

Alexandria Commission on Aging Minutes
December 10, 2015

Members Present: Carol Downs, Bob Eiffert , Jane King, Mary Lee Anderson, Charles Bailey, Alan Dinsmore, Cedar Dvorin, Christine Fulgencio, Elisabeth Palmer Johnson, David Kaplan, Pat Killeen, Mary Parker, Del Pepper

Members Excused: Joan Dodaro, Anestacia Graham, Michael Kreps, Jim Lindsay, Jan Macidull

Liaisons Present: Vanessa Greene, Senior Center @ Charles Houston; Margaret Orlando, Recreation, Parks and Cultural Activities; Ann Harbour, INOVA; Ian Torrance, Police Department; Holly Hanisian, Goodwin House

Staff Members Present: Terri Lynch and Debbie Ludington, Division of Aging and Adult Services

The meeting was called to order at 4:10 PM.

The November minutes were approved without amendment.

Jane King gave a presentation on the current status of the application for Alexandria as a member of the Age-Friendly Community Network of AARP and the World Health Organization. She explained that the eight domains would include: Diversity; Outdoor Spaces and Buildings; Transportation; Housing; Social Participation and Respect and Social Inclusion; Civic Participation and Employment; Communication and Information; and Community and Health Services. For a copy of the draft application so far, please contact Debbie Ludington at Debbie.ludington@alexandriava.gov

Terri Lynch provided demographic graphs and charts that are essential for planning purposes and explained their implications for lower-income, older residents regarding eligibility for certain benefits. **See attached.**

Additional recommendations from the COA included the importance in the plan of addressing the needs of older women living alone. Elisabeth Palmer Johnson agreed to work on that aspect of the Commission's work and the plan. When the need to include intergenerational activities was raised, Mary Lee Anderson noted that high school students deliver Meals on Wheel and should be noted in the application. It was suggested that the Commission should contact the Northern Virginia Community College to invite the participation of the college in developing a plan. Mary Lee agreed to make that contact. It was also noted that caregiving should be included in the priorities of the Partnership for a Healthier Alexandria's plan.

Jane raised the idea of creating a community ambassador program to help with communications to diverse groups. Bob Eiffert and Terri Lynch stressed that Loudoun County had very successfully developed an impressive program of neighbors informing neighbors about the

services available in the county and informing neighborhoods about other issues relevant to older residents.

The possibility of Commission involvement in “Take Your Children to Work Day” was also raised.

Holly Hanisian, who works for Goodwin House, offered assistance by Goodwin House in development of the plan.

Police Dept. Liaison report: Ian Torrance, representative of the Alexandria Police Department, spoke to the Commission about the young Latino who was murdered in Four Mile Run Park. The police chief had requested that all officers talk to residents, answer their questions and assure them about their safety and discuss the steps they should take to protect themselves from those who would harm them. These steps include locking doors and avoiding walking alone at night. He also reported that more police patrols are working in the parks to prevent further incidents.

Charles Bailey raised the issue of problems with receiving increases due to recipients of Social Security. In the course of almost a year, he had not received the amount he was due and was concerned about this occurring with others. Further discussion was deferred to another time, though it was agreed that the Commission should consider a possible role in addressing the issue.

Carol Downs noted that a meeting had been held to discuss priorities in the Community Health Improvement Plan, and that the recommendation was made that caregiving should be added to its concerns.

Executive Committee: Carol Downs presented the compilation of comments from COA regarding the Old Town North Small Area Plan. See attached.

Liaison Reports:

Senior Services of Alexandria, Mary Lee Anderson. Report previously distributed.

Recreation, Parks and Cultural Activities – Margaret Orlando reported that the new recreation booklet on programs is now available in print and online. She also noted that the December 10 Successful Aging Celebration for Seniors luncheon was a huge success and 175 attended. Vanessa Greene was complimented for her hard work on organizing the luncheon.

Successful Aging, Darrell Wesley. Report previously distributed.

Alexandria Adult Day Services, Darrell Wesley. Report previously distributed.

Housing Affordability Advisory Committee, Bill Harris. Report previously distributed.

Commission for Women – Elizabeth Palmer Johnson reported that the Commission for Women Awards Banquet will be held on March 28, and encouraged Commission members to nominate some for awards.

AHA – Jane King reported that AHA had reached 153 members, exceeding its goal for the year.

AARP – Jane King reported that AARP had just completed a training for Virginia’s volunteer advocates, who meet with members of the General Assembly both before and during the General Assembly session. Pat Killeen reported on plans for an AARP Caregiving Campaign in Virginia. See attached.

