

# From Longevity to Vitality

## Solutions and Innovation in Long-Term Care

We will begin the webinar shortly



# From Longevity to Vitality: Solutions and Innovation in Long- Term Care

Austin Scheetz  
Program Officer



**Hauser Policy Impact Fund**  
October 8, 2025



# Family Caregiving and Aging in Place: Challenges and Opportunities

**Jennifer L. Wolff, PhD**  
*Eugene and Mildred Lipitz Professor*

# Aging in Place

*The ability to live in one's setting of choice, despite the onset or progression of impaired function.*



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# Roadmap for Talk:

**1. Family Caregiving: Definitions &  
Current Care Delivery Landscape**

**2. Challenges and Opportunities to  
Improve the Paradigm**

*“There are only four kinds of people in the world - those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers”*

**- Rosalynn Carter**



# Definition of Family Caregiving

“A relative, partner, friend, or neighbor who has a significant personal relationship with and provides a broad range of assistance to an older person or adult with a chronic or disabling condition”

--Family Caregiver Alliance

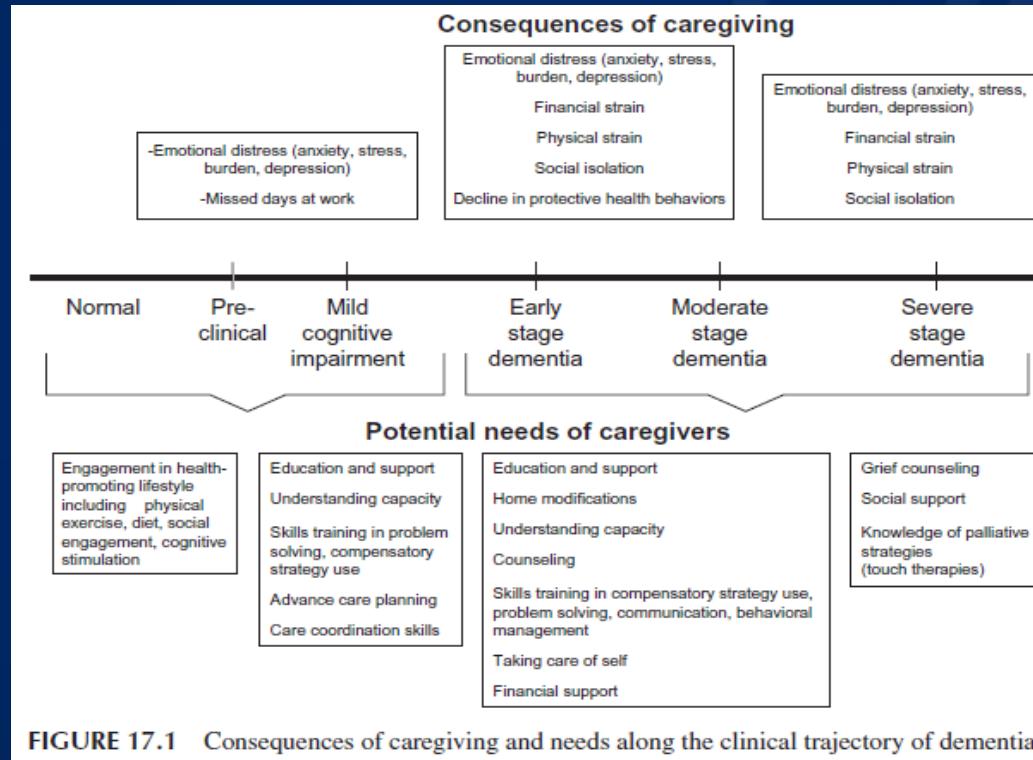
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Preparedness or competency -(knowledge, skills, emotional capacity, financial resources, physical strength for role assumed

# Caregiving: Needs & Consequences Vary by Stage of Disease



# The Lived Experience of Dementia

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- “She is my memory” – **person living with dementia**
- “He doesn’t know that he doesn’t know, so we can’t talk about it.” – **family of person living with dementia**
- “She has memory problems, but I don’t think she’s been diagnosed.” – **family of person living with dementia**
- “We live together. I’m involved in all her activities. I retired for this purpose [to manage their care]. Every doctor we go to, I’m the backbone. When we go into the doctor’s office I wait and see; if she answers incorrectly, I step in. I’ve grown into where I am with her now.” – **family of person living with dementia**

# Challenges in Defining Caregiving

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- Words Matter: variable nomenclature (“informal”, “family”, “caregiver”, “proxy”, “knowledgeable informant”, “care partner”; *Stall; JAGS 2019*)
- Variable definitions: by activity, population, setting; many caregivers do not self-identify (*NASEM, 2016*)
- Diffuse, far-ranging consequences, both positive and negative: for individuals, families, employers, insurers, society (*NASEM, 2016*)

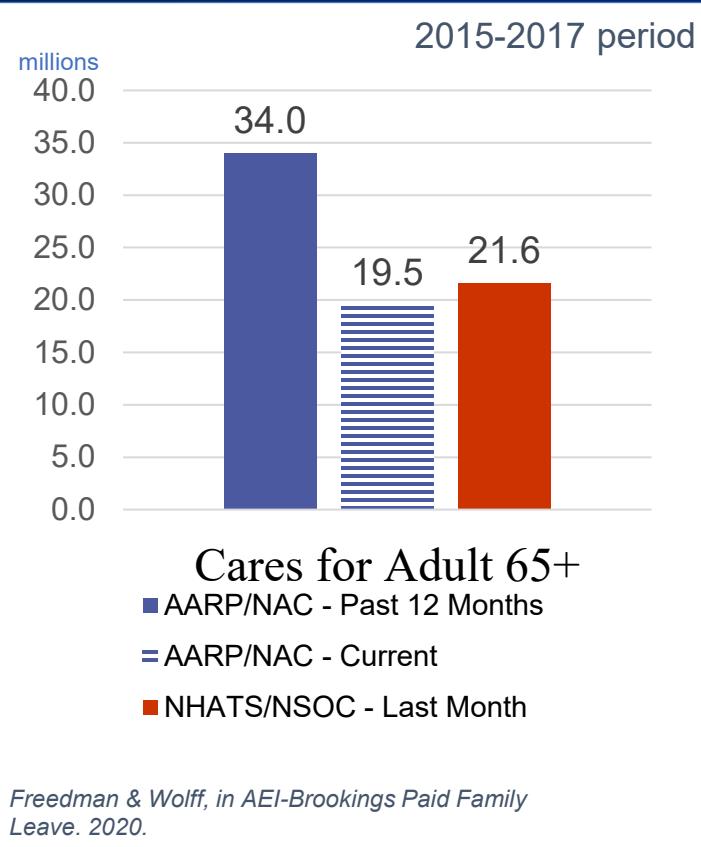
# Unpaid. Unappreciated. Untrained. Undercounted. Exhausted. But vital.

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*“America’s stealth weapon against chronic illness is a 46-year-old woman with a family, a high-school degree, a full-time job and a household income of \$35,000. She has no particular training in health care. And, to tell you the truth, sometimes she doesn’t feel that great herself...”*

-- AMA Medical News, 2001

# Family Caregivers Represent a Sizeable “Workforce” BUT Quantifying Numbers is Not Straightforward



Caregivers to Individuals with Dementia

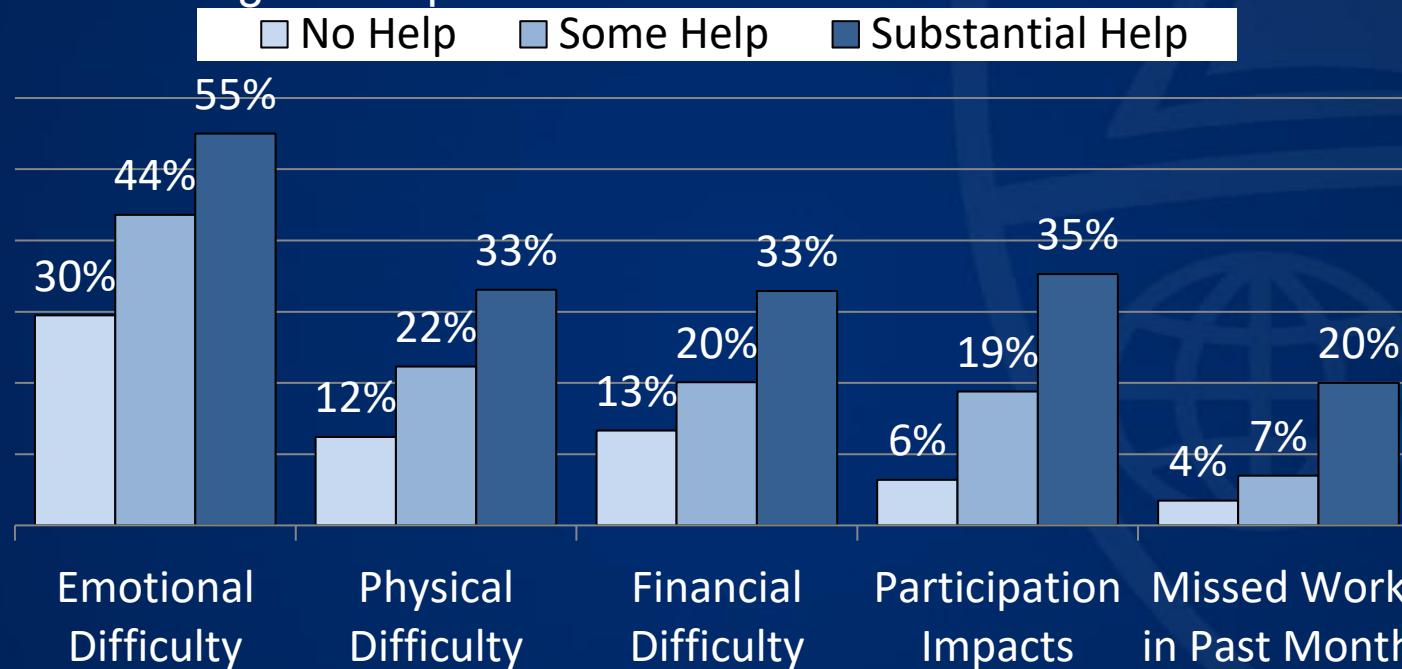


OVER 11 MILLION AMERICANS PROVIDE UNPAID CARE FOR PEOPLE WITH ALZHEIMER'S OR OTHER DEMENTIAS

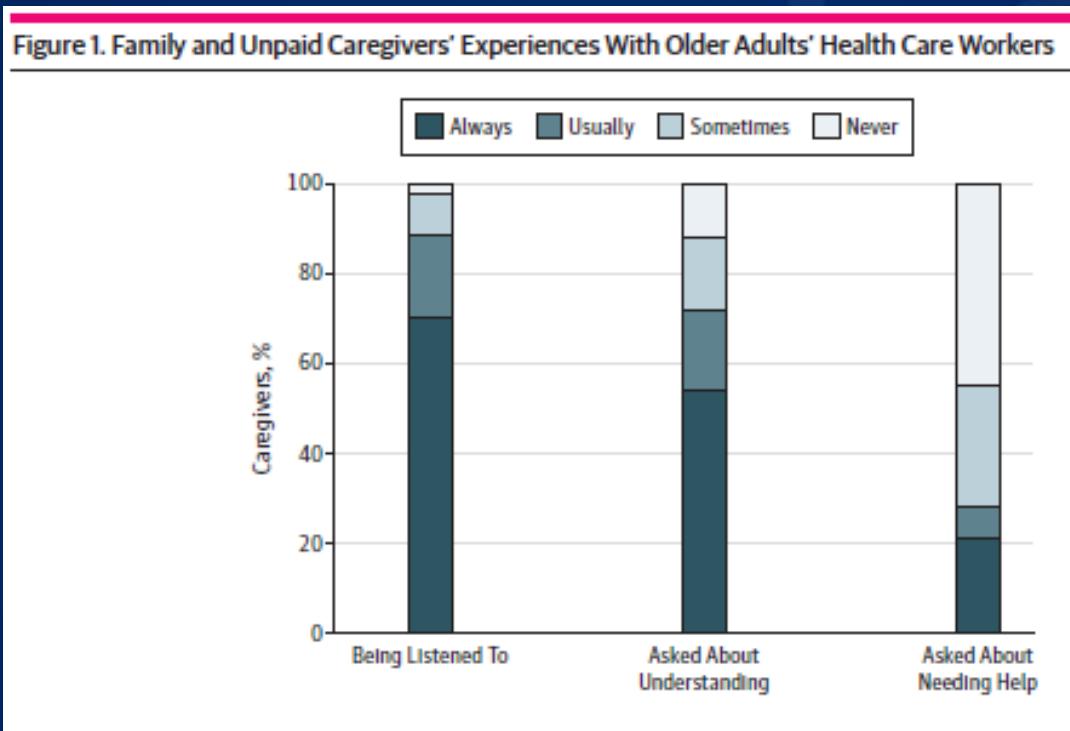
2023

# Navigating Care Delivery is Challenging

Caregiver Helps Older Adult with Health Care Activities:



