



[www.capitolhillvillage.org](http://www.capitolhillvillage.org)

**FROM AGING IN PLACE TO AGING IN COMMUNITY**  
***THE ROLE OF ADVOCACY***

MARY PROCTER  
([MPROCTER@OLG.COM](mailto:MPROCTER@OLG.COM))

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# AGENDA

- About Capitol Hill Village (CHV)
- When Aging in Place becomes Aging in Community
- Sharing our advocacy experience and how we got here
- What we have learned about the gaps in DC
- Discussion in groups by jurisdiction:
  - Montgomery County
  - Prince Georges County
  - Arlington County
  - Alexandria, Mount Vernon, West Virginia, etc.
  - District of Columbia



capitol hill  
VILLAGE

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- In our 12<sup>th</sup> year
- Over 500 members
- Median age of 75 years
- 70 subsidized members
- 40% live alone (or with live-in caregiver)
- 59% live with one or more people

A focus on Aging in  
Community

## Civic Engagement

### Volunteerism

Member rides, in-home assistance, medical advocacy, village connections

### Social & Cultural

Games, recreation, health, wellness, literature, history, dining, music

### Support

Care services, transportation outreach, vetted vendors, support groups

## Community Advocacy

# WHEN AGING IN PLACE BECOMES AGING IN COMMUNITY

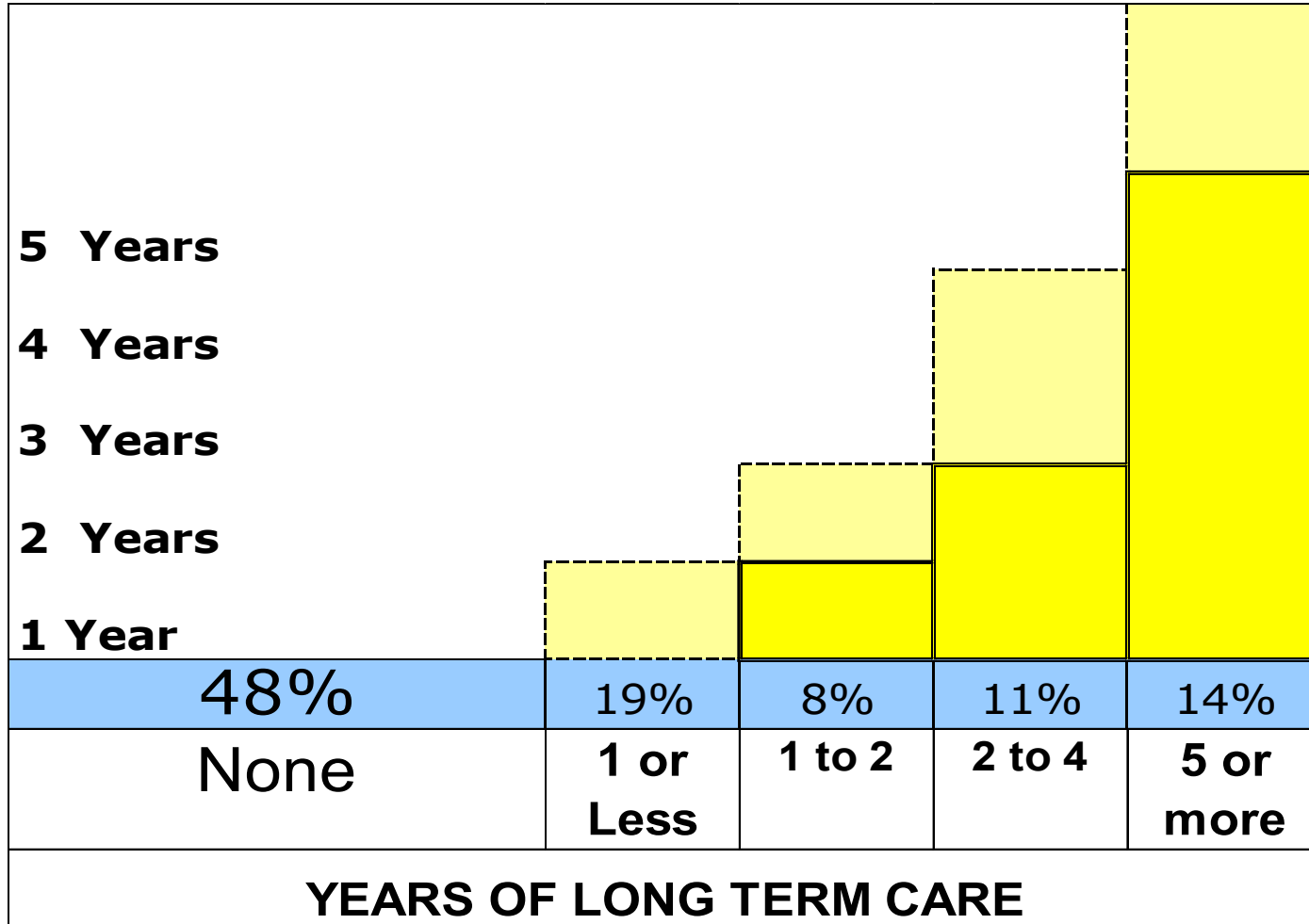
## **Nationally, regardless of income:**

