

**Alexandria Commission on Aging Minutes  
January 8, 2015**

**Members Present:** Bob Eiffert , Jan Macidull, Mary Lee Anderson, Charles Bailey, Alan Dinsmore, Sean Dunbar, Cedar Dvorin, Anestacia Graham, David Kaplan, Pat Killeen, Michael Kreps, Dan Kulund, Annmarie Pittman

**Members Excused:** Carol Downs, Joan Dodaro, Ben Kellom, Jane King, Mary Parker, Del Pepper, Marjorie Vanderbilt

**Members Unexcused:** Elisabeth Palmer Johnson

**Liaisons Present:** Vanessa Greene, Charles Houston Senior Center; Kathryn Toohey, St. Martins Senior Center; Margaret Orlando, Recreation, Parks and Cultural Activities; Mitch Opalski, Arlington Commission on Aging; Ian Torrance, Police Department

**Staff Members Present:** Terri Lynch, Debbie Ludington and JoAnn Callender, Division of Aging and Adult Services; Carrie Redden, Division of Children and Families

**Guests Present:** Amber Nightingale, AARP Virginia

1. Call to order: 4:03 PM by Chairman Bob Eiffert.
2. Opening:
  - A. Introduction of Interim Director of Aging and Adult Services: Terri Lynch, who recently retired as head of Arlington County's counterpart agency serving aging and adults.
  - B. A thank you note from former director, Mary Ann Griffin, circulated.
3. Approval of November Minutes: Approved as written.
4. Special Presentation: *Age Friendly Communities*, Amber Nightingale, Associate Director, AARP Virginia; - see attached
  - A. This presentation explained AARP's national program, "Network of Age Friendly Communities," involving selected (Age-Friendly) villages, towns and counties throughout the United States.
  - B. The program's goals:
    - 1) To serve as a catalyst for educating, encouraging, promoting and recognizing the improvements that make cities, towns and counties more supportive—of older residents *and* people of all ages.
    - 2) To provide America's cities, towns, counties and even states with the age-friendly resources they need by tapping into national and global research models and best practices.

- 3) To leverage and enhance AARP's existing and extensive work in community outreach, advocacy and livable communities.
  - 4) To engage locally in order to improve the lives of AARP's more than 37 million members – and everyone 50+.
- C. **History:** begun by the World Health Organization in 2006 with 33 cities around the world. Focuses on eight built and social environmental “domains” by which a community is assessed for its age-friendliness. Domains: Outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; community support and health services.
- D. **How to participate:** Communities in the U.S. apply to AARP for inclusion and are approved by WHO for participation in the five year program. Steps: 1. Entering the Network; 2. Planning Phase (years 1-2); 3. Implementation and Evaluation (years 3-5); 4. Continuous cycle of improvements (years 5+).
- E. No cities in Virginia have applied yet. Discussion: Should Alexandria?
- 1) What would be the value of this for Alexandria?
  - 2) What would be the monetary and human resource costs for Alexandria participating? Facing a tight budget, the Mayor's office may be reluctant to take on anything with significant costs. Is there a comparable community already involved in this with whom we could talk?
  - 3) How would this relate to the Commission's priority work on the Strategic Plan for Aging which is completed in 2017? Could this be a transitioning program?
  - 4) Are there prescriptive criteria under each of the “Livability Domains?”
- F. **Motion passed:** To pursue exploring the feasibility of participating in this program, within given Commission and City financial and staff resources.
- G. **COA Next Steps:** 1. Commission Task force will be led by Jane King and include Mary Lee Anderson, Bob Eiffert, Anestacia Graham, and Pat Killeen. 2. Check out what had been started by MaryAnn Griffin with Carol Layer. 3. Look at the Strategic Plan for Aging to see areas of overlap and difference. 4. Work with Amber to find other communities like ours that are participating – identify \$ and human resource costs of participation. 5. Meet with the Mayor's Office to explain the program's goals, value, costs, and timing. 6. If approved, prepare and submit application through Amber.
5. **Special Presentation:** *Northern Virginia Regional Suicide Prevention Plan: How to Engage Older Adults*, Carrie Fesperman Redden, Youth Development Team Leader, Department of Community and Human Services. - see attached
- A. **Overview:** In July 2014, State Department of Behavioral and Mental Health Services provided money to develop and implement regional plans within 6 months. Our region's plan was approved in October, with the region receiving \$110K for implementation. Lead for our region: Partnership for a Healthier Fairfax with community feedback through surveys and Alexandria stakeholder

meeting. (Note: 200 of 800 surveys received came from Alexandria.) Plan is based on National Strategy for Suicide Prevention.

- B. Four strategic directions cut across all age spans: Health and Empowered Individuals, Families and Communities; Clinical and Preventive Services; Treatment and Support Services; and Data, Research, and Evaluation.
  - C. Next steps: identify priorities and short-term goals for next 1-3 years; outreach to additional stakeholders; form a Regional Suicide Prevention Planning Team to support implementation; form an Alexandria Suicide Prevention Planning Team to guide and prioritize implementation.
  - D. Will focus on short-term priorities, given the one year implementation and limited staffing. Commission members may have role in two groups being formed: regional planning team; Alexandria team. Contact Carrie with ideas and to be involved.
  - E. Important they connect with Rhonda Williams who does mental health for older adults through DAAS. Bob Eiffert noted the largest group of successful suicides is among older white men, using firearms. 66% of women tend to be self-harmers. About a third of suicides involved substance abuse.
  - F. Officer Torrance described the “Crisis Intervention Team” training received by Alexandria Police Department officers, designed to deal with high intensity crisis situations such a potential suicide.
  - G. Mental Health First Aid Classes are being held monthly and are available to groups on request.
  - H. COA Next Steps: Invite Rhonda Williams to provide overview of Alexandria’s mental health services for the elderly; include information about suicide prevention among the elderly in the Alexandria Times “Senior Corner” during September (Older Adult Mental Health Month).
6. MOTOS (Dan Kulund, M.D.): Dan explained, demonstrated and then had the group participate in “Leg Energizers and Deep Vein Thrombosis (DVT) Preventor” exercises, developed by him for use by Air Force personnel during long meetings and on long trips/flights. - see attached