# Half of Caregivers Never Asked about Needed Help



Wolff, Freedman, Mulcahy, Kasper, JNO, 2020; R01AG062477

# Few Caregivers Receive Training

- ~7.3% of family caregivers received role-related training within prior year
- Neither older adults' care needs or caregivers' appraised burden associated with receipt of training

Table. Characteristics of 1230 Community-Living Older Adults With Disability and 1861 Family and Unpaid Caregivers and Associated Adjusted Odds of Caregiver Training<sup>a</sup>

Characteristic	Did Not Receive Training, % <sup>b</sup>	Received Training, % <sup>b</sup>	P Value ( $\chi^2$ Test)	Adjusted Odds Ratio (95% CI)
Caregivers, No. (%), millions <sup>c</sup>	16.6 (92.7)	1.3 (7.3)	NA	NA
Older adult characteristics				
Age, y				
65-74	34.1	43.9		1 [Reference]
75-84	39.2	30.8	.13	0.70 (0.42-1.14)
≥85	26.7	25.3		0.96 (0.54-1.70)
Female	67.1	55.1	.35	0.68 (0.39-1.17)
White race	69.6	55.6	<.001	0.61 (0.39-0.96)
Medicaid enrolled	21.6	35.2	<.001	1.32 (0.74-2.37)
Hospitalized in past year	36.7	55.7	<.001	1.97 (1.27-3.06)
Self-reported health				
Excellent/very good	16.6	10.2		1 [Reference]
Good	33.2	37.8	.01	1.27 (0.53-3.04)
Fair/poor	50.2	52.0		1.01 (0.49-2.08)
Probable dementia	25.1	27.8	.003	0.82 (0.49-1.37)
Caregiver characteristics				
Age, y				
<55	39.4	42.9		1 [Reference]
55-64	21.6	29.5	.07	1.43 (0.74-2.77)
≥65	38.9	27.6		0.65 (0.27-1.58)
Female sex	61.3	62.9	.09	0.85 (0.42-1.70)
Caregiver lives with older adult	48.4	49.7	.85	0.58 (0.28-1.22)
Relationship to older adult				
Adult child	49.5	53.2		1 [Reference]
Spouse	23.4	28.1	.35	2.19 (0.89-5.40)
Other	27.1	18.7		0.89 (0.41-1.92)
Paid for caregiving	2.6	12.2	<.001	4.40 (1.94-9.98)
Composite caregiving burden <sup>d</sup>				
None	41.1	26.2		1 [Reference]
Some/a lot	59.0	73.8	<.001	1.73 (0.93-3.23)
Help with functional tasks <sup>e</sup>				
Household chores only	23.5	13.6		1 [Reference]
Mobility tasks	25.6	11.7	<.001	0.84 (0.30-2.34)
Self-care tasks	50.9	74.7		1.86 (0.75-4.58)
Help with health care tasks <sup>f</sup>	46.5	68.6	<.001	1.64 (0.93-2.89)

# Roadmap for Talk:

**1. Family Caregiving: Definitions &  
Current Care Delivery Landscape**

**2. Challenges and Opportunities to  
Improve the Paradigm**

# What Do Caregivers Need?

- Information, Knowledge, Skills, Resources
- Respite, to have a break!
- Reinforcement, help & support from others to reduce physical and emotional strain
- Coping skills, counseling, psychoeducation, problem solving skills
- Financial support, to offset work impacts, out-of-pocket spending
- Flexibility in the workplace

**CAREGIVING CONTEXT IS  
HIGHLY VARIABLE:  
THERE IS NO ONE SIZE-FITS ALL  
APPROACH!!**

# Effective Interventions Exist

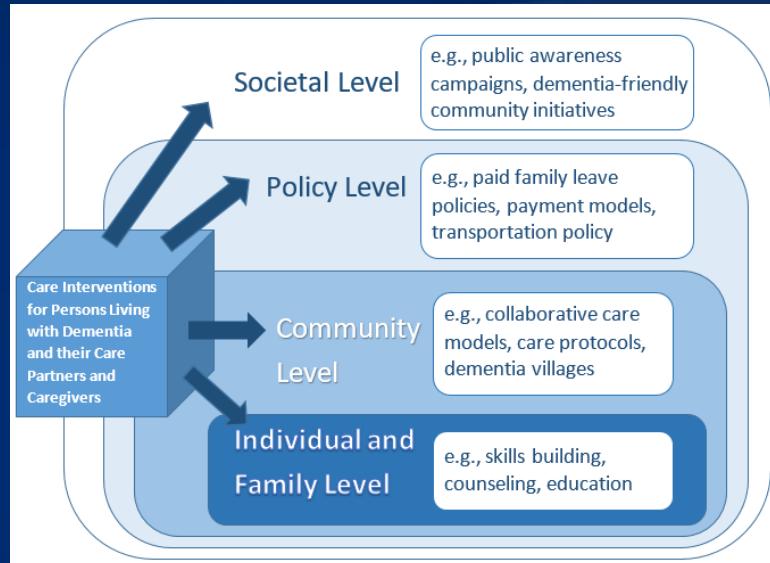
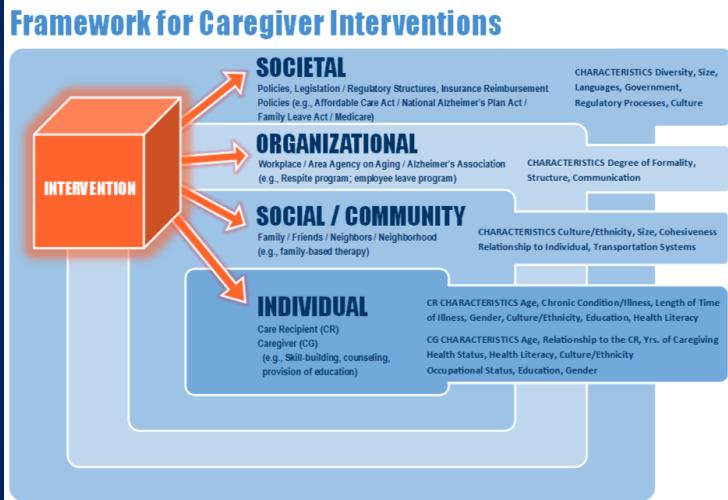
Most effective interventions are:

- Tailored: to individual caregiver risks, needs, preferences, and care context (by type of diagnosis, trajectory, stage of illness). Thus, **assessment is essential** to guide education, training, & support.
- Multidimensional: encompass varied support such as education, skills training, counseling, self-care, relaxation, respite. Typically engage caregivers in learning new skills

YET:

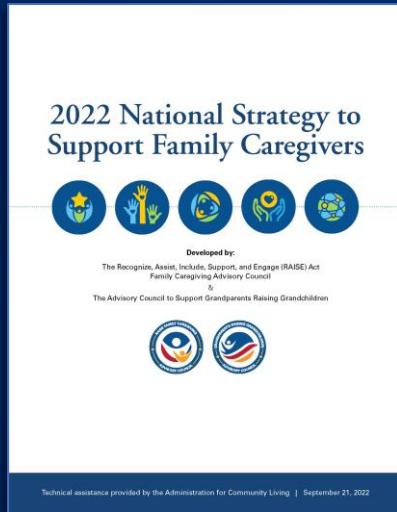
Few caregivers now benefit from evidence-based models

## Organizing Framework for Care Interventions



Socio-ecological framework for caregiver interventions,  
From Chapter 5 of NASEM Report: Families Caring for an Aging America

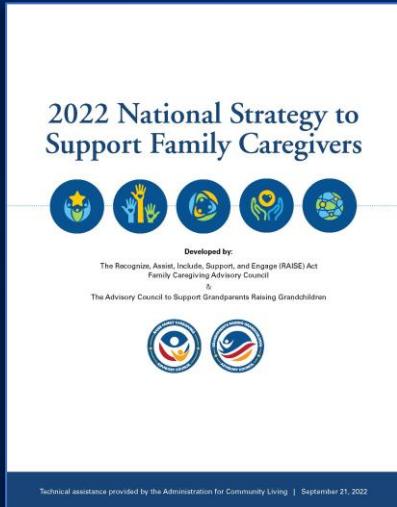
# One Strategy | Four Components



- 2022 National Strategy to Support Family Caregivers - An overview and description of the strategy's goals and intended outcomes
- First Principles: Cross-Cutting Considerations for Family Caregiver Support - Describes the four key principles that must be reflected in all efforts to improve support to family caregivers
- Federal Actions - Nearly 350 actions that 15 federal agencies will take in the near term to begin to implement the strategy.
- Actions for States, Communities, and Others - More than 150 actions others can take.