- 52% of Americans who reach 65 will need long term care<sup>1</sup>
- 14% will need long term care for 5 years or more<sup>1</sup>

## **About our CHV Members:**

- 56% would like to remain in their home<sup>2</sup>
- 76% are confident they could get the help needed to stay in their home<sup>1</sup>
- 18% use a cane, walker, or wheel chair<sup>2</sup>
- 15-20% estimated to have mild to more advanced cognitive disorders
- A dozen or so have moved to single level living
- 50% of those new to Capitol Hill live in single level apartments or condos

# THE ODDS OF NEEDING LONG TERM CARE AT 65<sup>1</sup>



# CHV IS LEARNING AND WORKING TO ACTIVATE CHANGE

**Establish a structure for discussion and decisions**

Advocacy Committee of the Board, Advocacy Corps of community at-large (members and non-members)

**Get to know your members**

Providing settings to honestly talk about the hard issues of aging - caregiving, end of life and difficult decisions

**Encourage planning and educate**

Leveraging experts and best practices to intentionally plan for future financial, living and medical scenarios

**Assess capacity of community supports**

Evaluating anticipated needs versus available services, housing and caregiving resources in our community

**Define goals and objectives**

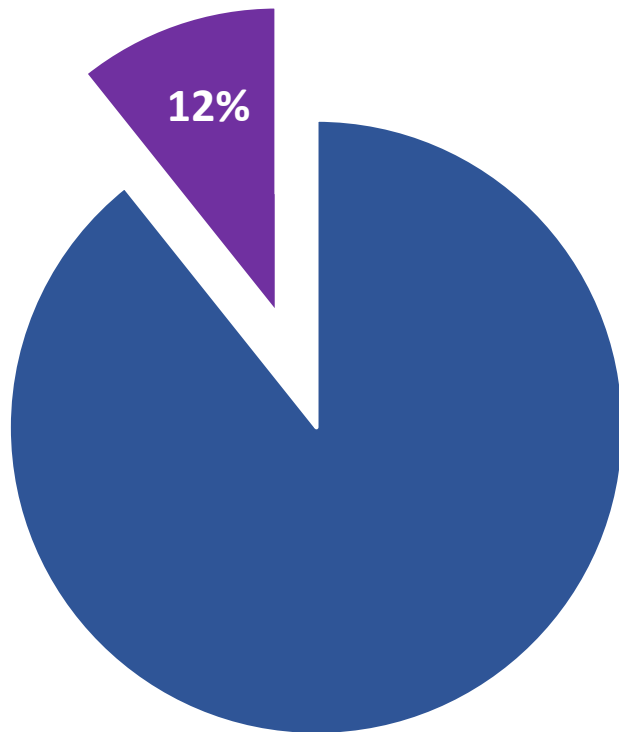
Working to Identify care and housing options, allowing adults to age in our community, if they so choose

**Identify and empower experts to advocate**

Building awareness and a constituency to advance a comprehensive public / private strategy

