

**2014 National Village Gathering**  
**“Many Villages \* One Vision \* One Voice”**  
**September 29 – October 1, 2014 Washington, DC**

**Reported by Marilyn Witbeck & Barbara Frierson**

WELCOME

Kate Hoepke, San Francisco Village

There are 140 Villages open today, and 120 more under development. Together they include 30,000 members. 10,000 “Boomers” turn 65 every day.

IDEA: Connect with our local Public Health Departments through emergency preparedness and other issues important to seniors.

OPENING PLENARY, KEYNOTE SPEAKER

Vincent Gray, Mayor of the District of Columbia

“Villages are holistic, personal, trusted, protective advocates.”

There is an Office of Aging in D.C. and an Age-Friendly Coordinator.

There are 14 Villages in D.C. itself, 44 in the Washington metro area. Their regional umbrella group is the Washington Area Village Exchange (WAVE). WAVE provides awareness of and access to services for seniors. The emphasis is that services should go to seniors instead of seniors having to go someplace for services.

As part of the Age-Friendly D.C. Program, senior Wellness Centers are expanding hours to evenings and weekends. Age-Friendly businesses are displaying decals. SMART 911 is providing first-responders with names and ages of seniors (data collected earlier, with seniors' approval) when 911 calls come through.

Seniors will have on-demand transportation and assistance with emergency preparedness. Senior services must be embedded in every City agency. College students and other volunteers survey the city for hazards and other problem areas for seniors.

IDEA: Invite local government staff to tell KVVP what they can do for us.

GENERAL SESSION – TRANSITION TASK FORCE, Part 1

Susan McWhinney-Morse, Beacon Hill Village

Arnie Snyder, Columbine Community Village

Jane Nyce, Staying Put in New Canaan

An overview of the work the Transition Task Force of the new VTVN has completed so far.

HANDOUT: Designing Our Future: The New VTV Network

“Villages do a huge amount with very little.” “One phone call connects members to the whole world.”  
“We are a source of renewable energy – we are the future!”

VTVN and Capital Impact Partners (CIP) started in 2010, funded largely by Met Life and other grants. Met Life withdrew in late 2013. CIP will leave at the end of 2014, and is looking to members to take more responsibility. A 12-member Task Force met in Spring 2014 and developed a plan:

- Phase I – developed a business plan
- Phase II – began implementation of strategy, led by Jane Nyce
- Phase III – will begin parallel operations with the old system. (Currently in Phase III. Operations in parallel with volunteers and still seeking Board Nominations for Management. Still dealing with survival issues vs long term issues)

The new Village Partnership includes Beacon Hill (MA), Monadnoc (NH) and Saint Louis (MO). Dues and benefits for members will not change. The new partnership will need ongoing volunteers and financial support to handle phones, e-mail, fundraising, the annual conference, research, planning, and membership.

IDEAS: Look up the fundraising document on VTVN website. Partner with other local service organizations, and also with local colleges/universities. Recruit new leadership (before it's a crisis). Vetting of vendors can be contracted out. Put VTVN in our newsletters. Invite politicians to speak.  
PSA: Join a Village. VTVN needs faces.

#### GENERAL SESSION – TRANSITION TASK FORCE, Part 2

The panel engaged attendees in an interactive activity to get their feedback and input in moving forward. [No notes]

#### LUNCH AND LEARN – VILLAGE RESEARCH

Andrew Scharlach, PhD, U.C. Berkeley [scharlach@berkeley.edu](mailto:scharlach@berkeley.edu)

POWERPOINT available at VTVN website,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

#### Evidence of Benefits (Health & Economic) of Village Membership

The study followed 800 Village members and focused on better health care, better population health, and lower per-capita cost. It has been found that countries that spend more on social services do better than those investing in health care alone (e.g. the USA). The factors include:

- Service access
- Community-building
- Capacity-building

Village services have value, including social events & classes, transportation, companionship, information & referrals, home repair & safety, health care advocacy & assistance, and technology assistance. For example, the cost of falling averages \$3,679/yr in Medicare costs. Savings are calculated as (# of members falling/yr before membership - # of members falling in first year of membership) X \$3,679.

Similar calculations can be made for hospital stays (average \$1,853/day), hospital re-admissions (\$11,200 each), and nursing home care (\$70,000 + per year).