[acl.gov/CaregiverStrategy](https://acl.gov/CaregiverStrategy)

# One Strategy | Five Goals



[acl.gov/CaregiverStrategy](https://acl.gov/CaregiverStrategy)

- **Goal 1:** Increase Awareness of and Outreach to Family Caregivers
- **Goal 2:** Advance Partnerships and Engagement with Family Caregivers
- **Goal 3:** Strengthen services and supports for family caregivers
- **Goal 4:** Family caregivers' lifetime financial and employment security is protected and enhanced
- **Goal 5:** Expand data, research, and evidence-based practices to support family caregivers

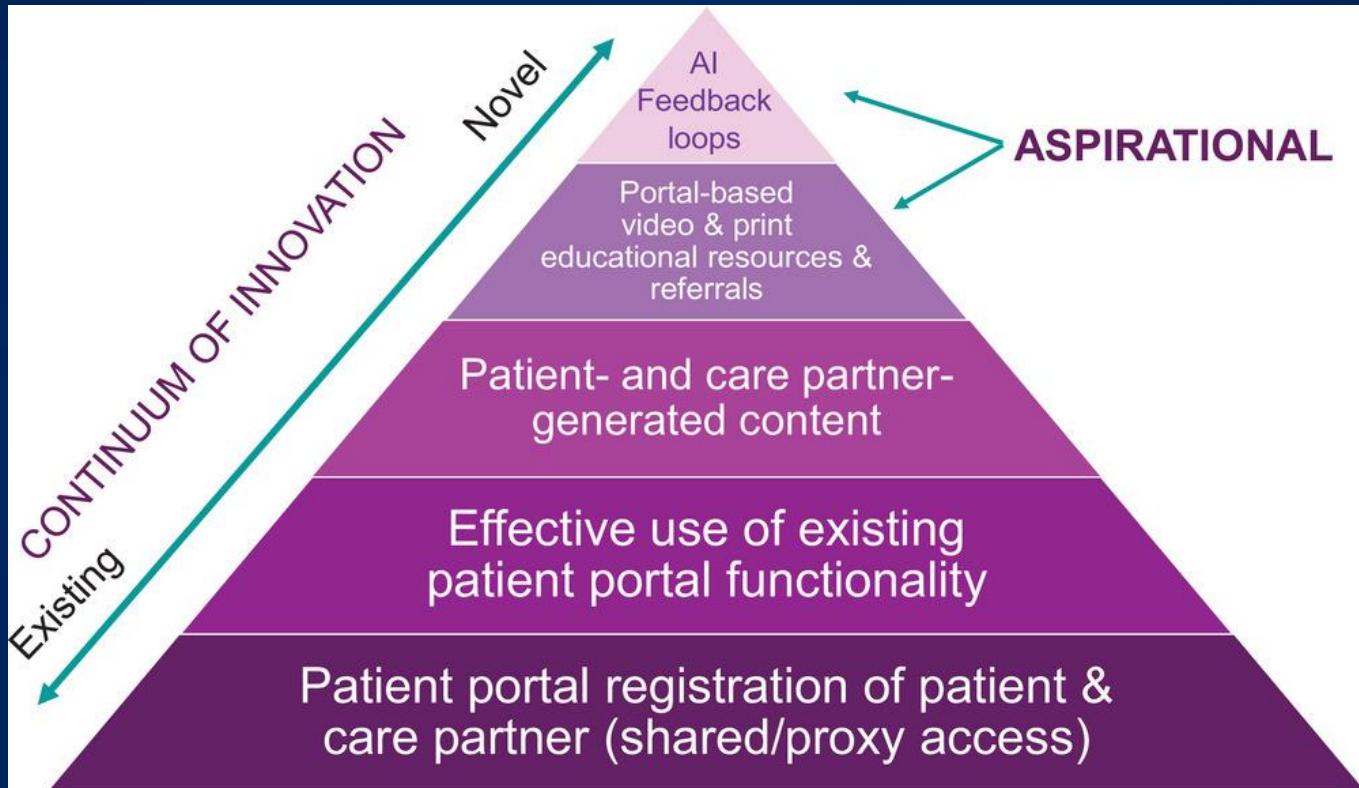
# Other Encouraging Developments

## State Policy

- Paid family leave: 13 States + DC (partial pay replacement through insurance model with payroll tax)
- CARE Act to support families through hospital discharge: 44 states have enacted

## Delivery & Payment Reform

- Medicare billing codes (dementia care planning: 99483, caregiver training: 97550-97552), Conditions of Participation (e.g, in home health, hospital discharge), new GUIDE demonstration
- Medicaid expectation of family caregiver assessment when care plan depends on them (1915(i) HCBS state plan option); availability of respite



Wolff, DesRoches et al, Alz & Dem, 2022; R35AG072310, John A. Hartford Foundation,  
Ralph C. Wilson Foundation





Leaders in Aging Well at Home

## ***Area Agencies on Aging: Local Leaders in Aging and Community Living***

**Meredith Hanley, Program Director**

# About USAging

## Our Mission

USAgging represents and supports the national network of Area Agencies on Aging and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities.

# Caregiving in the U.S.

**63 million Americans or 1 in 5 people** serve as family caregivers.<sup>1</sup>

40%+ of caregivers now provide high-intensity care. Many perform complex medical tasks.<sup>1</sup>

One in five caregivers report poor health. Half report negative financial impact. One in five cannot afford basic needs.<sup>1</sup>

**At least 2.5 million children** are raised by grandparents or other relatives serving as the primary caregiver.<sup>2</sup>

Value of unpaid caregiving is estimated at **\$600 billion annually**.<sup>3</sup>

1 – Caregiving in US 2025: <https://www.aarp.org/pri/topics/ltss/family-caregiving/caregiving-in-the-us-2025/>

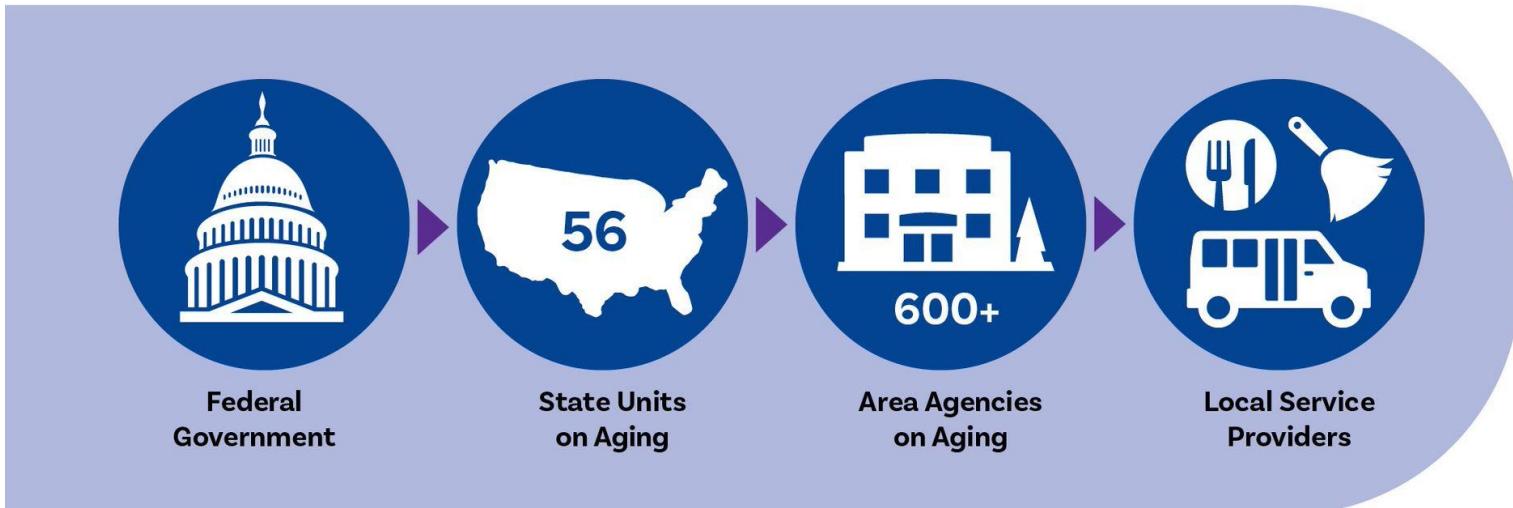
2 – Kids Count Data Center: <https://datacenter.aecf.org/data/tables/10455-children-in-kinship-care#detailed/1/any/false/2683,2638,2554,2479,2097,1985,1757/any/20160,20161>

3 – AARP Valuing the Invaluable: <https://www.aarp.org/caregiving/financial-legal/unpaid-caregivers-provide-billions-in-care/>

# Older Americans Act (OAA)

- Passed in 1965, alongside Medicare and Medicaid
- Created the National Aging Network over time
  - Comprehensive and coordinated system of home and community-based long-term services and supports (LTSS) that is responsive to the needs and preferences of older adults and caregivers
  - Area Agencies on Aging authorized in 1973 through an OAA amendment
- National Family Caregiver Support program established in 2000 and funds a range of supports that assist family and informal caregivers to care for their loved ones at home
  - information to caregivers about available services
  - assistance to caregivers in gaining access to the services
  - individual counseling, support groups, and caregiver training
  - respite care
  - supplemental services, on a limited basis

# The Aging Network



**TRIBES** = Title VI Native American Aging Programs

# Nationwide Network with a Local Flavor

- There are 613 AAAs serving older adults in virtually every community in the nation.
  - In a few small or sparsely populated states, the state serves the AAA function (AK, DE, ND, NH, NV, RI, SD, WY).
- OAA establishes core services and activities for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique needs of their communities
- While only designated AAAs can use the Area Agency on Aging title, not all AAAs use "Area Agency on Aging in their operating name (e.g. county-based AAA may use ABC County Office on Aging)
- Find your AAA at [eldercare.acl.gov](http://eldercare.acl.gov)