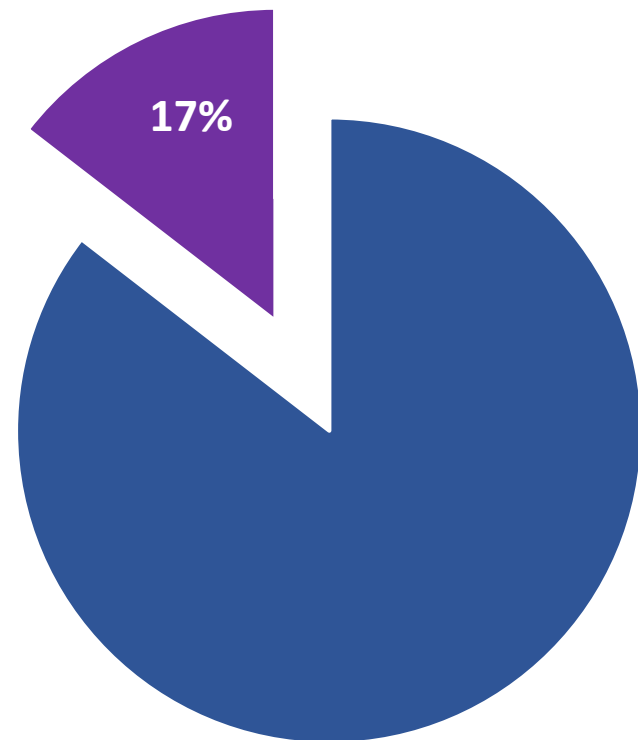
# DC ESTIMATES OF OLDER ADULTS OVER 65 ABOUT 84,000 IN 2017

