EOM (Communications Office), OCA, DMPED, DME, DMPSJ, 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
DMHHS	DDS, OGLBTA
DMHHS, DCOA	Serve DC, OSSE, DYRS, DDS
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	OBC, 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
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
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
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
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
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

ACKNOWLEDGMENTS

This *Age-Friendly DC Strategic Plan* is the work of hundreds of organizations and thousands of individuals across the District of Columbia. Without their commitment to the plan's goals and strategies, it would not have been possible.

The office of the Deputy Mayor for Health and Human Services would like to acknowledge in particular, the 23 members of the Age-Friendly DC Task Force (listed on page 16) who dug deeply into the challenges and opportunities facing our city's older residents – and the complex nexus of available resources and supports – and arrived at a comprehensive and compelling set of recommendations. Their contribution to this effort cannot be overstated.

In addition, the office of the Deputy Mayor would like to acknowledge The George Washington University (GW) for its contributions of technical assistance, faculty expertise on 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 conduct research that would shape the goals and strategies in every domain. Finally, we would like to extend special recognition to GW President Steven Knapp who co-chairs the Age-Friendly DC Task Force, and joined over 200 GW Freshman Day of Service volunteers in the DC Block-by-Block Walk survey on September 6, 2014. President Knapp's leadership was instrumental in moving this entire process forward.

Other local universities, including Trinity Washington University, the University of the District of Columbia, Howard University, The Catholic University of America, American University and Georgetown University, offered expertise and assistance along the way. In particular they helped collect information about our city that was central to developing coherent goals and strategies.

Leaders and staff from the Rand Corporation, the American Institute of Architects, the Urban Institute, Brookings Institution, the AARP Foundation and others provided key support to the initiative in data gathering and analysis.

Finally, we offer our heartfelt thanks to the residents of the District of Columbia – far too many to name here – who recognized the importance of transforming our city into a place where it is easy to grow up and to grow old, and gave so generously of their time and thoughtfulness.

The first steps in our important journey have been taken. The time has come to carry out our plans and intentions.

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
DCCAH*	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
DMPSJ*	Deputy Mayor for Public Safety and Justice
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
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
OCA*	Office of the City Administrator
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

*Agency performance plan reviewed to identify Fiscal Year 2015 initiatives that aligned with domains in the *Age-Friendly DC Strategic Plan*.

ENDNOTES

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