IDEAS: Ask the baseline questions about falls, hospitalizations, and re-admissions in the past x number of years on the PEL survey. Also ask for this data on the member application form. KVVVP should document its health promotions & talks.

Carrie Graham, California Village Project [clgraham@berkeley.edu](mailto:clgraham@berkeley.edu)

POWERPOINT with data available at VYVN website,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

The project would like other Villages around the country to participate also. Contact her if interested.

Value of services to members by % reporting:

- Social events 37%
- Classes & groups 15%
- Transportation 14%
- Companionship 12%
- Referral to service providers 6%

BREAKOUT A-1 – Caring for Our Frailest Members

Capitol Hill presenter:

POWERPOINT AVAILABLE,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

2007 – 284 households, 417 members, 11% subsidized, 3.5 FTE, 30% of members volunteer. Of their new numbers this year 23% were subsidized. What to do? Terminate membership, suspend participation, refuse to take members in need, develop new programs such as Care Coordination.

What does it take to stay at home? Bill paying, home based medical, caregiver respite, grocery shopping, socializing.

We want to avoid duplication of services.

They match volunteer and member, requiring careful coordination (they have a social worker do this). Dealing with early stage dementia and denial, extreme crisis or potential danger, potential for abuse, difficult personality or family dynamics are all taken into account. No volunteer assigned to potential dangerous situation.

Newton MA presenter:

2011 – 180 members, \$660 fee /individual, \$295 trial membership for 6 months (these often convert to membership). They have close collaboration with hospital. If a patient with heart failure, heart attack or pneumonia is readmitted within 30 days for treatment of same, the hospital doesn't get paid and pays a penalty. Therefore, volunteers collaborate with hospital to help patients and help hospital. [The hospital is paid \$180 if 10 people not readmitted for 30 days.??] This was a trial, and the hospital

would like to repeat with another 20 people.

Ashby Village – Andy Gaines

POWERPOINT AVAILABLE,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

They have Cal Interns from MSW and MPH programs.

**BREAKOUT B-1 How Can Local Governments Work With Villages?**

Some local government projects include designing policies to assist Villages, creating opportunities for collaboration between Villages and county offices, and offering technical assistance.

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

Gail Kohn, District of Columbia

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

Washington D.C.'s “Age-Friendly Plan” was developed in 2012 by the D.C. Office of Aging. It's based on the World Health Organization (WHO) and AARP's efforts to plan for the urbanizing of older residents. The first step in any plan is “listening” to residents. Doing this indicated that the topics of concern in D.C. include housing, transportation, and services: social, civic, health, and community. Also emergency preparedness and elder abuse.

IDEAS: Consider the local American Red Cross, Meals on Wheels, and the Urban Institute as partners.

Patricia Rohrer, Fairfax County VA [patricia.rohrer@fairfaxcounty.gov](mailto:patricia.rohrer@fairfaxcounty.gov)

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

Their adopted plan for age-friendly services includes connecting

- County government with Villages
- Villages with other Villages
- Villages with other senior-oriented organizations

Their guidelines include

- Avoiding duplication of existing structures/services
- Sharing resources
- Building capacity collectively
- Measuring impacts and outcomes more effectively
- Seeking opportunities for social entrepreneurship
- Developing “best practices”
- Using economies of scale
- Developing vehicles for advocacy

Example: They set up a transpiration/volunteer drivers support hub, including doing background checks on drivers. Two local non-profits are setting up the hub with a computer management system, insurance, and recruiting. They have a coordinator to work with local Villages and other groups.

They work with Shepherd Centers, which are similar to Villages but faith-based. They may have Memorandums of Understanding (MOU) with many different organizations for services.

The McLean Village Exchange is a regional coalition of local organizations to create solutions, write grants, build service capacity, and do advocacy.

One group has set up a non-profit “Home Safety Store” with used and donated medical equipment. Other Villages raise money by selling specially packaged products from local businesses, like dog biscuits.

Pazit Aviv, Montgomery County, MD [pazit.aviv@montgomerycountymd.gov](mailto:pazit.aviv@montgomerycountymd.gov)

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

One of their goals is creating diversity: economic, ethnic, language, gender, faith, culture, etc. In the resulting mix, different groups will have different needs. Villages may not be primarily geographic, but could form around other aspects like language and culture.