**2017<sup>1</sup>**



***Vs. 16% US<sup>1</sup>***

**2030<sup>2</sup>**



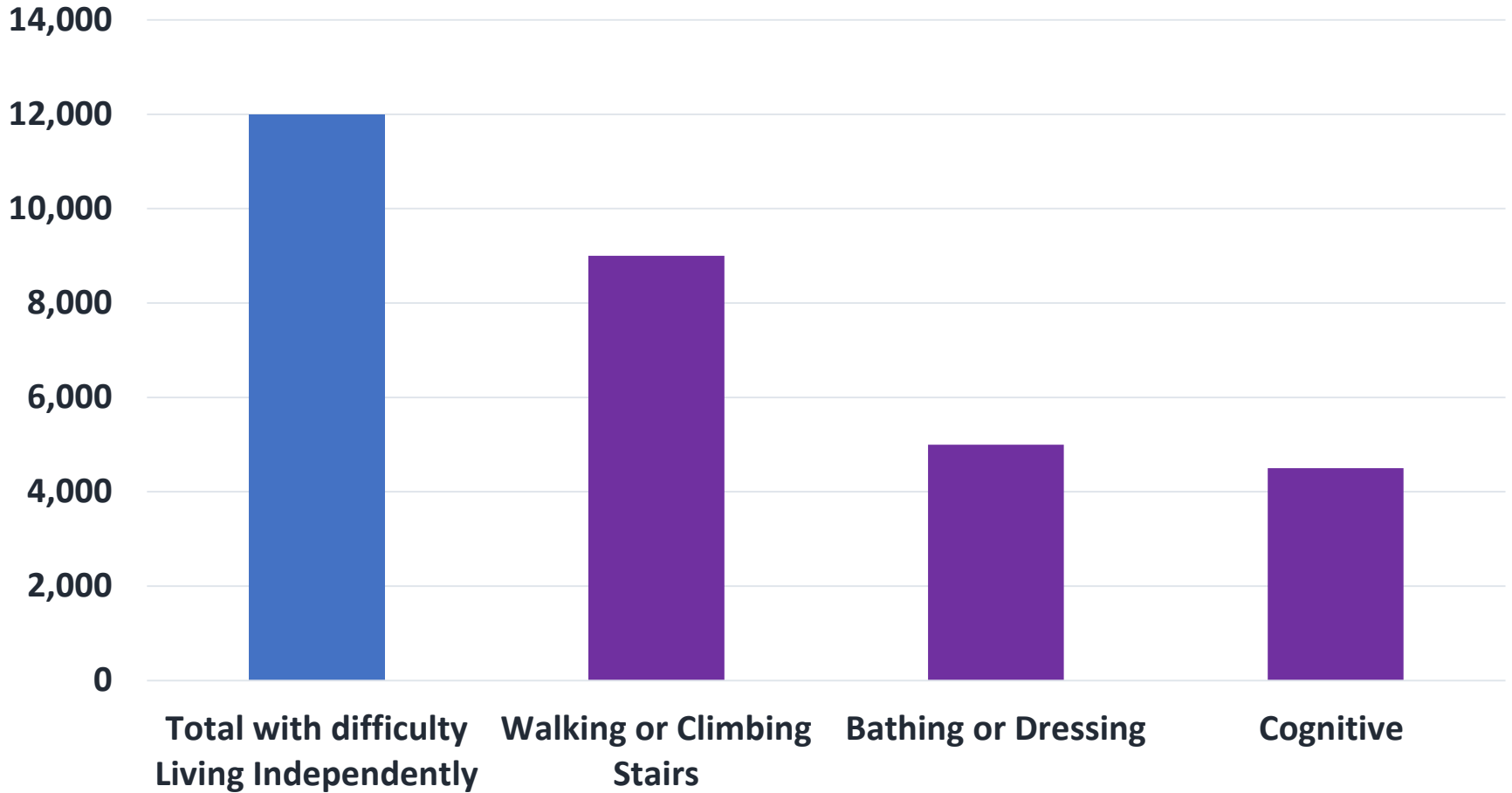
***Vs. 21% US<sup>3</sup>***

<sup>1</sup>Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017

<sup>2</sup>DCOA 2016 Needs Assessment, Center for Aging and Humanities at George Washington University

<sup>3</sup>U.S. Census Bureau, 2017 National Population Projections

# 12,000 INDIVIDUALS NEEDING LONG TERM CARE IN DC SOME HAVE MORE THAN ONE DIFFICULTY





THOSE 12,000, REPRESENT 10,000 HOUSEHOLDS  
HOUSING AND NEEDED SERVICES MAY NOT BE AFFORDABLE

<b>Households (1-4 persons) with Someone 65+ with an Independence Difficulty (MFI = Median Family Income)</b>	
<b>Household Income</b>	<b>No. of Households</b>
All Income Levels	10,000
Less than 30% of MFI	4,500
Between 30% and 100% of MFI	3,500
Above 100% of MFI	2,000

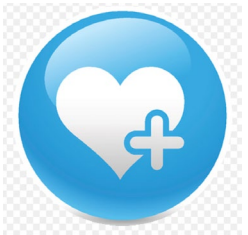
- **35% not eligible for Medicaid or subsidized housing**
- **20% might be able to pay if they have savings or long term care insurance**

# GAPS IN DC CAPACITY AND PLANNING



## **Assisted Living:**

- 850 units, concentrated in upper NW DC, no subsidy
- Affordable for those in highest 20% of household income



## **Adult Day Programs:**

- Only one (Iona) available for middle income residents
- Only 200 subsidized slots available



## **Home Care Workforce**

- Increasingly difficult to obtain a certified home health care aide versus 4-5 years ago
- Retirement of outpacing numbers entering home health aide profession, while demand from consumers is on the rise



- Limited thinking by City leaders around long term care needs and increasing demand
- Villages activate leaders including: government, political, private sector and health partners



- Research best practices in other communities
- Ally with community stakeholders
- Work with government agencies and City Council



- Convene DC boards or advocacy groups in Spring 2019 to continue discussion
- Let us know if you would like to collaborate with Capitol Hill Village

## DISCUSSION TOPICS

- What aspects of what we discussed do you find most compelling?
- What else does this make you think about?
- How can we pursue together – as WAVE, in clusters of villages or some other way?
- Who are natural partners within your jurisdiction?  
Where would you start?

# Thank You

Please contact Mary Procter if you would like to discuss further  
[Mprocter@olg.com](mailto:Mprocter@olg.com)