# Core Services, Local Flexibility



Nutrition



Supportive  
Services



Caregivers



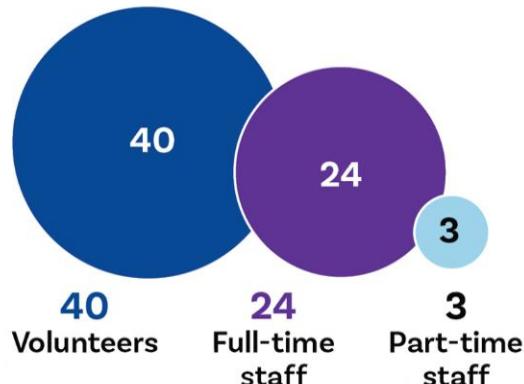
Health &  
Wellness



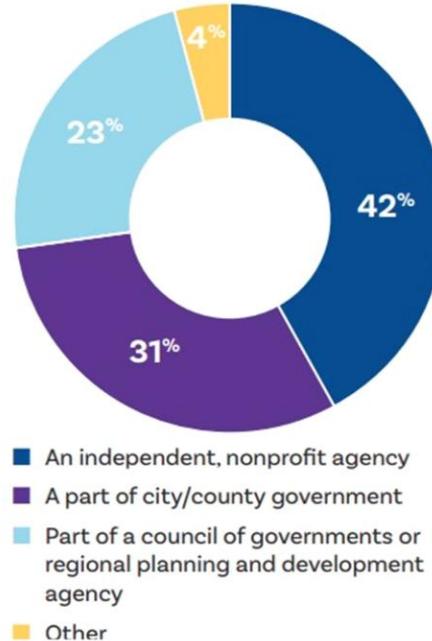
Elder Rights

# AAA Dynamics

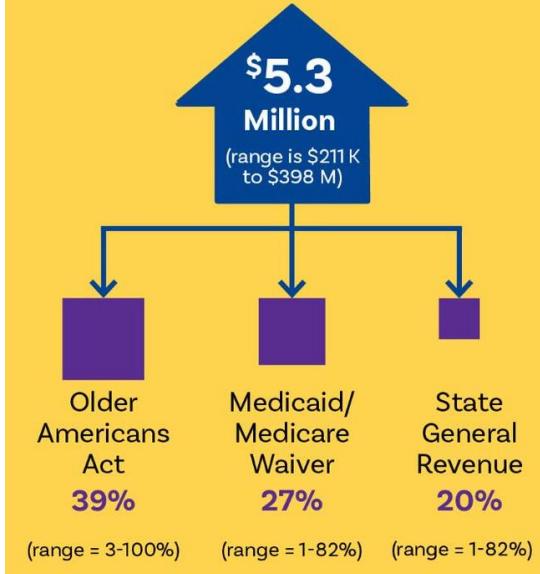
## Median AAA Workforce



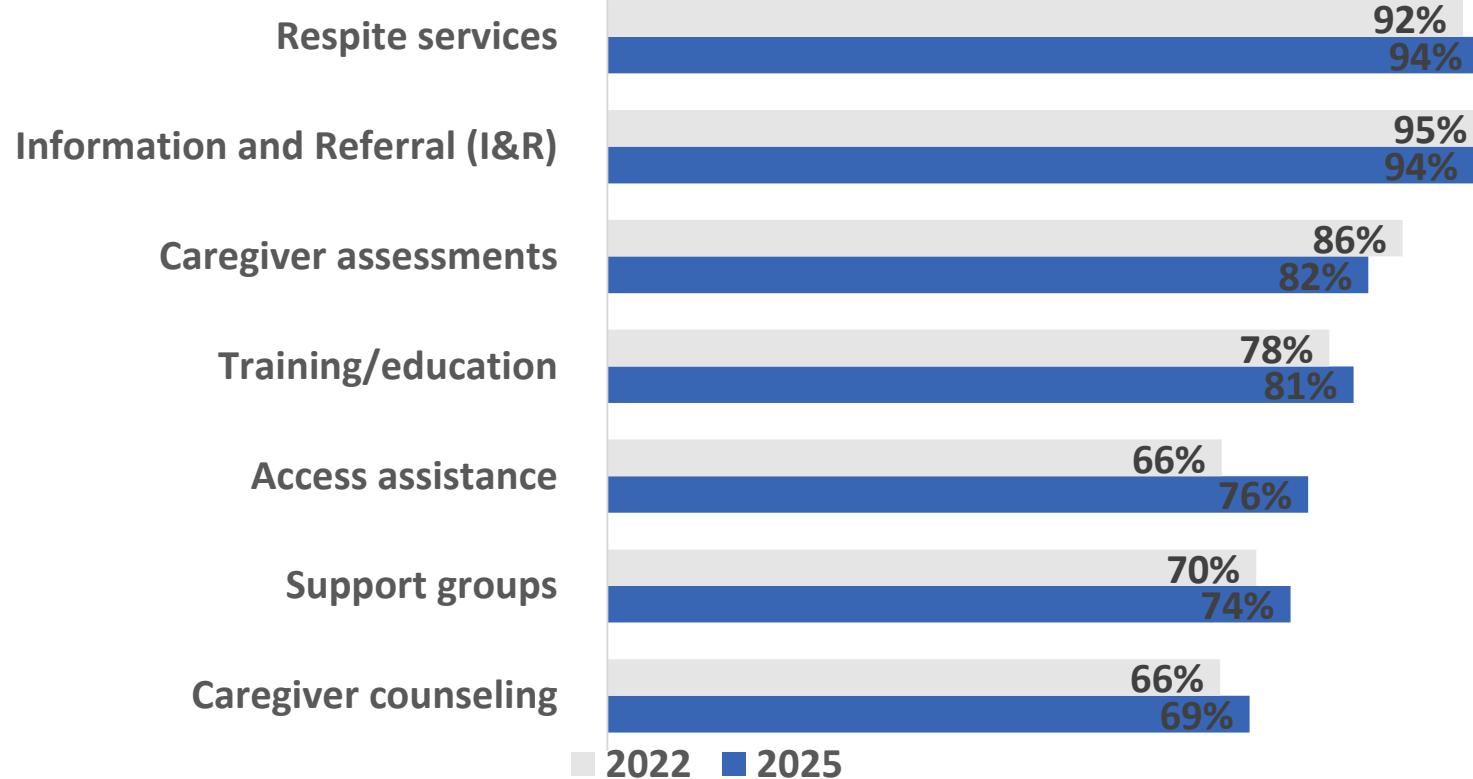
## AAA Structure



## Median AAA Budget



## % of AAAs Providing Caregiver Services, by AAA Survey Year



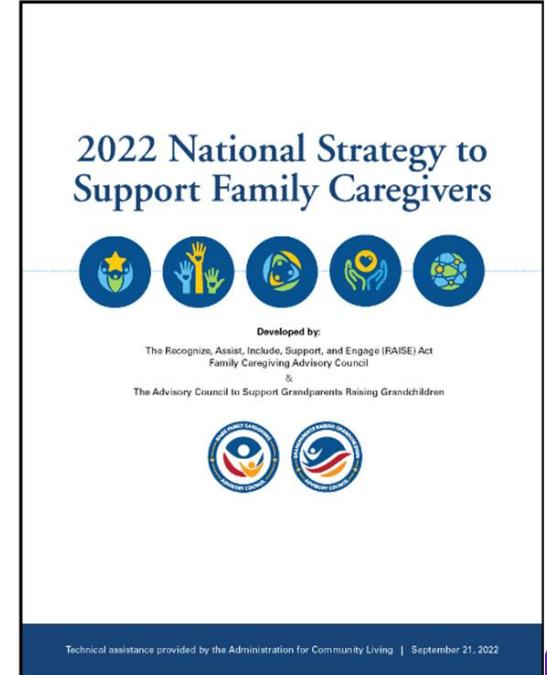
# Most Common Sources of Funding for Caregiver Services

## Percent of AAAs Using This Funding Source

92%	OAA Title III-E National Family Caregiver Support Program
57%	State funding
37%	OAA Title III-B Supportive Services Program
22%	Local government funding
14%	OAA Title III-D Health Promotion and Disease Prevention
10%	Fundraising/Fund development

# National Strategy to Support Family Caregivers

- **Goal:** To support family caregivers of all ages, from youth to grandparents, regardless of where they live or what caregiving looks like for them and their loved ones.
- Developed jointly by the advisory councils created by the RAISE Family Caregiving Act and the Supporting Grandparents Raising Grandchildren Act, with extensive input from the public.
- Launched in 2022



# National Strategy to Support Family Caregivers

- U.S. Administration for Community Living funded grantees to support implementation of the Strategy:
  1. Increase awareness and outreach – Community Catalyst
  2. Advance caregivers as partners in health care teams- UCSF
  3. Innovations in family caregiver services and supports - USAging
  4. Ensure financial and workplace security - USC
  5. Expand data, research, and evidence-based practices - National Alliance for Caregiving
  6. Understand, test, and evaluate caregiver navigator services - USAging
- Aims to support Aging Network's administration of National Family Caregiver Support Program and Native American Caregiver Support Program

# USAging's Innovations in Family Caregiver Services and Supports Initiative (Goal 3 of National Strategy)

**Project Goal:** Expand and enhance the capacity of the Aging Network to strengthen and spur innovation in the development and implementation of person and family-centered services and supports that meet the needs of the nation's caregivers.

- Person and family centered, trauma-informed care
- Respite care
- Education/counseling/peer support
- Whole person health (e.g. nutrition, transportation)
- Leveraging volunteers
- Future care needs
- Kinship care
- Emergency response planning and preparedness

**<https://www.usaging.org/caregiverservices>**

# Key Activities and Focus Areas

 [Caregiver Champion Collaborative](#)

 [Caregiver Services and Supports Innovations Hub](#)

 Pilot Sites to spur innovation

 Conference Summits and Virtual Symposia

 Action Guide Series for the Aging Network

# Caregivers impacted by social isolation and loneliness

- Poor social connection is associated with a **29% increase** in the risk of heart disease and a **32% increase** in the risk of stress
- Chronic loneliness can increase the risk of developing dementia by approximately **50%** in older adults
- Adults who feel lonely are **more than twice** as likely to develop depression
- Causes of caregiver social isolation include:
  - Time demands
  - Emotional exhaustion
  - Financial stress
  - Not feeling understood

# USAging Efforts Promoting Social Connection



<https://usaging.org/social-connection-communities>



<https://committoconnect.org>



<https://www.engagingolderadults.org/>



# USAging

Leaders in Aging Well at Home

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[www.x.com/theUSAging](https://www.x.com/theUSAging)

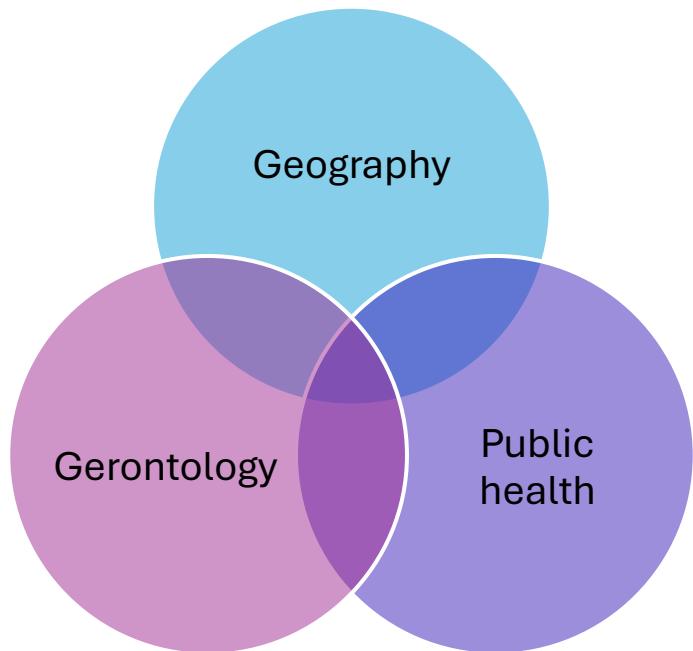


# The Disappearing “Third Place”: Are Neighborhood Sites of Community, Connection, and Care at Risk?

Dr. Jessica Finlay

Department of Geography and Institute of Behavioral Science  
University of Colorado Boulder

# Neighborhoods, health and aging



Interdisciplinary perspective



Mixed methods research (qualitative + quantitative)



First Place  
(home)