St. Martin Senior Center, Kathryn Toohey. **Report previously distributed.**

Senior Center @ Charles Houston, Vanessa Greene. **Report previously distributed.**

Committee Updates:

Economic Development, Mary Lee Anderson. **Report previously distributed.**

Diversity Committee, Carol Downs reporting. See attached. Carol noted during the meeting that the committee had made great progress in the last meeting regarding increased contacts with immigrant communities.

Commission on Persons with Disabilities, ACPD, Mary Parker. Mary discussed the City’s snow removal system as was presented at the Dec. 9 ACPD meeting. See attached. For a copy of the power point, please contact Debbie.ludington@alexandriava.gov

Meeting adjourned at 6pm

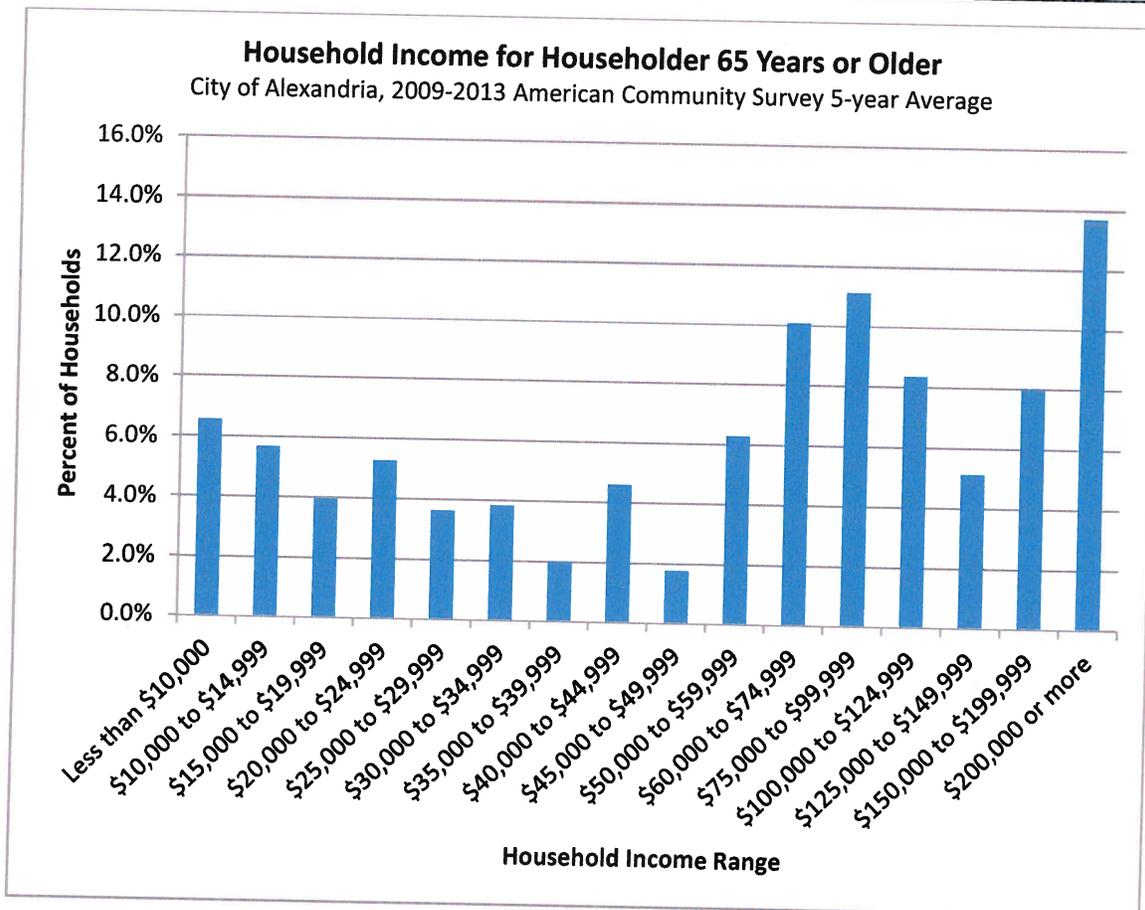
Minutes prepared by Jane King



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Demographic Profile, Income Older Adults Age 65+ -- Alexandria¹