Benefits of working with local government is that city- and county-councils may be more responsive and able to act quickly. They have access to local resources and relationships with local contractors, businesses, and service providers. They may have useful demographic and other data on the community and region. Their boards and committees will have connections with key local leaders. The County level of government is the most effective one to work with, in her opinion.

IDEA: One of our goals might be “Become an Age-Friendly Valley!”

Local government is interested in health disparities in their area, especially ways to reduce them. Villages can be helpful in this.

Make sure local governments know about your Village! They need to know what we do and our needs and priorities. Local government should be a good resource for Villages. Seniors are a large voting block now – government should be listening to us!

See if local government PLUS the local Council on Aging will catalyze community conversations.

Ways to engage with local government:

- Learn about their services, and keep relevant agencies informed about Village interests
- Include them in Village events, as speakers and “listeners”
- Join the local Commission on Aging
- Join with existing senior advocacy groups

BREAKOUT A-2 Empowering Members: “Out of the Blue” Discussions & Medical Note-Taking  
Alan Dinsmore & Carol Downs, At Home in Alexandria (AHA)

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

HANDOUTS available

“Out of the Blue” Discussions

AHA sponsors workshops to educate members. They use surveys to find out what their members are interested in, and include members, family, and caregivers. The workshops provide resource materials to take home. The workshops help establish relationships with other community organizations and service-providers, and the outreach raises the Village's community profile.

One series is about life-changing events that happen without warning – “out of the blue.” It emphasizes

- The importance of planning ahead, having an emergency plan, and what that includes
- Sharing the plan with family and significant others, friends, neighbors
- Important documents and where they can be found in the home
- 911 calls and trips to the Emergency Room
- Navigating the healthcare system and home care providers
- Knowing and ensuring your legal rights
- Evaluating Long Term Care (LTC) insurance
- End-of-life issues – “writing the last chapter”

EXAMPLE – 911 Calls

Emergency Medical Technicians (EMT) need to know if you have a Do Not Resuscitate (DNR) order. Also a list of your medications, and names of next of kin or primary contact person. Other points:

- Using a land-line phone to call 911 is preferable to a cell phone
- Make sure there is easy access for the EMTs – where is the house key, so they don't have to break a door or window?
- In the E.R., they will ask the same questions as the EMTs did, because sometimes patient changes their story
- Identify the correct person to talk to in the E.R. (e.g., Triage Nurse). Ask if patient is being admitted or is on “observation status.”
- If discharged, be sure the discharge staff knows patient's home situation – will care be available?

EXAMPLE – Role of the healthcare advocate

This is someone who will help you make educated decisions on treatment options. It can be a family member or friend. Villages can help by having volunteers or referrals to people who can do this. There are also certified health care advocates in many communities. Advocate should help plan for discharge from the E.R. or hospital. If patient is admitted to the hospital, plan to have someone present with them all the time (24/7) especially on weekends when staff is lower.

Important documents to have easily available and visible in the home:

- Advance Care Directive
- Power of Attorney (POA)

- Durable Power of Attorney for Health Care (DPOA)
- Do Not Resuscitate order (DNR)

Things to know if you have Long Term Care Insurance (LTC):

- What does it cover?
- When does it take effect?
- What is excluded?
- Does it include institutional care AND home care? Can home care be by family members?

End-of-life Issues

- Create a “Getting My Affairs in Order” document [available from AHA] and instructions on where to find it
- Talk openly with family and significant others about your wishes, including your doctors.
- Learn about palliative care and hospice, and how they differ.
- Planning a funeral or memorial service.

Marianna Blagburn, Northwest Neighbors Village, D.C.

Deb Rubenstein, IONA Senior Services

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

HANDOUT available

NNV and IONA have a partnership to provide Medical Note-Taking to NNV members. IONA is a 40-year-old senior services agency, the lead agency with the D.C. Office on Aging. It doesn't provide social services, but acts to support social, transportation and other connections to existing services.

The goal of the Medical Note Taking project is to empower members as medical self-advocates. The note-taking volunteers must maintain strong boundaries – maintain member privacy, no advocacy or advice. Volunteers are not medically trained or medical providers.