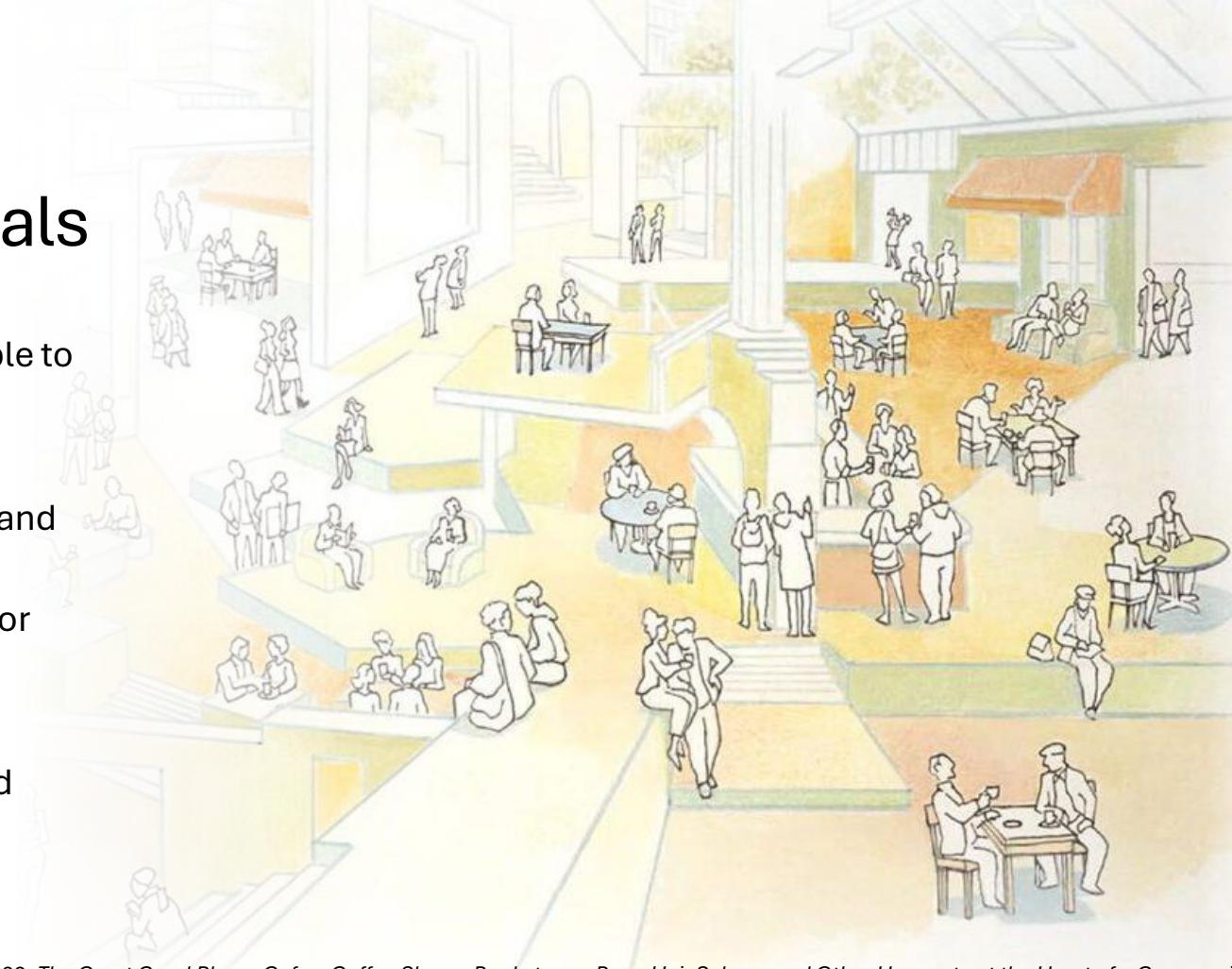
Second Place  
(work)

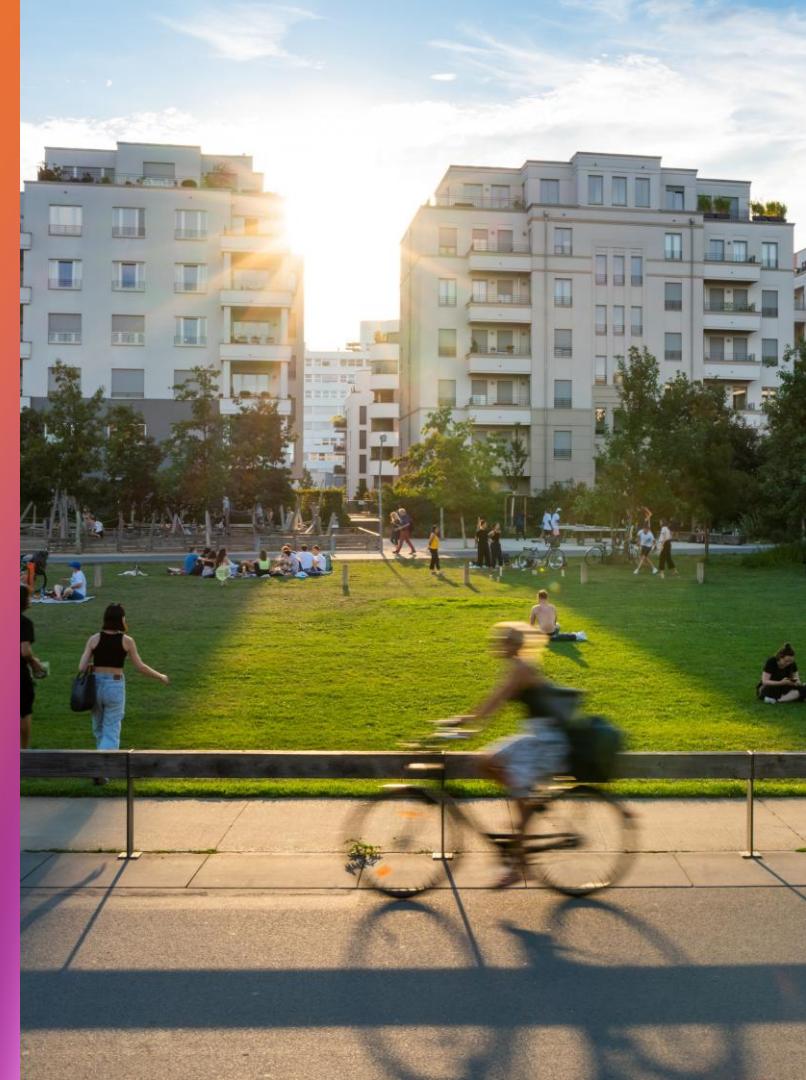


Third Place  
(community)

# Third place ideals

- Neutral ground (accessible to all)
- Low-cost or free to enter
- Encourage conversation and social interaction
- A regular gathering spot for familiar faces
- Nurture both *bonding* and *bridging* ties

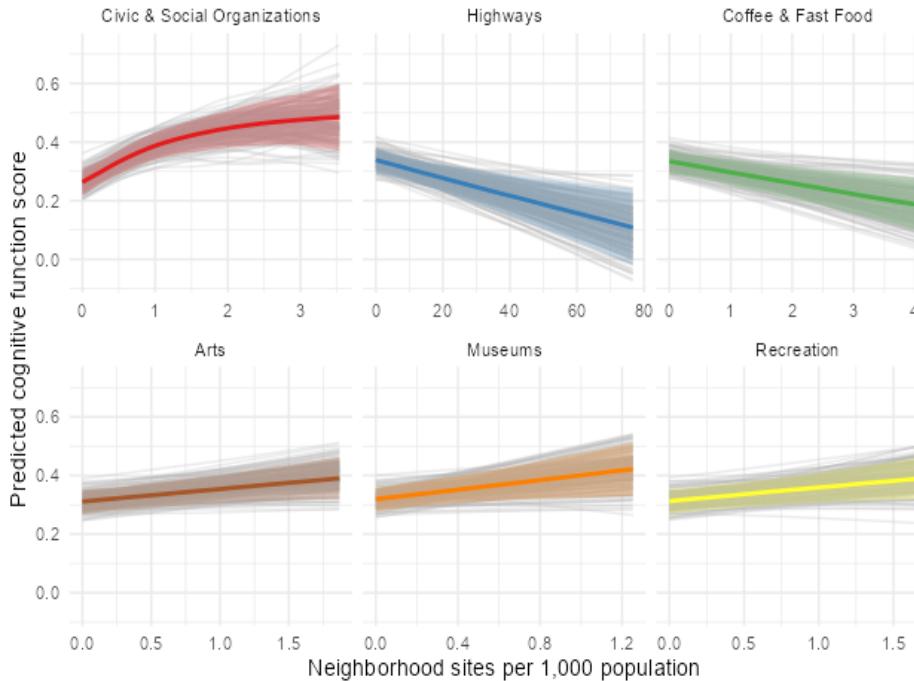


A photograph of a park at sunset. In the foreground, a person is blurred while riding a bicycle on a paved path. The path leads into a grassy area where several people are sitting or lying on the grass, some under umbrellas. In the background, there are several modern apartment buildings with balconies. The sun is low in the sky, casting long shadows and creating a warm, golden light.

# Essential to both individual and collective health

- Opportunities to reduce stress, loneliness, and alienation
- Increase happiness and longevity
  - Surprising power of ‘weak’ social ties (Sandstrom & Dunn, 2014) and social portfolio diversity (Collins et al. 2022)
- Encourage health behaviors
- Support aging in place
- Sites for informal care, public health, and lifesaving interventions
- Boost local economic activity and social mobility
- Generate *social surplus*

# Example: Access to third places may reduce dementia risk



Finlay et al. 2022. <https://pubmed.ncbi.nlm.nih.gov/35926362/>

**Gaussian generalized additive multilevel model (REGARDS Study)**

**Covariates:** Individual-level (age, gender, race, education, years of follow-up since baseline) and area-level (census tract population density, proportion living below the poverty line, proportion non-Hispanic Black residents, proportion owner-occupied housing units)

**Shading:** 90% uncertainty intervals; 200 draws from the model plotted to further summarize uncertainty

# Memory Cafes Bring Joy to People Living With Dementia



People who live with dementia want to learn, connect socially, and enjoy life, but there are few opportunities to do so that feel comfortable and safe. Fortunately, the Denver Public Library has a series of Memory Cafes designed just for this community.



Memory Cafes are social groups for people living with cognitive impairments, along with their family, friends, and caregivers. People have a lot of fun at Memory Cafes. They connect, laugh, engage, and create. People can relax because they don't need to worry about stigma or embarrassment over the fact that they can't remember or that they don't understand. When you are at a Memory Cafe, you can just be yourself!



Each cafe starts with a fun, stimulating program followed by social time with coffee and treats. Some of the most popular programs have been:

- Planting and horticulture therapy with the [Denver Botanic Gardens](#)
- Learning to play the ukulele with [Swallow Hill Music](#)
- Sing-a-longs and music with local bands
- Creating watercolors with Memories in the Making
- Storytelling with [Timeslips](#)
- Writing poetry with [Lighthouse Writers Workshop](#)
- Art appreciation with the [Denver Art Museum](#)
- Brain Dance with the [Colorado Ballet](#)