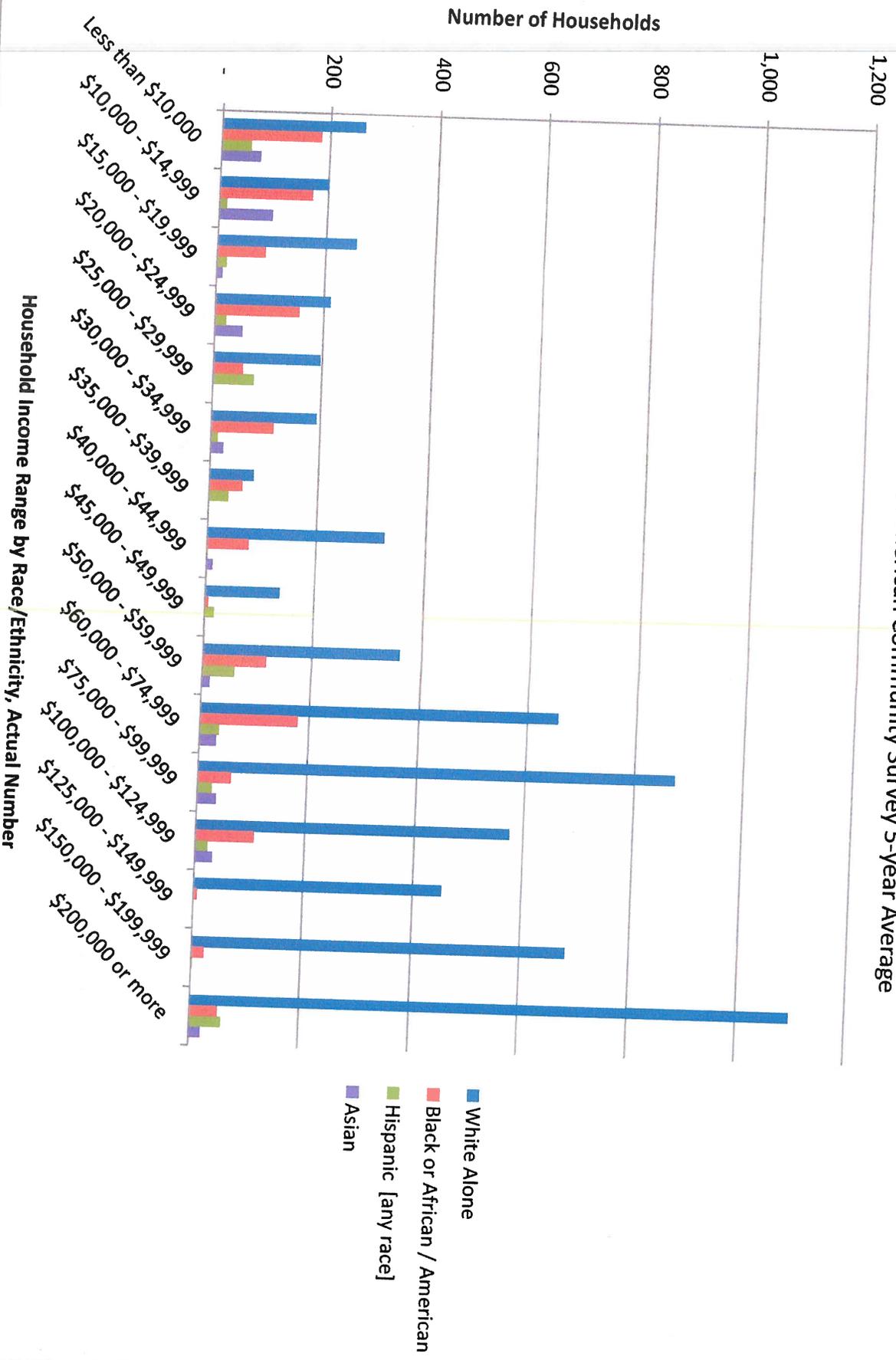
| Program | Annual Income Guideline [current] | Number of Alexandria Households That Meet Income Guideline | Number of Alexandria Residents Who Meet Income Guideline |
|---|-----------------------------------|--|--|
| Basic Medicaid | \$9,416 | 587 | 885 |
| Social Work Services | \$24,024 | 1,923 | 2,900 |
| Community Based Medicaid Waiver Service | \$ 26,388 | 1,923 | 2,900 |
| Subsidized Housing | \$ 38,250 | 2,770 | 4,177 |



¹ American Community Survey, 2009-2013, 5 Year Estimate; The Census Bureau estimates income based on households, and these data used basic arithmetic techniques to estimate the number of individuals in the various income categories.

