

WAYS TO PARTNER WITH AGING IN PLACE VILLAGES

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THE CHALLENGE

AGING POPULATION

- 10 million Americans now need LTC services
- By 2050, Americans 65+ will increase to 87 million people; 27 million of these are projected to use paid LTC services
- 90 percent of older adults surveyed told AARP they want to age at home
 - Want to be in an intergenerational setting
 - Can't afford expensive CCRCs



LACK OF PUBLIC POLICY & FINANCING

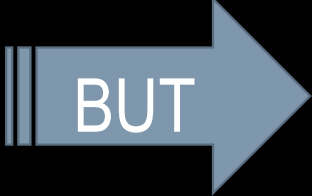
- There is no current federal policy for LTC services
- LTC services responsibility is fractured among numerous federal and state government entities
- Public and private expenditure in LTC services exceeded \$180B; \$37.2B was paid out of pocket
- Value of services from unpaid family at \$257B
- No incentive to encourage coordination that supports adequate community-based services

INTEGRATION OF CARE

- Medical, LTC, housing and social services all operate in separate silos
- Close to 20% of Medicare beneficiaries received care in more than one setting
- Need to coordinate and integrate care for patients who move between settings
- So far not much success in building collaborative relationships to create smooth patient transitions as they move from one health care setting to another



EXISTING SOLUTIONS

- Long-term care insurance
 - CCRC & Other Retirement Communities
 - Family as caregivers
 - Medicaid-funded
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- Unaffordable & Unreliable
 - Boomers want to age in intergenerational communities
 - Sandwich generation; families dispersed
 - Waiver & other services shrinking

THE VILLAGE SOLUTION

DESCRIPTION OF THE VILLAGE MODEL

Villages are:

Membership driven

Grass roots

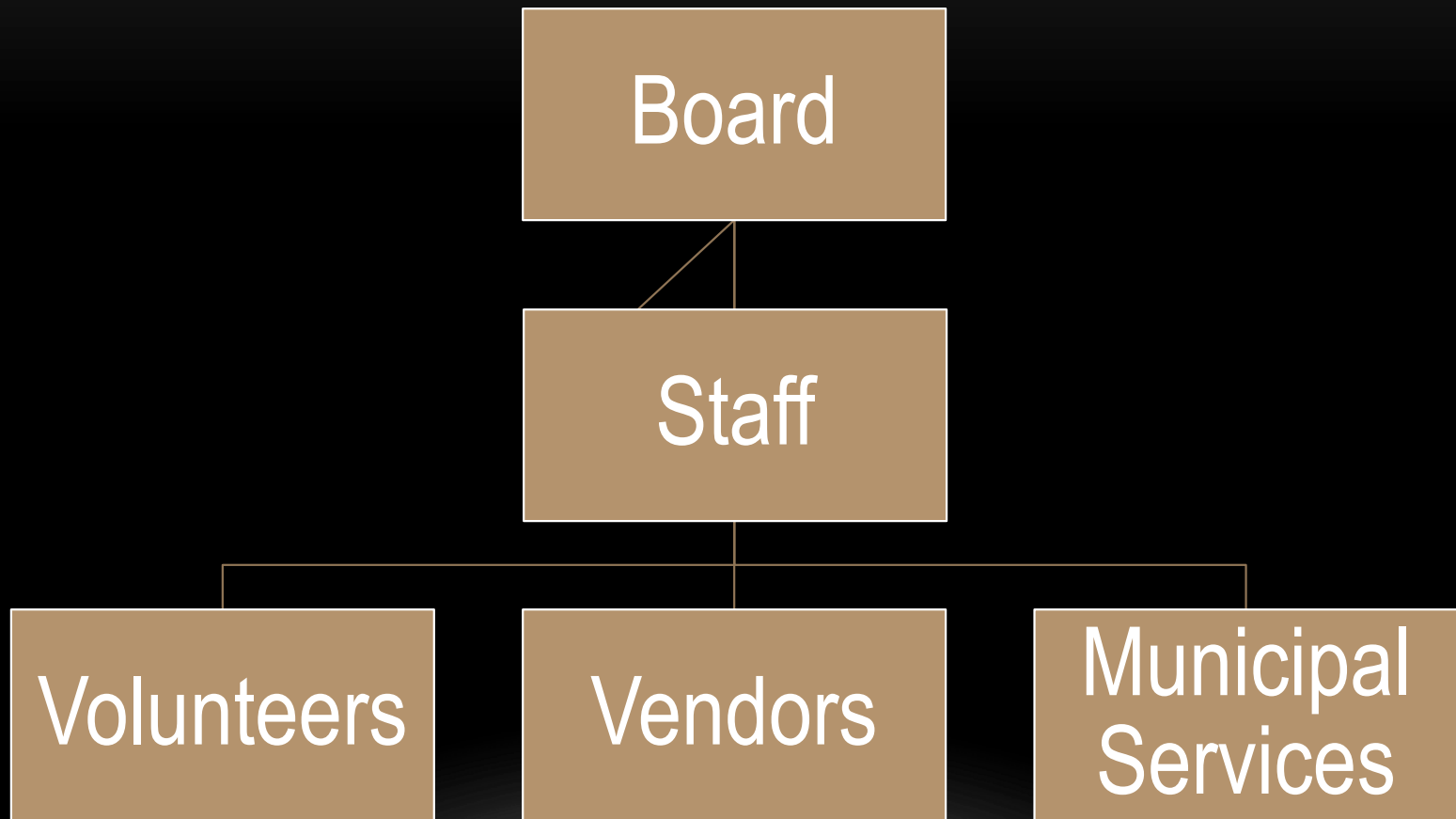
Run by volunteers and/or few paid staff

- Coordinated access to affordable services enabling individuals to remain connected to their community throughout the aging process
- Uses existing community capacity to answer challenges of long-term care



THE VILLAGE IS THE LINCHPIN

TYPICAL VILLAGE STRUCTURE



GEOGRAPHIC AREAS

- A village can consist of one or more neighborhoods, a city, county, apartment complex, neighborhood groups, faith based organizations, area agencies on aging, health care systems and civic associations
- Urban; suburban; rural
- Types of Village models
 - Membership Fee based
 - All volunteer
 - Time Bank
 - Hub and Spoke
 - Faith Based
 - NORC (Naturally Occurring Retirement Communities)



IF YOU'VE SEEN ONE VILLAGE, YOU'VE SEE ONE VILLAGE!

Advocate

- Accessible housing
- Medical & Social service
- Community safety & accessibility

Service Provider

- Transportation
- Concierge for service
- Coordination of care
- In-home services
- House & garden upkeep

Educator

- Information on services for seniors
- Caregiver education
- End-of-life preparation
- Health and wellness
- Legal & LTC services

Socializer

- Promotes community engagement
- Provides opportunity for volunteerism
- Creates community outreach/partnerships

CREATING A VILLAGE

Research your target area

- Learn about state, local and federal services
- Contact your Area Agency on Aging
- Conduct Focus Groups
- Hold town hall meeting

Partner with:

- Civic associations
- County
- Neighborhood associations
- Apartment /condo associations
- Faith-based organization/congregation