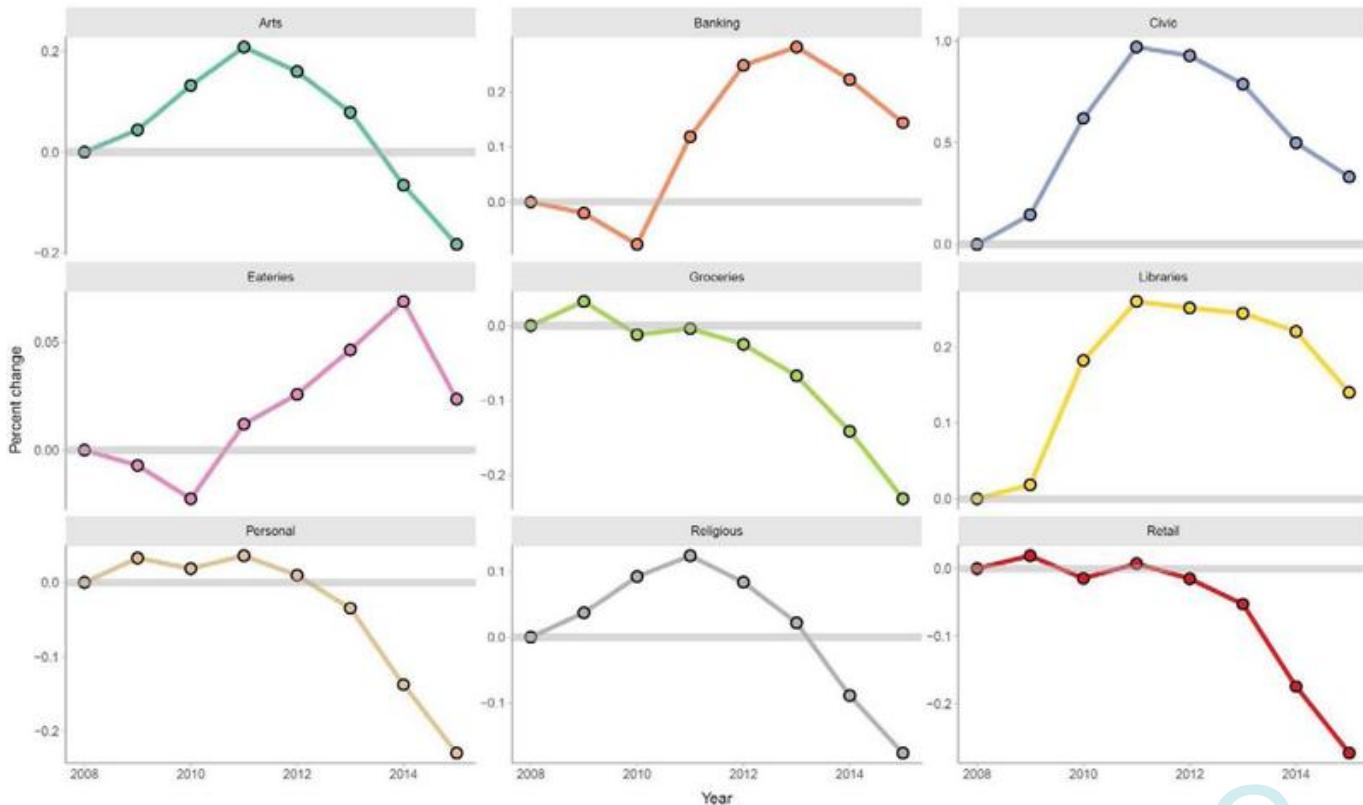
<https://www.denverlibrary.org/blog/amy/memory-cafes-bring-joy-people-living-memory-loss>



# Third place closures?

[Image: https://www.nytimes.com/2017/05/31/fashion/bleecker-street-shopping-empty-storefronts.html](https://www.nytimes.com/2017/05/31/fashion/bleecker-street-shopping-empty-storefronts.html)

# Widespread closures: 2008-2015





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## Why?

- Over-supply of malls
- Rising rents
- Consolidation of retail chains
- Delayed effects of the Great Recession
- Rise of e-commerce



COVID-19 Pandemic

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# Exacerbated closures since COVID-19?

Unpublished internal data

Categories	2019 count	2021 count	% change
Groceries	129,765	118,192	-8.92%
Convenience stores	65,345	60,483	-7.44%
Variety Stores	40,889	39,023	-4.56%
Smoke Shops	23,096	21,810	-5.57%
Liquor Stores	36,584	33,395	-8.72%
Bakeries	56,587	53,924	-4.71%
Fastfood	164,835	154,425	-6.32%
Coffee	75,485	72,088	-4.50%
Bars And Lounges	95,191	91,137	-4.26%
Restaurants	300,005	276,668	-7.78%
Bowling	4,726	4,279	-9.46%
Gyms	83,547	79,182	-5.22%
Public Golf Courses	7,259	6,749	-7.03%
Rec Centers	3,998	3,732	-6.65%
Gardens And Zoos	1,842	1,807	-1.90%
Movie Theaters	6,117	5,705	-6.74%
Gambling Bingo	866	767	-11.43%
Art Galleries	10,621	10,062	-5.26%
Museums	9,587	8,979	-6.34%
Civsoc Orgs	73,448	65,811	-10.40%
Religious Orgs	371,947	353,734	-4.90%
Senior Centers	7,609	7,042	-7.45%
Member Sports Clubs	45,061	40,339	-10.48%
K12 Schools	205,541	199,668	-2.86%
Libraries	26,799	25,987	-3.03%
Beauty And Barbers	324,534	307,883	-5.13%
Laundromats	14,964	14,159	-5.38%

A photograph of a closed storefront. The glass doors are dark, and a white rectangular sign is centered on the right door. The sign contains the text 'STORE CLOSED' on the top line, 'THANK YOU' on the second line, 'FOR YOUR' on the third line, and 'BUSINESS' on the bottom line. The building has a stone facade on the left and a brick facade on the right. The sky is overcast.

Are closures concentrated in  
particular communities?

13



## Varying trends

Some evidence that declines are more acute in areas with higher concentrations of socially vulnerable populations and in rural areas



Fundamental  
changes *within*  
third places

# Less places to linger

- **Hostile architecture**

- Metal stools
- Bathrooms, outlets, and tables disappeared
- Increased security, barricades, and surveillance

- **Reduced social contact**

- Technology replacing people
- Encourage mobile ordering and drive-thrus

- ***But also, some focused social efforts***

- Coffee shops with signs for no wifi
- Expanded patio seating into streets

Images: <https://www.strongtowns.org/journal/2024/8/2/from-hang-out-to-hurry-why-starbucks-wants-to-redefine-third-place>; <https://isles.org/2021/09/rethinking-public-spaces-during-covid/>



# Evolving trends



Diminishing frequency and therapeutic benefits of third place engagement (e.g., rushed, anxious, afraid)



Reduced opportunities to build and maintain social capital



Rise of online third places



Dual potential to both help and harm



Deep considerations for civic life

# Future directions

How can third places continue to support individual and collective wellbeing?

# Our Epidemic of Loneliness and Isolation

2023



The U.S. Surgeon General's Advisory on the  
Healing Effects of Social Connection and Community



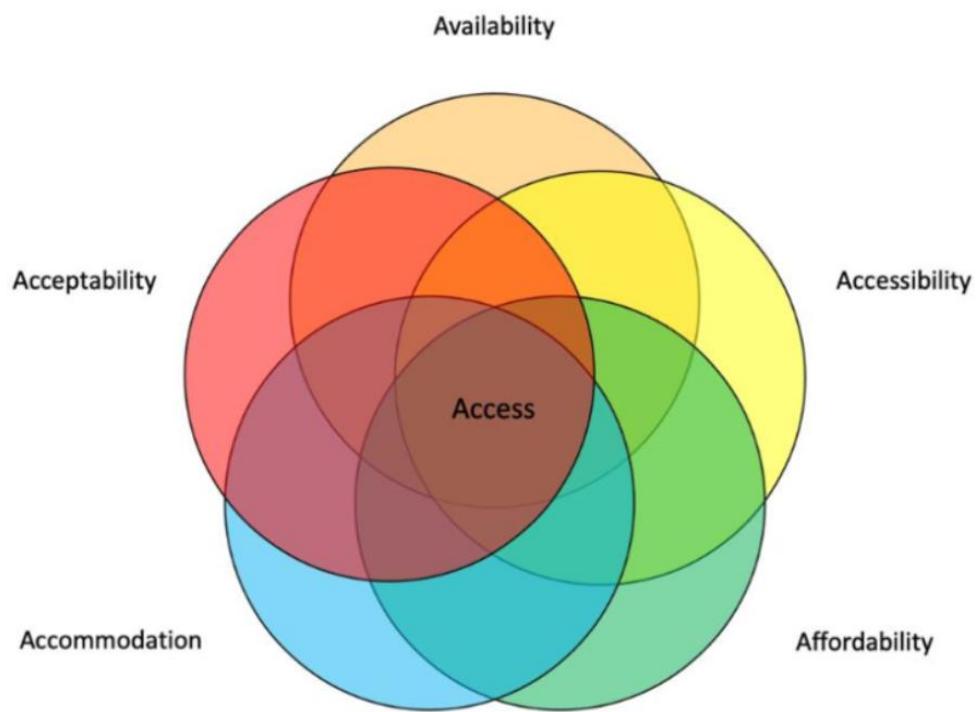
Grow  
recognition

Essential sites to support health  
and wellbeing

Amplify existing strengths

Prioritize new investment and  
support

Strategically frame language and  
evidence



Address broader dimensions of access

20



## Build Supportive Third Places

Investment, support, and expansion

- New, enlarged, well-ventilated gathering and eating areas
- Outdoor educational, artistic, and recreational activities

Thoughtful community gatherings

Bring back social infrastructure

- Seating, tables, bathrooms, lighting
- Reduce surveillance and fortification
- Emphasis on **connection** and **care**



Playful events like the Doggy Con Pet Parade and Costume Contest in Atlanta's Woodruff Park allow people from all walks of life to come together. Photo by Raftermen.



Conversation — whether in person or digital — is one of the main activities of a tl those connections equitable, free and unlimited wi 4 is critical. Photo by Erin Sir



es benefit from convenience and accessibility, whether by car, bike, foot or public transit itis.



Broad Street Boardwalk in Atlanta offers movable furniture, which allows visitors to adapt the space to their own uses and needs. Photo by Justin Chan Photography.



# Thank you!

Dr. Jessica Finlay

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RUTGERS UNIVERSITY

**Hub for Aging Collaboration**

School of Social Work

# 21<sup>st</sup> Century Program Innovations for Aging in Community

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Rutgers School of Social Work, Hub for Aging Collaboration

National Academy of Sciences Webinar | October 8, 2024



# The Age-Friendly Ecosystem

Sectors and Initiatives

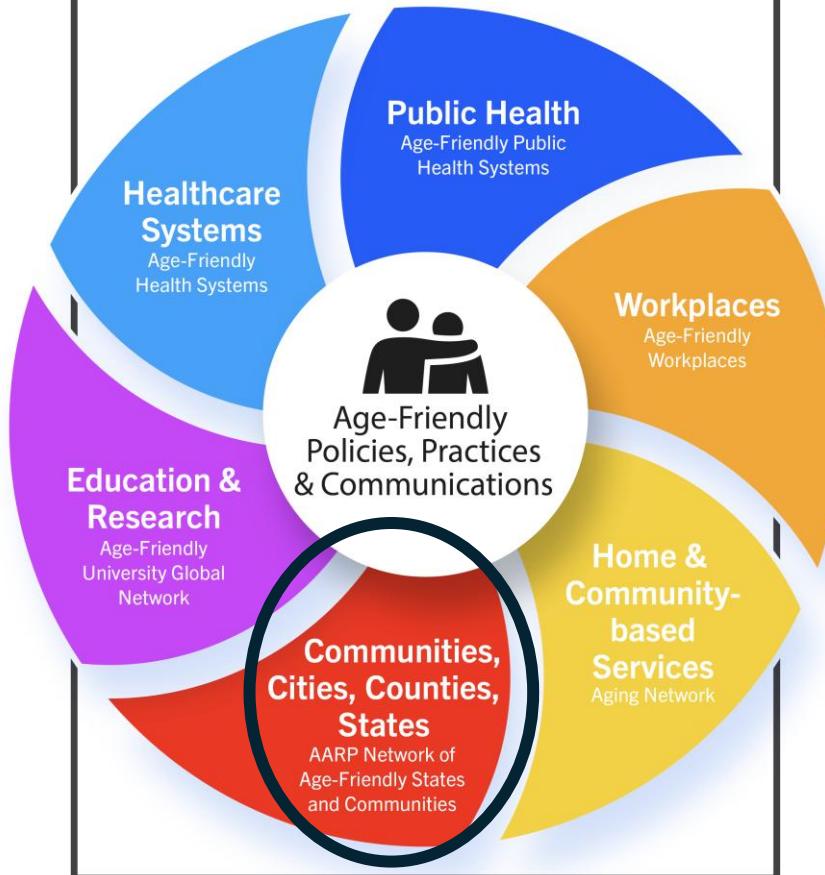


Image Source:  
[Age-Friendly Ecosystem](#)  
Greenfield, E. A., & Black, K. (2025). Principles and approaches for unifying an age-friendly movement. *Generations Journal*. <https://generations.asaging.org/unifying-age-friendly-movement/>

# Intervening at the Community Level

Social Infrastructure



Broad Street Boardwalk in Atlanta offers movable furniture, which allows visitors to adapt the space to their own uses and needs. Photo by Justin Chan Photography.