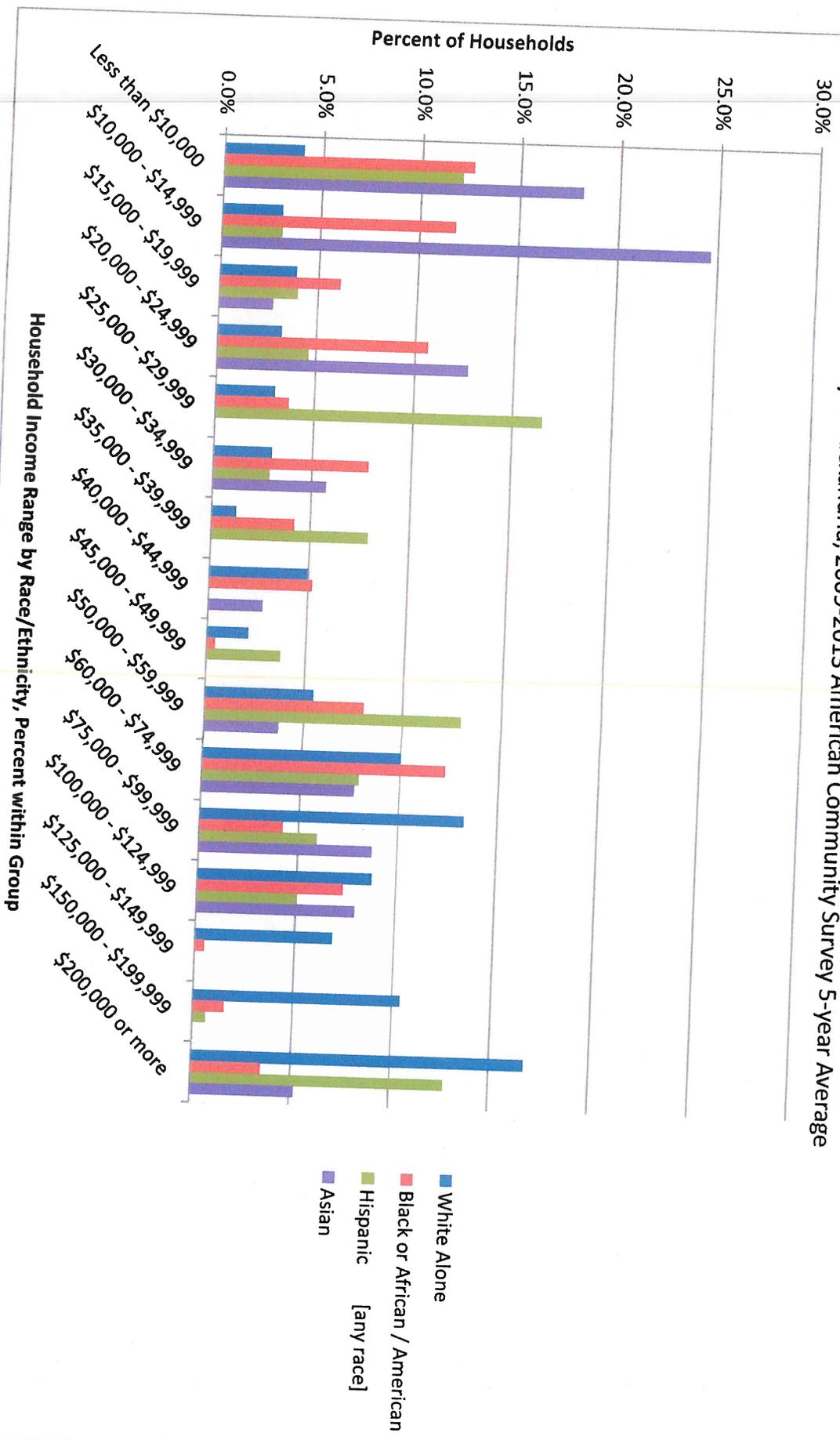
Household Income for Householder 65 Years or Older

City of Alexandria,
2009-2013 American Community Survey 5-Year Average



Household Income for Householder 65 Years or Older

City of Alexandria, 2009-2013 American Community Survey 5-year Average





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Demographic Profile Older Adults -- Alexandria¹

As of 2013, the Alexandria population age 60+ was 20,892. The following offers some details.