The average medical appointment lasts 19 minutes. Usually there are no notes or written instructions from the doctor, other than prescriptions or referrals to a specialist. The note taker records instructions and can remind the patient to ask questions. After the appointment, the note-taker prepares a report and sends it to the patient and/or a designated person within 2 days. The notes are reviewed for accuracy with the doctor during the appointment, and the doctor can request a copy. The recorder does not keep a copy in paper or electronic form, and neither does the NNV office. If a volunteer has concerns, s/he reports them to Village staff.

Biggest challenge is following HIPAA guidelines and keeping confidentiality. Confidentiality policies must be established by a Village for its volunteers.

NNV & IONA have developed a training manual for this service, helped by the Avenidas Village in Palo Alto. It will be copyrighted and training made available soon to other Villages for a fee (perhaps \$100). The service is a “value added” for Village members, and for the larger community thru the trainings. It is a source of income for the NNV.

BREAKOUT C-2 - "If You've Seen One Village" – Results from Business Model Research

Janis Brewer, Candace Baldwin, Judy Willett

POWERPOINT AVAILABLE,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

Leadership – Adaptability Program – Capacity – Sustainability

Run like a small business

Methodology – See Slide of 15 Villages, 3 years old and Slide of 4 types of Villages,

Janis Brewer – Interim Executive Director

Success factors: Social Engagement, Flexibility, Adaptability, Program Adaptability

- Fund Development (revenue sources) and networking (new members)
- Creating clearer and more complete policies in hiring and HR succession planning and volunteer management.
- Need for Marketing in Village (Janis Brewer's specialty)
- Volunteer – Formal program, orientation, training and recognition, extend support operations
- Develop trust, collaboration, strong leadership and have clear rules within Board and Committees leading to more robust capacity.
- Long Range Strategic Plan and vision to anticipate future needs and seek out partners to pursue opportunities.
- Collect data and evaluate organization needs on a regular basis to allow the Village to sustain its operations.
- Financial Analysis: Revenue diversification, viability and longevity
- See Slide
- Board is responsible for fundraising: Receives fees, donations, grants, earned income, diversity income.
- Value Proposition: We do what we say we will do

Opportunities (positive) and Challenges (negatives)

Non Profit – Can sell services –

Irvine commercial kitchen used for meals on wheels and they call it surplus.

Beacon Hill – selling their package to other villages.

Tierrasanta – Village Core, organization for other villages.

INTEREST GROUP DISCUSSIONS – Fundraising

Concurrent breakout sessions providing the opportunity to meet with other Villages on specific topics of interest. These notes are in no particular order, as at least a dozen people participated and discussion jumped around.

The United Way is a possible source of funding. Some will pay for operating expenses (rent, utilities) or subsidizing low-income memberships via grants.

Look into community foundations (like Greater Kanawha Valley Fdn) for grants.

The Foundation Center in Wash D.C. has info on foundation grants. Our reference librarians at the County and City libraries can help with this kind of search.

Use the 2010 US Census for data when writing grants.

Calculate the number of long term care beds available in our area, vs. the number of senior residents who will need them. This is a good point to make in grant applications.

Check out the “Fundraising Toolkit” on VTVN website.

Charter memberships usually involve full paid membership PLUS a significant financial donation.

Board members are usually required to do fundraising, and meet a specific goal.

Many Villages send out an “annual appeal” for donations, sometimes at year-end. As a 501.c.3 we could do that.

Ask for donations from wealthy individuals, banks, hospitals – wherever the money is in our area. Talk about funding as an “investment in the future.”

Form a “Development Committee” to raise money. Members should be experienced, or at least have an experienced fundraiser to chair and mentor the committee.

A fundraiser idea: One Village did a “Village Antique Show” similar to Antiques Road Show. They charge admission to attend and bring something, have appraisers there. People are encouraged to sell their items if they want to, and donate a % of the sale price to the Village. They made over \$5,000.

Another Village did a tennis “round robin” tournament. Asked for sponsorship and donations of money, food, advertising, and put those names on the programs and posters. Charged \$30 entry fee for players.

Another Village did a very successful art show. Local artists and photographers do paintings and pictures in the morning of the event, and bring them in for a big auction sale in the afternoon. People can watch them working in venues all over town in the morning.