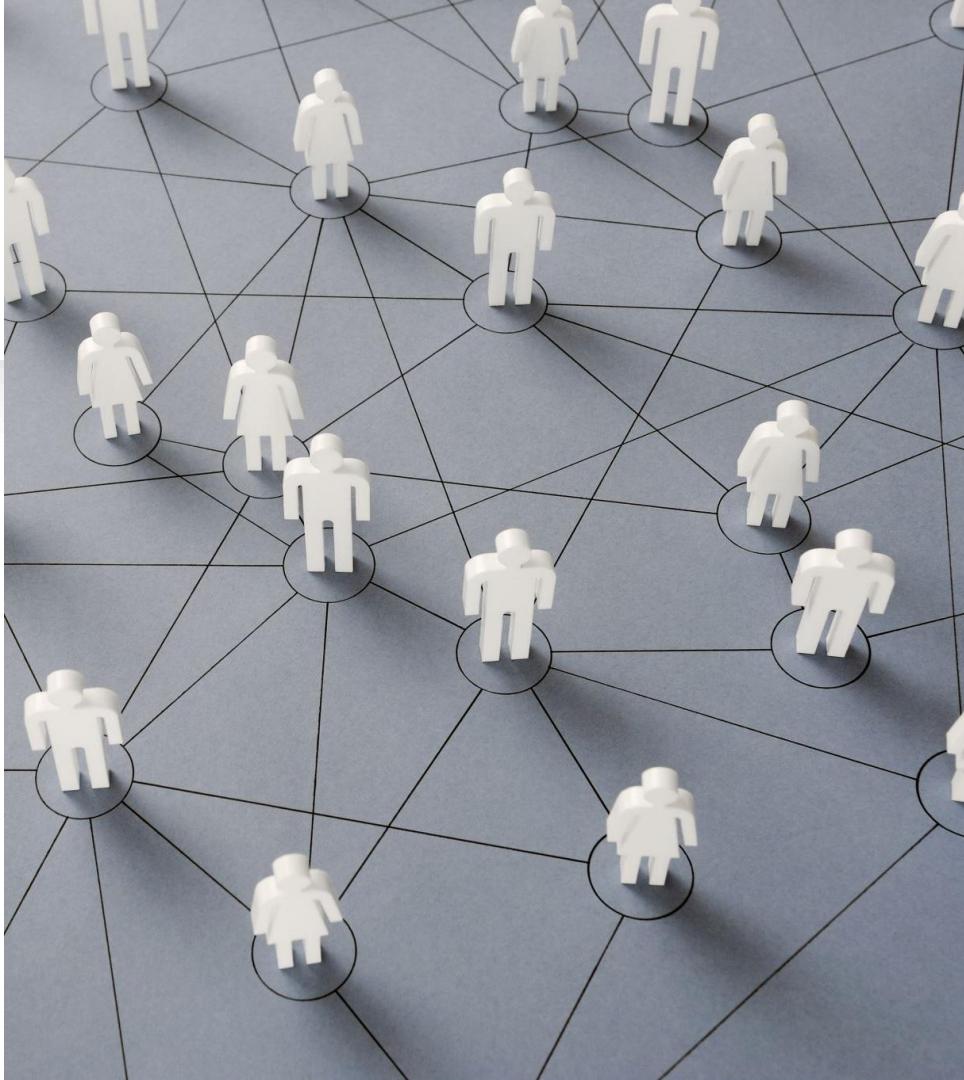
“Social Fabric”



[Photo Bank – Age-Friendly Greater Pittsburgh](#)

# Three Focal Concepts

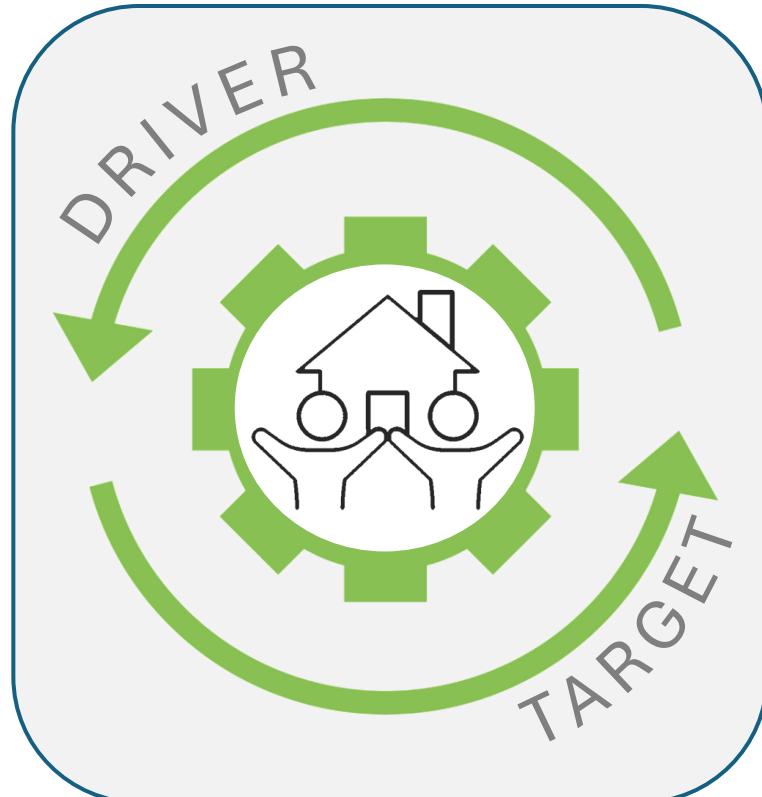
- Community-centered models on aging
- Community-capacity development
- Aging in community



# Community-Centered Models

## CORE PRINCIPLE:

Work with communities as both a *driver and target* for change



## EXAMPLE: PUBLIC HEALTH ENGLAND

- Enhance a community's capacity to change social determinants of health
- Tap community members' networks and information channels
- Encourage multisectoral collaboration
- Facilitate civic engagement as a means for health

Community capacity is the interaction of human capital, organizational resources, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community. It may operate through informal social processes and/or organized effort.

# Levels of Social Agency for Community Capacity

Networks



Organizations



Individuals



Chaskin, R. J. (2001). Building community capacity: A definitional framework and case studies from a comprehensive community initiative. *Urban Affairs Review*, 36(3), 291–323. <https://doi.org/10.1177/10780870122184876>

# Aging in Community

- **Aging in place** (as defined in the first panel presentation): “The ability to live in one’s setting of choice, despite the onset or progression of impaired function”
- **Aging in community:** “People working together can create mutually supportive neighborhoods to enhance well-being and quality of life for older people at home and as integral members of the community.”

Thomas, W. H., & Blanchard, J. M. (2009). Moving beyond place: aging in community. *Generations Journal*, 33, 12-17

GENERATIONS – *Journal of the American Society on Aging*

By William H. Thomas and Janice M. Blanchard

## Moving Beyond Place: Aging in Community

In 1519, the Venetian scholar Antonio Pigafetta was among those who accompanied Captain Ferdinand Magellan on the three-year voyage that became the first known circumnavigation of the earth. During his travels, Pigafetta kept a detailed diary in which he noted that the lifespan of the average Brazilian Indian was between 124 and 140 years (a longevity he attributed to the Indians' retention of what he called a primitive innocence similar to that of the Biblical patriarchs).

The standard for exaggerated claims had been set by Christopher Columbus thirty years earlier. In one of the explorer's early letters, he gushed over the seemingly limitless supply of food available in the New World, calling it “a veritable Cockaigne,” or land of plenty.

Such observations were welcomed by rich and poor alike because they offered hope at a time when few people lived past the age of 40

### *The search for an alternative to the false choice between institutionalization and an idealized vision of 'home.'*

and devastating famines were a common occurrence. Pervasive scarcity, back-breaking labor, and the prospect of early death led people to imagine a land where food and good health came effortlessly—to everyone. They dreamed of a utopia called Cockaigne, in which there was no need to work, the streams ran with water that restored the full bloom of youth, and the houses were roofed with meat pies.

Today, of course, the fanciful legends of Cockaigne can seem juvenile and might make it

easy for us to believe that we have outgrown the need to console ourselves with imagined utopias. But such is not the case, certainly for many people growing old now.

#### **Today's Fear: Old Age in an Institution**

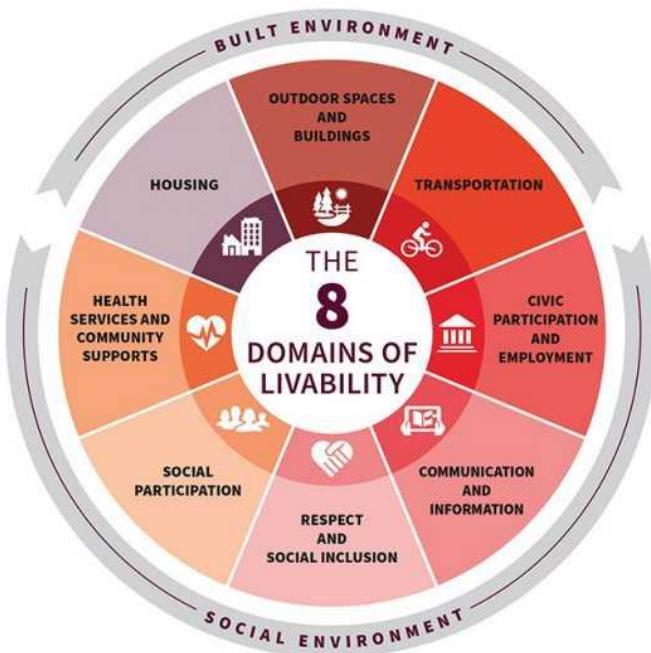
The paradox of modern societies is that they provide the stability and affluence that enable many people to grow old, all the while denying older people a suitable role within the social order. Old age does not occur in a vacuum. How we define, experience, and perceive old age is influenced by a number of complex and interrelated factors that include social policies, politics, demographics, economics, and cultural values, as well as class, gender, and race/ethnicity (Estes, 2001). While theories of aging evolve over time within gerontology, it is apparent that social policy and public opinion are often slow to catch up. In public discourse and policy, aging is still

largely defined by a biomedical perspective that emphasizes dependency, loss, and decline (Estes, 2001). Not surprisingly, the proposed solutions are rooted in the same soil. As a

consequence, more than 70 percent of long-term-care dollars are spent on skilled nursing facilities, or nursing homes, that conform to the medical model (Estes, 2001).