| | Total | Male | Female | Total |
|-------------------|---------|--------|--------|---------|
| Total population | 143,684 | 69,448 | 74,236 | 143,684 |
| AGE | | | | |
| 55 to 59 years | 8,477 | 3,750 | 4,677 | 8,427 |
| 60 to 64 years | 7,328 | 3,472 | 3,935 | 7,407 |
| 65 to 69 years | 5,173 | 2,361 | 2,747 | 5,108 |
| 70 to 74 years | 2,730 | 1,250 | 1,485 | 2,735 |
| 75 to 79 years | 2,299 | 833 | 1,410 | 2,244 |
| 80 to 84 years | 1,581 | 625 | 1,039 | 1,664 |
| 85 years and over | 1,724 | 694 | 1,039 | 1,734 |

| | Total | Male | Female | Total |
|------------|--------|--------|--------|--------|
| AGE | | | | |
| 55+ | 29,312 | 12,987 | 16,332 | 29,319 |
| 60 + | 20,834 | 9,237 | 11,655 | 20,892 |
| 65 + | 13,506 | 5,764 | 7,721 | 13,485 |
| 75 + | 5,604 | 2,153 | 3,489 | 5,642 |
| 85+ | 1,724 | 694 | 1,039 | 1,734 |

Race/Ethnicity, Age 65 and over

| | | |
|-------------------------------------|---------------|---------------|
| White Alone | 10,032 | 74.5% |
| Black or African American Alone | 2,321 | 17.2% |
| American Indian/Alaska Native Alone | 40 | 0.3% |
| Asian Alone | 699 | 5.2% |
| Some Other Race Alone | 174 | 1.3% |
| Two or More Races | 207 | 1.5% |
| Total | 13,473 | 100.0% |
| Hispanic (of any race) | 831 | 6.2% |

Live Alone, Age 65 and over

4,959 older Alexandrians live alone; 3,448 women and 1,511 men. This does not include people who live in assisted living or nursing homes.

¹ American Community Survey, 2009-2013, 5 Year Estimate

Grandchildren, Age 65 and over

478 older adults are responsible for grandchildren under age 18

Poverty Status

A total of 2,002 Alexandrians age 55 and over live in poverty.

| | | |
|--------------------------|-------|--|
| 55 to 64 years | 1,116 | 7.1% of the population 55 – 64 live in poverty |
| 65 to 74 years | 528 | 6.7% of the population 65 – 74 live in poverty |
| 75 years and over | 358 | 6.4% of the population 75+ lives in poverty |

Disability

| | |
|---|-------|
| Total Population 65+ with a disability | 3,480 |
| With a hearing difficulty | 1,099 |
| With a vision difficulty | 607 |
| With a cognitive difficulty | 829 |
| With an ambulatory difficulty | 2,323 |
| With a self-care difficulty | 874 |
| With an independent living difficulty | 1,421 |

English Speaking

| Total | Speak English "very well" | Speak English less than "very well" | Speak English "very well" | Speak English less than "very well" |
|-------|---------------------------|-------------------------------------|---------------------------|-------------------------------------|
|-------|---------------------------|-------------------------------------|---------------------------|-------------------------------------|

65 years and over

| | Total | Speak English "very well" | Speak English less than "very well" | Speak English "very well" | Speak English less than "very well" |
|---|-------|---------------------------|-------------------------------------|---------------------------|-------------------------------------|
| Spanish or Spanish Creole | 727 | 258 | 469 | 35.5% | 64.5% |
| Other Indo-European languages | 851 | 429 | 422 | 50.4% | 49.6% |
| Asian and Pacific Island languages | 476 | 206 | 270 | 43.3% | 56.7% |
| Other languages | 571 | 318 | 253 | 55.7% | 44.3% |
| Total | 2,625 | 1,211 | 1,414 | | |

VISIONING EXERCISE FOR THE OLD TOWN NORTH SMALL AREA PLAN UPDATE

CATEGORY: PLANNING, DESIGN, AND LANDUSE

Guiding Principles (Goals)

Identify and enhance Old Town North's unique character and sense of place to complement area's history, culture, and existing neighborhoods and to promote an active and balanced community.

COA member comments:

Pedestrian oriented streetscape lighting should have levels and intensity sufficient to guide walkers, especially those with low vision. Signage for walkways and directions to walkways should feature color and contrast that enhance the design accessibility for those with low vision and those who use mobility devices requiring different positioning and pacing from the regular pedestrian flow.