A variation is an art show where several artists/photographers each do ten 10” x 10” pictures. These are put on display and sold, and artists split the revenue with the Village.

Get local musicians and performers to donate their time for a concert or event, and charge admission.

Check out the “Volunteer Matters” website for a calendar.

Use social media to advertise fundraisers – Facebook, Twitter, texting, etc.

One challenge to Village fundraising is the perception that Village members are affluent, pay dues, and don't need the extra money.

## FRAMING THE DAY – Eddie Rivas, Vertical Village Wildwood

“Aging in America” needs to develop a strong voice and visibility – like Social Security!

IDEA: Invite congressional reps and senators to one of our meetings.

### REGIONAL VILLAGE GROUP BREAKOUTS – Southeast

Breakout sessions to provide Villages time to meet by region or state to discuss challenges and opportunities: raising awareness for the Village model, developing messaging and sustaining collective impact and communication regionally. [Also help distribute the workload as VTVN downsizes]

Eric Shelton from Celebration Village, Florida took the lead in this group. Kentucky, Tennessee, Georgia, and North Carolina were represented also. He took names and contact information, will start e-mailing and set up a conference call by end of November, and another in early 2015. Might do video conferencing or even meet in person once or twice a year.

Benefits of regional groups include educating each other, finding affinity based on some common conditions (culture, rural settings, etc), sharing best practices, providing support to new Villages in the region. Some Villages are really isolated and would appreciate contact and support from others relatively nearby. Villages are unique in doing community-connecting in the context of aging.

In the southeastern US, it makes sense to create connections with local churches and other faith-based groups.

### IDEAS:

- “Aging in place” should be replaced by “Aging in Community” and “Living and Thriving in My Home”!!
- The International Council for Active Aging has an e-mail newsletter with research results of interest to members and funders.
- Colleges and universities are looking for hands-on work experience and internships for students. Village work might fill that need for some. Talk to the “Academic Coordinator” for each campus to learn more.
- Visiting other Villages in person is a good idea.
- Put KVVP brochures in doctor/dentist offices and waiting rooms.

### REGIONAL VILLAGE GROUP BREAKOUTS - Mid-Atlantic

Interesting discussions around Volunteers.

- Interview volunteers like a job interview, get a resume, have a form like a driver’s license form.
- Do background checks on all volunteers. Give them challenging things to do.

#### Other Suggestions:

- Have co-chairs on committees, maybe spouses could co-chair.
- Have a housing committee – how to revamp your home to accommodate aging.
- Have Social Membership – philanthropy, fully tax-deductible
- Some suggested committees: public education, housing, development, governance (changes in by-laws etc.), Program, Membership. Marketing.
- Have ad-hoc committees.
- Have content stimulation for committees.
- Programs: House tours have been \$\$ makers.
- Have a table at Farmer's Market – recruit volunteers and members
- Fairfax County government has a Liaison to Villages
- Ride Scheduler software – some are happy with that.. Free to all non-profits in Fairfax County.
- Beverly Foundation – re volunteer drivers (not familiar with that here).
- Have a volunteer coffee social once a month and a bigger thank you meeting once a year (luncheon)
- Members are volunteers (wish I knew who said that).
- One village has 130 members and offered 750 rides last year. They have a limit of three round trips per week. They are not a taxi service.
- Have an errand day, for several people, with designated drivers to take several people at once, shopping, etc.

#### Some sources for volunteers:

RSVP – Retired Sr. Volunteer Program (from Athens, OH)

Sr. Men's Groups

Companies who want their employees to volunteer

Fire station to recruit volunteers.

Rotary Club

Kiwanis

Run a Volunteer training, this brings them into contact with one another, a good benefit.

Not all Villages require background checks for Volunteers.

How about a badge for Boy Scouts? Snow shoveling, lawn mowing, senior service.

#### GENERAL SESSION – ADVOCACY PANEL

An overview of aging policy and advocacy issues, including tips on being advocates for their Village members.

Brian Lindberg, Public Policy Advisor, NASOP

#### Policy-Making and the Elder Justice Act

Staff and members of Congress WANT to hear from us [??!]