At the beginning of the past century, an American could reasonably expect to die at home, surrounded by loved ones and consoled by the most familiar of surroundings. Today, most older adults die in unfamiliar and impersonal hospital and nursing home environments. While a relatively small percentage of older adults find

# AGE-FRIENDLY COMMUNITY INITIATIVES



<https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>

# THE VILLAGE MOVEMENT

A LITTLE HELP

about us how we help support us events & programs receive help volunteer contact us

calendar donate login

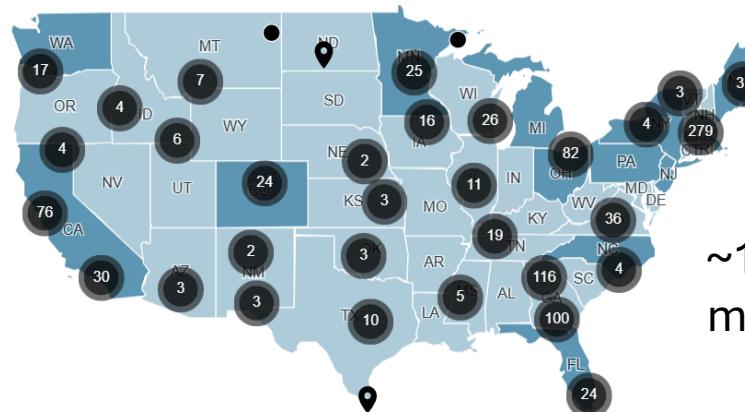
CARE & GIVE & HELP. IF I CAN.

SERVICE SATURDAY

CLICK HERE TO LEARN MORE

<https://alittlehelp.org/>

# Overview of Age-Friendly Communities

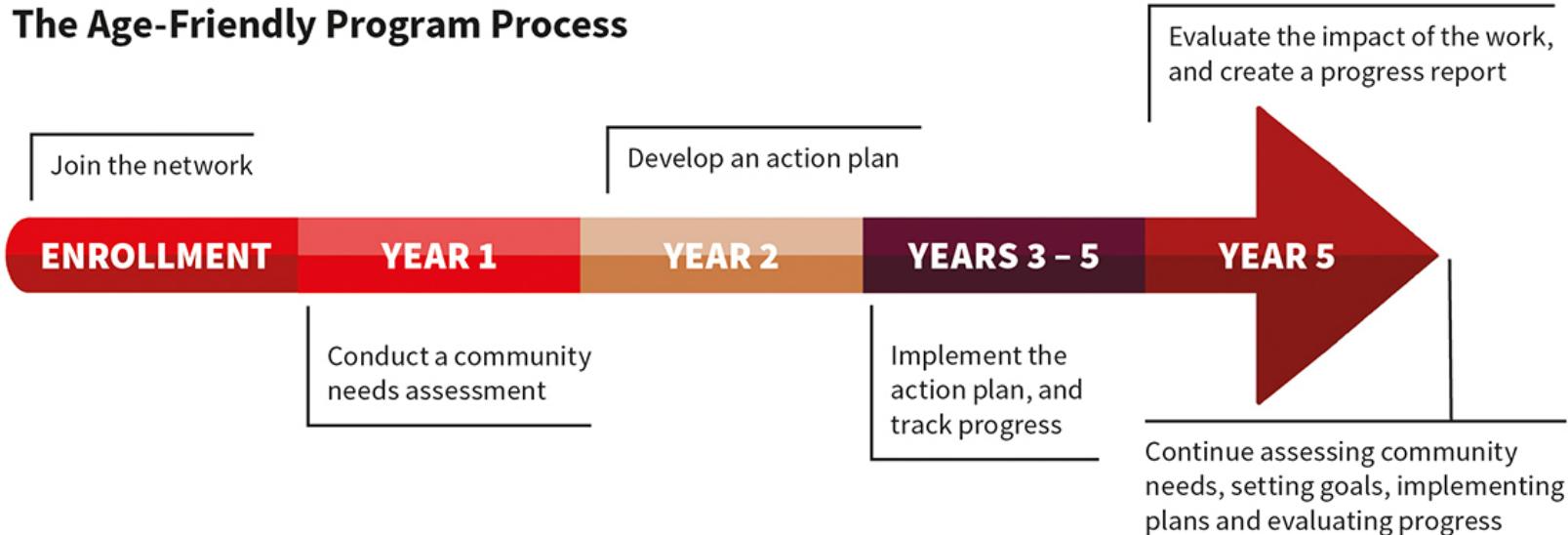


~1,000  
members

<https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/getting-started.html?msockid=1f343d958875673a02f42c9589126620>

# Age-Friendly Community *Initiatives*

## The Age-Friendly Program Process



# Research Insights About Age-Friendly Communities



## Key Insights



[Read More](#)

**AFC initiatives are part of the civic “muscle” of a community.**

Age-friendly community work is fundamentally oriented to improving communities. The individuals and



[Read More](#)

**Age-friendly community work is community capacity building work.**

Individuals, groups, and networks drive age-friendly work forward. While technical skills like working with data



[Read More](#)

**Functions and forms matter.**

Recognizing older adults as a large and diverse population group, and especially when considering age at the intersection of other social positions (e.g., race/ethnicity, socioeconomic, gender, etc.).

- Planning is important, but community capacity building is key
- Emphasis on public-private-civic partnerships
- Embedded within age-friendly efforts of higher-systems levels

# Overview of The Village Movement



- Typically membership organizations
- Community events, volunteer services, community linkages
- Older adults as leaders and contributors



~350  
operational  
Villages

[https://www.facebook.com/beaconhillvillage/?locale=en\\_GB](https://www.facebook.com/beaconhillvillage/?locale=en_GB)



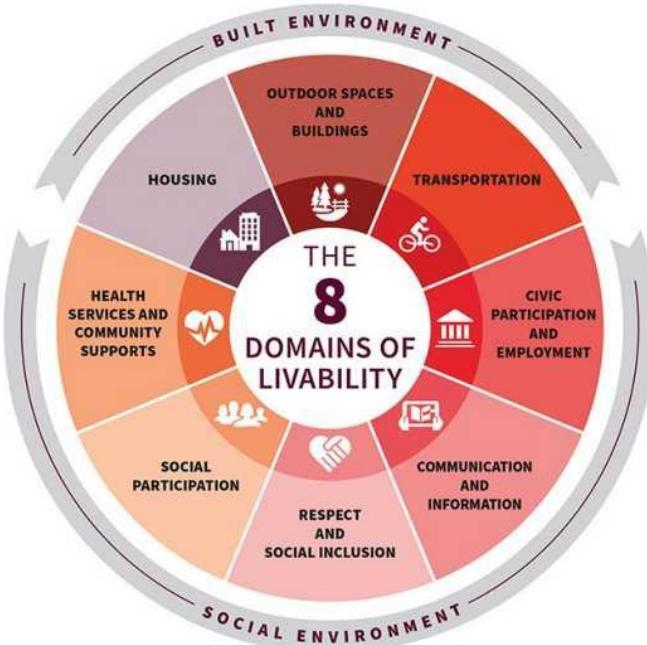
[https://www.vtnetwork.org/content.aspx?page\\_id=1905&club\\_id=691012](https://www.vtnetwork.org/content.aspx?page_id=1905&club_id=691012)

# Emerging Research Insights about Villages

- Villages are a type of community-based organization on aging that range in size, scope, and administrative set-up
- Villages likely promote a variety of health outcomes (physical, emotional, cognitive) through various mechanisms, but especially through social connection and in person-centered ways
- Villages require time and resources for their start-up and sustainability

# Two National Program Innovations for Aging in Community

## AGE-FRIENDLY COMMUNITY INITIATIVES



<https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>

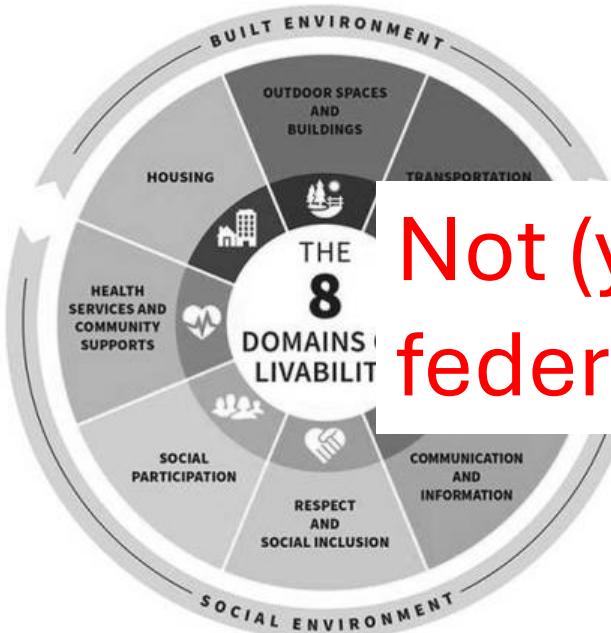
## THE VILLAGE MOVEMENT

The website for "A LITTLE HELP" features a header with a logo of a house with a chimney, followed by the text "A LITTLE HELP" and a navigation menu with links to "about us", "how we help", "support us", "events & programs", "receive help", "volunteer", and "contact us". Below the header is a large photograph of a group of six volunteers standing in a backyard, holding red signs that read "Care & Give & Help, I'm 10". A text overlay "SERVICE SATURDAY" is overlaid on the photo, with arrows pointing to the right. In the bottom right corner of the photo, there is a blue button with the text "CLICK HERE TO LEARN MORE".

<https://alittlehelp.org/>

# Two National Program Innovations for Aging in Community

## AGE-FRIENDLY COMMUNITY INITIATIVES



Not (yet) part of our  
federal infrastructure

<https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>

## THE VILLAGE MOVEMENT



<https://alittlehelp.org/>

# State & Local Policy Innovation



The screenshot shows a web browser window for the Local MPA Grant Program. The URL is <https://mpa.aging.ca.gov/LocalMPAGrantProgram/Index>. The page features a blue header with the text "Explore Master Plan for Aging Resources". On the left, there is a logo for "CALIFORNIA ALL" with a blue and orange circular design. The main content area has a dark blue background with the text "Local MPA Grant Program" and "MASTER PLAN FOR AGING" in white. Below this, there is a photograph of a diverse group of people (an elderly couple, a young man, a woman, and a child) sitting together. At the bottom left, a yellow box contains the text "Partnering with California Communities". At the bottom right, another yellow box contains the text "Local Aging & Disability Action Planning Grant Program". Below these boxes, a paragraph explains the LADAP program's alignment with California's Master Plan for Aging.

Local MPA Grant Program

MASTER PLAN FOR AGING

Partnering with California Communities

Local Aging & Disability Action Planning Grant Program

The Local Aging & Disability Action Planning (LADAP) grant program of the California Department of Aging (CDA) provided over \$4 million to 20 organizations, representing 30 communities, to develop local age- and



**Position Title: Program Manager**  
**Virginia Villages: Aging Well in Community Pilot Program**

**Position Overview:**

The Virginia Villages Collective (VVC) and Washington Area Villages Exchange (WAVE) are seeking a dynamic, experienced Program Manager to lead a groundbreaking pilot program to scale the expansion of aging-in-community Villages in Virginia. Expansion is being pursued along two tracks: 1. building the capacity and sustainability of existing Villages through a grant program; and 2. providing guidance and assistance to local groups for developing new Villages in underserved areas. A Village is a community-based, local non-profit organization that relies on volunteers to help older adults age in their homes and communities. The ideal candidate will have strong project management skills and experience, a record of successfully leading community-based initiatives, and the ability to maintain and build strategic partnerships with diverse stakeholders. This independent contractor position is funded through a one-year appropriation from the Virginia Department of Rehabilitative Services (DARS), but there is a likelihood that funding will continue for another two years at a level to be determined. For more information about VVC and WAVE as well as the organizational context for this project, please see the addendum to this job description.



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THANK  
YOU



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