CATEGORY: HOUSING

Guiding Principles (Goals)

Encourage a variety of housing choices that are affordable and accessible to a diverse range of ages, incomes, abilities and household sizes throughout the plan area.

COA member comments:

Develop accommodation for multi-generation uses such as a "granny pad" or mini-unit that could be located on a homeowner's property. Provide human services/social services to older adults residing in high density buildings that would take advantage of naturally occurring retirement communities (NORC's). This should reduce the cost of providing the services off-site.

CATEGORY: TRANSPORTATION

Guiding Principles (Goals)

Further encourage an integrated multi-model transportation network using the existing street grid, and grid extensions where necessary, to promote a healthy, auto-independent lifestyle.

COA member comments:

Attention should be given to transportation access design in stations and stops in close proximity to concentrations of senior citizens. Access design should include lighting and

signage at intersections. Intersections featuring pedestrian access should incorporate lighted crossings, pedestrian signals that confirm activation, and signal timing ample for those who cross more slowly.

CATEGORY: OPEN SPACE, RECREATION AND CULTURAL ACTIVITIES

Guiding Principles (Goals)

Expand, enhance and connect publicly accessible passive and active open space.

COA member comments:

Accommodations for interior spaces should include accessible signage and lighting that enhances access and use of the space for those with low vision and mobility issues. Display spaces featuring multi-level viewing areas should be designed with safe physical access for all users, especially those who may need extra cues that indicate changes in levels or stair access. Stair access should never be the only means of accessing these public spaces.

CATEGORY: ECONOMIC DEVELOPMENT

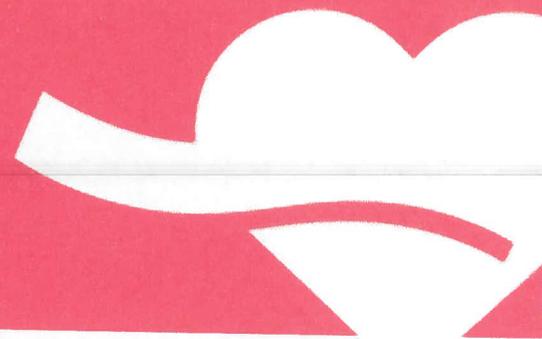
Guiding Principles (Goals)

Attract unique uses that serve as an economic engine to grow and sustain a balanced economy.

COA member comments:

Encourage businesses to offer incentives to senior residents via special discount/service programs. Provide employment opportunities for residents age 55+.

Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act



Family caregivers are the most important source of support for people with chronic or other health conditions, disabilities, or functional limitations. Millions of family caregivers help their loved ones live at home and in their communities, providing the bulk of this assistance. In 2013, about 40 million family caregivers provided unpaid care valued at about \$470 billion to adults who needed help with daily activities such as bathing, dressing, meal preparation, and transportation, more than total Medicaid spending that year.¹ According to *Caregiving in the US 2015*, about 3.7 million family caregivers provided care to a child under age 18 because of a medical, behavioral, or other condition or disability and 6.5 million family caregivers assisted both adults and children.² Estimates show 3.5 million individuals with intellectual or developmental disabilities (I/DD) live with family caregivers, of whom over 850,000 are age 60+.³

What do family caregivers do?

Family caregivers help with activities such as eating, bathing, dressing, transportation, and managing finances; perform medical/nursing tasks such as wound care and managing multiple, complex medications; arrange and coordinate care among multiple providers and settings; and pay for services to help their loved ones, such as home modifications, transportation, or a home care aide. The assistance family caregivers provide saves taxpayer dollars, helps to delay or prevent their loved ones from needing more costly nursing home care, and helps prevent unnecessary hospital readmissions. Family caregivers spend an average of 18 hours a week caring for their loved one;⁴ almost one-third of family caregivers provide an average of 62 hours of care a week.⁵

What challenges do family caregivers face?

Family caregivers take on physical, emotional, and financial challenges. They commonly experience emotional strain and mental health problems, especially depression, and have poorer physical health than noncaregivers.⁶ Family caregivers generally do not receive training and other assistance to help them provide care.⁷ Too often family caregivers aren't even recognized and included, as appropriate, by health care and social service providers helping their loved ones. Navigating, locating, and coordinating fragmented services is too often bewildering, complex, and very time consuming.