How it works in general: A bill is introduced, usually in both houses, and referred to committee, where it may receive authorization and appropriation (funding), gets a hearing, goes through a committee mark-up, and goes to a committee vote. [The Older Americans Act was authorized, but allowed to

lapse.] If passed out of committee in both houses, it goes to a Conference Committee to resolve differences, then back to House and Senate for floor votes. If passed by both, it goes to the White House for presidential signature or veto.

The Senate: Known for deliberation; everyone is equal, the topic must be germane, seniority rules, relationships matter.

The House: The Speaker has the most power (and the Tea Party is very powerful now), committees do the work, the floor is off-limits, relationships matter.

Guidelines for advocates:

- Start with a good “story” to attract and educate legislators
- Understand and use the legislative process; some things just die in committee
- Find a hero or heroine to support your cause
- Bipartisanship is best
- Make the rounds, meet with staff and members of Congress
- Coalitions are stronger than individual organizations (e.g. the Elder Justice Coalition). Congress wants to see broad support from diverse groups in the state or district
- Grassroots and “grasstops” (local leaders) must keep their members informed, not overworked, and energized.
- Good communication turns a good issue into a movement! Use media and all possible tools.
- Persistence pays off. An average of 400 out of 10,000 bills becomes law; this year only 163 of 10,000 did.
- It's all about relationships within organizations, within coalitions, within Congress. Get to know your Congressional staffers.

Bob Blancato, National Coordinator, Elder Justice Coalition

Congress must renew the Older Americans Act.

Advocacy means localizing and humanizing issues.

Villages should be at the 2015 White House Conference on Aging. The issues are retirement security, long term care, healthy aging and more.

Louis Davis, State Director AARP DC

Stories trump facts & figures. AARP was started by a 70+ year old woman. We must keep broadening our coalition. No one Congressman can pass a bill – they need to know others are equally concerned.

Tips on Lobbying

- Have a spokesperson in the group.
- Prepare 1 – 3 SHORT messages. Repeat these and make sure they hear you.
- Don't express anger or frustration.
- Connect with the Congressman first thing, with a story or personal connection.

- Leave paper handouts, follow up with an e-mail and thanks.
- Find out what relevant committees the member is on, and mention them
- Rehearse!

#### Useful references

- AARP – “Livable Communities”
- WHO – “Threshold of Aging” (global initiative)
- Cities like DC – “Age-Friendly Communities” (Fifteen cities vying to be Age-Friendly)

#### Other suggestions

- At home, stage a meeting with candidates and focus on senior issues
- Try to get invited to the 2015 White House Conference on Aging (spring)
- Face time with elected officials still matters
- Rely on social media
- Find out who your allies and adversaries are
- Tell good stories (such as one in which a Village has saved Medicare dollars)
- Talk about the cost savings and benefits for people, government, and the health industry

IDEA: The League of Women Voters could be an ally with our Village.

BREAKOUT A-3 “Village Research Initiatives with Health Care Partners” and “Health Impacts of Village Membership”

Health Benefits of Village Membership

Andrew Scharlach, PhD, U.C. Berkeley

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

Research was done with the UC Berkeley Villages and the California Villages Project

#### Organizational Development

- Access to services, easily & affordably
- Community-building: social engagement & support
- Capacity-building: individual functioning & service development

#### Health-related programs being offered

- Health & physical fitness classes
- “Brain Fitness” programs
- Preventing falls & assessing hazards in the home
- Personal health information & medical cards
- Personal care plans for Village members
- Health fairs
- Care transition from hospital to home
- Center for Medicare & Medicaid Services
- Focus on Health Care as being social care PLUS medical care

- Corporate social responsibility

The California studies may be extended nationwide through the VTVN's Research Committee.

IDEA: Maybe our WV villages would be interesting to these researchers because of our demographics?

#### Research Collaborations

Diane Campbell, Lincoln Park Village (Chicago)

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

It's important to collect data and measure impacts of Village programs from DAY ONE! Also important to form partnerships with hospitals, universities, social service organizations, worship centers, and the business community.