Develop Strategic plan or business plan



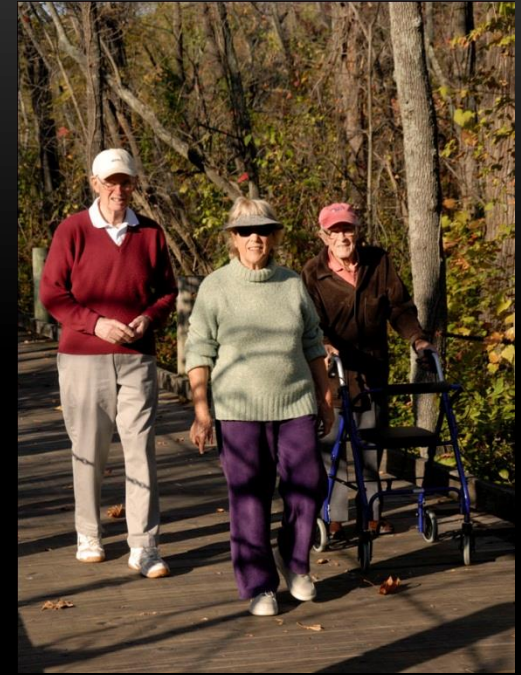
SUBURBAN VILLAGES

The Challenge

- Census data shows a majority of Baby Boomers live in suburbs
- Many older adults are car-dependent
- Suburbs lack accessible public transportation
- Older adults can be more isolated in single-family homes
- Neighborhoods are largely not walkable
- Homes tend to have significant yard upkeep needs
- Large house; single resident

The Suburban Village

- Tends to cover a larger square-mile area than urban Villages
- Many are developing in a hub-and-spoke model to efficiently serve population spread
- Members tend to be middle and upper income
- Tend to be located in counties which pose unique public financing
- Residents don't tend to (want to) sell their homes



URBAN VILLAGES

The Challenge

- Lack of accessible housing-row homes that are multi-level
- LTC facilities for short or long-term stays are not local
- Lack of access to primary care physicians that are local
- Non-local home health care staff; many travel from suburbs

The Urban Village

- Tend to be stand-alone non-profits that serve local neighborhood
- Have developed largely in middle and upper income communities; challenge to develop the model in low income, urban settings

WAYS TO PARTNER, IF YOU ARE A:

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- Assisted programmatically and financially in new Village development
- Communicate regularly with Villages to identify service gaps and meet challenges
- Advocate at local, state and federal level for increased funding streams for Villages

Home health care provider

- Provide discounted services, including afterhours support for sparsely-staffed Villages
- Cluster Care Programs: sharing aides among clients living close to each other
 - Reduces minimum hours & cost to client
 - Increase access to needed care; gradual process

WAYS TO PARTNER, IF YOU ARE A:

Physician

- Develop communication streams to promote continuity of health and social needs (i.e. medical advocate program)
- Promote membership to local Villages
- Serve on the Village board or provide educational opportunities

Hospital

- Develop home-based primary care model
 - Medical House Call Program-Washington Hospital Center
- Collaborate with Villages to develop patient-centered discharge plans for members
- Ask patients if they are Village members
- Provide free programming to Villages for members (i.e. health education, discounts on parking and gift shop)
 - George Washington Hospital Senior Advantage Program

WAYS TO PARTNER, IF YOU ARE A:

LTC facility administrator

- Help make long-term care local!!!
- Bring home-like LTC settings to a variety of neighborhoods (i.e. Greenhouses)
- Discounted facility-based respite care
- Provide space for education and social programs
- Staff provides in-home maintenance services: fee-for-service

Care manager

- Refer clients to Villages and work in collaboration
 - Partner with a Village to provide care management in a Village-friendly method
 - Provide free educational programs or serve on a board
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WAYS TO PARTNER, IF YOU ARE A:

PT/OT/Personal trainers

- Preventative exercise and care
- Education on balance, falls prevention and safety
- Home safety & falls evaluations



CHALLENGES TO THE VILLAGE MODEL

- **Financial Sustainability**
 - Currently most villages do not have state or federal funding (including Medicaid reimbursement)
 - Membership dues do not cover expenses in most models
 - Villages are increasingly filling the enlarging gaps in local services without any municipal support
 - **Increasing and retaining members**
 - Many join when they are already “in crisis” causing a drain on resources
 - Need to attract younger members
 - **Research**
 - Need further development of researching the village model to show outcomes
 - Data collection is key
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QUESTIONS?