Most family caregivers are employed and juggle work and caregiving responsibilities. They often make workplace accommodations because of caregiving, up to and including leaving their jobs.⁸ Employers have an interest in supporting family caregiver employees so they do not lose talented workers. Family caregivers (age 50 and older) who leave the workforce to care for a parent lose, on average, nearly \$304,000 in wages and benefits over their lifetime. These estimates range from \$283,716 for men to \$324,044 for women.⁹ In addition, family caregivers may pay out-of-pocket for services whose costs add up over time.

Family caregivers will only face greater strains in the future as the "caregiver support ratio" – the number of potential family caregivers aged 45-64 for each person aged 80+ - shrinks. In 2010, the ratio was more than seven potential caregivers for every person in the high-risk years of 80-plus. By 2030, this ratio is projected to decline sharply to 4 to 1 and to less than 3 to 1 in 2050.¹⁰

Why is a national strategy to support family caregivers important?

If family caregivers were no longer available, the economic cost to the U.S. health care and long-term services and supports (LTSS) systems would increase astronomically. Our country relies on the contributions family caregivers make and should recognize and support them. Supporting family caregivers helps the caregivers themselves, the millions of individuals who rely on them, and also the economy and the workplaces who benefit from the contributions of family caregivers. AARP urges Congress to enact the **Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act (S. 1719/H.R. 3099)** introduced by Senators Susan Collins (R-ME) and Tammy Baldwin (D-WI) and Representatives Gregg Harper (R-MS) and Kathy Castor (D-FL). This bill would implement the bipartisan recommendation of the federal Commission on Long-Term Care that Congress require the development of a national strategy to support family caregivers, similar in scope to the national strategy developed to address Alzheimer's disease.

What would the RAISE Family Caregivers Act do?

It would require the development, maintenance, and updating of an integrated national strategy to recognize and support family caregivers by the HHS Secretary. A family caregiver is a relative, partner, friend, or neighbor who has a significant relationship with, and who provides a broad range of assistance for, a person with a chronic or other health condition, disability, or functional limitation. The bill would bring together relevant federal agencies and others from the private and public sectors, such as family caregivers, older adults and persons with disabilities, health care and LTSS providers, employers, relevant industries, state and local officials, and others on an advisory council to advise and make recommendations regarding the national strategy. The advisory council meetings would be open to the public and there would be opportunities for public input. The strategy would identify specific actions that government, communities, providers, employers, and others can take to recognize and support family caregivers, including with respect to:

- Promoting greater adoption of person-and family-centered care in all health and LTSS settings, with the person and the family caregiver (as appropriate) at the center of care teams;
- Assessment and service planning (including care transitions and coordination) involving care recipients and family caregivers;
- Training and other supports;
- Information, education, referral, and care coordination;
- Respite options;
- Financial security;
- Workplace policies and supports that allow family caregivers to remain in the workforce.

There would be 18 months for the development of the initial strategy, followed by annual updates of the strategy. The bill would improve the collection and sharing of information, including related to evidence-based or promising practices and innovative models regarding family caregiving; better coordinate, maximize the effectiveness, and avoid unnecessary duplication of federal government activities to recognize and support family caregivers; assess federal programs around family caregiving; and address disparities and meet the needs of the diverse caregiving population. The strategy and work around it could help support and inform state and local efforts to support family caregivers.

AARP urges Congress to enact the RAISE Family Caregivers Act to recognize, assist, include, support, and engage family caregivers! Sooner or later, we'll all be family caregivers or someone who needs one.