Lincoln Park Village sought research collaborations to support development of new tools, products, and services to improve the lives of their members and all older adults. Their partners were R&D groups and entrepreneurs. These included

- “Plan Your Life Span” with Northwestern University School of Medicine. Developed a planning tool for seniors. The Village advises and provides study oversight with Village members in developing and testing tools. Results will be shared through VTVN.
- “Testing Platforms for Managing Health” with Qualia Health. Linking behavior and health using sensors, interviews, and FitBit Apps on mobile devices.
- “Medicare Savings” is a 12-month evaluation of Fit & Strong health education at the Univ of Illinois Chicago School of Public Health.
- Mather Lifeways & UC Berkeley are field-testing a “Brain Fitness” curriculum.

These projects have benefits in engaging members, building the Village's database, attracting investors and funding, and having a wider impact.

#### Engaging Villages in Aging Studies

Neelum Aggarwal, MD, Rush University & Lincoln Park Village [neelum8007@gmail.com](mailto:neelum8007@gmail.com)

POWERPOINT available,

[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

Because of changes in population demographics, there is much interest in health findings from studies of older populations. There have been some large-scale studies examining age-related changes in cognition, physical activity, mobility and strength.

“Healthy People 2020” is the federal government's prevention agenda for making the nation healthier. [These were published in 2000 and 2010 also].

Check out “Research Match,” the Alzheimers Prevention Initiative & Registry, and the Alzheimers Study on prevention.

NIA and NIH have done multiple studies on nutrition and diabetes. More active people tend to eat healthier foods. Diet and eating impacts brain function. Check out journal articles on VTVN website.

The National Family Caregivers Association got caregivers involved in research.

Check website of Center for Technology & Aging for more research.

IDEAS: It would be great to have a social worker or two as KVVP staff or volunteers. Also to start developing a “transition team” to help with medical and hospital-to-home transitions. We need some referral links to good local home health care services.

BREAKOUT B-3 - Lessons Learned (from Declining Membership to Village Transformation)  
Susan Deninger, Jasmin Shah, Kathy Guilfoile, Tierrasanta Village  
POWERPOINT AVAILABLE,  
[http://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=167177](http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=167177)

Amazon Smiles – KVVP will receive a portion of people’s purchases.  
They participated in National Day of Philanthropy (May 6), a live donor event, 24 hours. Use social media for this.

Advertise local business in your newsletter or website and they will give your members 10% discount.

Websites to use for fundraising: Community, Raise \$ for Anything, Go Fund Me, Razoo, Donation Matrix, Stay Classy, Flip Give, Donation Match.

Percentage of women vs. men, trying to increase men. They have a ROMEO club (Retired Old Men Eating Out), they have speakers, go to baseball games, invite other men to meetings, lawn bowling (bocce ball?).

They did not describe VillageCore in this session, their possible connection to KVVP.

GENERAL SESSION – Becoming a Presence in Local Politics  
Advocacy Panel: Julie, Capitol Hill Village, Mary Proctor, Marie, Iris, Dupont Circle, and Ruth Finklestein, Columbia University.

Unique role of Villages. Not just service providers. We don’t want to duplicate services. We want to hold jurisdictions responsible for their part. Keep members informed about Village and community services.

Ask Village members to critique social services. Include Universal Design in Building Code.  
Availability of Long Term Care facility (refer to Greenhouse CD)

Day Care that includes physical therapy and medical transportation.

Look for community grants, survey business owners and members and make a list of recommendations. Analyze Village responses and business owner responses and prepare a list of business strategies for marketing to seniors.

They had mystery shoppers, who went into business to look at attitudes and accommodations for senior service. The business owners agreed to have mystery shoppers. Media coverage by Dupont Circle Village ([dupontcirclevillage.org](http://dupontcirclevillage.org)).

Ruth Finklestein felt that we should look at HIV Aids activism, harnessing top down and bottom up synergy. There is lots of talent in this group plus AARP, NCO, AAA

IDEA: Find out about Age Friendly Building Certificate

As baby boomers flood the system, Villages can provide solutions (and WV has the largest percentage of population of seniors).

## LOBBY DAY

We have no notes from this day, although it seemed worthwhile and relatively successful to us. We visited staff in offices of Representative Shelley Moore Capito (now Senator), Senator Joe Manchin, and Senator Jay Rockefeller (now retired). None of the office-holders were in town or available that day. We left handouts and business cards, and sent thank-you notes to the staff we spoke to.

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