- ¹ S. Reinhard, L. Feinberg, R. Choula & A. Houser, *Valuing the Invaluable: 2015 Update, Undeniable Progress, but Big Gaps Remain* (AARP PPI, 2015), available at <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-undeniable-progress.pdf>.
- ² National Alliance for Caregiving (NAC) and AARP, *Caregiving in the U.S. 2015: Executive Summary*, (June 2015), available at http://www.aarp.org/ppi/info-2015/caregiving-in-the-united-states-2015/?cmp=CRGVNUSA_MAY21_015.
- ³ D. Braddock, Testimony before the Commission on Long-Term Care on *Summary of National Trends: 2013 The State of the States in Developmental Disabilities* (July 17, 2013) available at <http://ltccommission.lmp01.lucidus.net/wp-content/uploads/2013/12/TestimonyBraddock-LongTermCareCommission07-17-2013.pdf>.
- ⁴ S. Reinhard, L. Feinberg, R. Choula & A. Houser, *Valuing the Invaluable: 2015 Update, Undeniable Progress, but Big Gaps Remain* (AARP PPI, 2015).
- ⁵ National Alliance for Caregiving and AARP, *Caregiving in the US 2015: Executive Summary*, (June 2015).
- ⁶ L. Feinberg, S. Reinhard, A. Houser & R. Choula, *Valuing the Invaluable: 2011 Update, The Growing Contributions and Costs of Family Caregiving* (AARP PPI, 2011), available at <http://www.aarp.org/relationships/caregiving/info-07-2011/valuing-the-invaluable.html>.
- ⁷ S. Reinhard, C. Levine & S. Samis, *Home Alone: Family Caregivers Providing Complex Chronic Care* (AARP PPI and United Hospital Fund, 2012), available at http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/home-alone-family-caregivers-providing-complex-chronic-care-rev-AARP-ppi-health.pdf.
- ⁸ L. Feinberg, S. Reinhard, A. Houser & R. Choula, *Valuing the Invaluable: 2011 Update, The Growing Contributions and Costs of Family Caregiving* (AARP PPI, 2011).
- ⁹ Data from MetLife Mature Market Institute, *The MetLife Study of Caregiving: Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring For Their Parents* (Westport, CT: MetLife Mature Market Institute, 2011), as cited in L. Feinberg & R. Choula, *Understanding the Impact of Family Caregiving on Work* (AARP PPI, 2012), available at http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2012/understanding-impact-family-caregiving-work-AARP-ppi-ltc.pdf.
- ¹⁰ D. Redfoot, L. Feinberg, & A. Houser, *The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers* (AARP PPI, 2013), available at http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2013/baby-boom-and-the-growing-care-gap-insight-AARP-ppi-ltc.pdf.

.11/30/15 Diversity Committee Meeting Report

Participants: Jenny Chin, Alan Dinsmore, Carol Downs, Christine Fulgencio, Jane King

Action Items and Discussion included:

1. Outreach efforts to the Alexandria's diverse communities:
 - Jenny Chin will follow-up with getting information into Korean and Japanese directories and newspapers as well as investigating churches that include programs for the Asian communities (e.g. Beth El Hebrew Congregation on Seminary Road) and physicians that serve these communities. She will also check on the possibilities of getting information on aging services out to restaurants, international markets. Jenny will be available for presentations to these various communities.
 - Christine Fulgencio will follow-up with congregations that have services and programs for residents who practice the Muslim faith as well as well as outreach to Filipino and residents from African communities.
 - Alan suggested the use of videos like Gen Silent to reach not the LGBT community as well as using videos that may relate to other diverse communities.
 - We will also reach out to the Hispanic community through the Tenants & Workers United Organization, St. Rita's Church and other congregations and citizen organizations that provide services to residents of the Chirilagua area as well as other areas of Alexandria.
2. Jane described the disparities in health, income and housing that needed to be addressed as part of the effort to have Alexandria designated as an Age Friendly Community. The COA needs to support efforts to reduce these disparities.
3. Other barriers that present challenges to reaching Alexandria's diverse communities include the need for translators that are adept at translating messages and information in an appropriate cultural manner.
4. Dates for the "listening sessions" at Shiloh Baptist Church and the Alfred Street Baptist Church have not been determined but February, 2016 is still a target date to start the sessions (depending on approval by the leaders of the Senior Programs in each congregation).
5. Next meeting of the Diversity Committee is scheduled for either December 28 or January 4 (TBD due to holiday schedules).

ALEXANDRIA COMMISSION ON PERSONS WITH DISABILITIES
MEETING, DECEMBER 9, 2015

REPORT FROM: Mary H. Parker, ACPD Liaison

The December 2015 ACPD meeting received three reports of interest to the Commission on Aging.

Jeffery DuVal, Deputy Director, Operations, Transportation and Environmental Services, discussed TES operations for snow removal. Attached are the PowerPoint slides for his presentation. Of particular interest to COA and elderly in Alexandria is the Snow Buddies program that provides someone to shovel walks and sidewalks, with the convenience of call-click for someone requiring help. I suggested providing information to Senior Service and The Office of Aging for distribution perhaps through meals on wheels.

Dan Schultz, CIT Training Coordinator, described the training programs conducted by the City for police cadets and for on-going training of Alexandria Police on how to communicate with and interact with people having cognitive and mental health issues, especially for young people with autism.

Chet Avery, former Chair for ACPD, described the training program he provides twice a year for new Alexandria police cadets to help them understand the needs of disabled Alexandria Citizens, with whom they have contact.

Best wishes for a pleasant Holiday season and a healthy, rewarding New Year,

Mary H Parker, PhD

Nary H,