## 7. Committee Reports

A. Executive Committee: (Bob Eiffert’s report accompanied today’s Agenda)

B. Housing Committee (Jan Macidull)

- 1) The December meeting included a year-end review of the Committee’s written Plan, establishment of 2015 meeting dates and location, and preliminary discussion of 2015 proposed priorities and actions.
- 2) The Plan includes Committee responsibilities outlined in the Commission’s Bylaws and the Strategic Plan for Aging.
- 3) The 2015 Plan will be presented to the Commission in February or March.

C. Advocacy (Bob Eiffert)

- 1) NVAN was represented by Bob at the State Budget Hearing yesterday.
- 2) Next focus: 2016 Alexandria City Budget. Bob noted that, for the next 5 years, Alexandria will experience a “systematic imbalance” causing deficits. The commercial vacancy rate is much high than expected. Businesses want to cut back on space. Defense contract cutbacks may also be contributing. A major capital expenditure mandated by EPA is the improvement of our storm water management program.

D. Communications (Carol Downs report accompanied today’s Agenda)

E. Transportation (Dan Kulund)

- 1) Alan Dinsmore described the travel training – “Travel Options for People who want to Travel More” -- that will take place 9:30AM, February 11 at Beatley Library. DASH personnel and a DASH bus and trainer will be onsite.
- 2) Transportation Camp is being held at the Arlington Campus of George Mason University this Saturday.
- 3) There will be a Pedestrian/Bicycle Master Plan meeting again this month. Dan and Molly Danforth (ACPD) are committee members.

F. Economic Development (Mary Lee Anderson) The Committee (Mary Lee, Jane, Joan and Sean) is scheduled to meet next week.

8. Liaison Announcements

- A. St. Martin de Porres has returned to its facility following extensive damage from a lightning strike.
- B. Charles Houston: Revisiting the fee policy with the Department of Recreation, Parks, and Cultural Activities requires involvement of Kate Garvey. Debbie is optimistic.
- C. Senior Services of Alexandria: January 17<sup>th</sup> Caregiver Support program at Immanuel Church on the Hill. Carol Downs will present for AARP. (Note: the Northern Virginia Ombudsmen site has a list of questions related to care giving.)
- D. Alexandria Commission on Persons with Disabilities (Mary Parker): Chuck Benaugh is resigning, to move to Fairfax County. ACPD will address the Alexandria Memory Care proposal at its January meeting.
- E. Department of Recreation will be issuing new program publicity shortly.
- F. DAAS (Terri Lynch):
  - 1) Terri has been asked to participate with the Affordable Housing Advisory Committee re. the Goodwin House and Woodbine Memory Care projects.

- 2) 2016 Budget: City Manager staff is pleased with the performance measures submitted by DAAS for the upcoming budget. All departments are being asked to propose 2% cuts.
  - 3) Senior Taxi: Debbie reported the program came in under budget in 2014 but is catching up as marketing increases. Over 60 new riders were added recently.
  - 4) CMS is doing a webinar on rating hospitals, home health care, and nursing homes at 2:30 on February 12. The link will be sent.
  - 5) The free Glenn Campbell movie on his journey with Alzheimer's' will be shown January 28<sup>th</sup> at the First Baptist Church.
- G. Human Rights (Michael Kreps): As relates to the Commission's priorities, this Commission is advocating for affordable housing. Its major focus is on diversity.

9. Adjournment: 5:50

Minutes prepared by Jan Macidull

**AARP** Network of Age Friendly Communities  
Real Possibilities



**Amber Nightingale**  
Associate State Director  
AARP Virginia

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We're entering a time of **profound and permanent change** to the demographic composition of the United States.



Every day, 10,000 boomers turn 65.



By 2030 the U.S. will have **twice as many** people over the age of 65 as we have today.

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Survey after survey finds that **today's older adults want to remain in their homes.**



86% of adults ages 65+ agree or strongly agree with the statement "What I'd really like to do is stay in my current residence for as long as possible."



But **most houses haven't been designed to adapt.** In fact, American homes have traditionally been designed and built for **able-bodied 35 year olds.**

Source: AARP Home and Community Preferences of the 65+ Population, 2011

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Survey after survey finds that **today's older adults want to stay in their community.**

**85%**  
of adults ages 45+ agree or strongly agree with the statement: "What I'd really like to do is stay in my current community for as long as possible."

Source: AARP Issue and Community Preferences of the 50+ Population, 2008



For the past 50 years, communities have developed around cars and other motor vehicles as our principal form of transportation.

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**AARP Livable Communities**



Cars, bicycles, pedestrians and public transportation can safely coexist.

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**Why Create the AARP Network of Age-Friendly Communities?**

- To serve as a catalyst for educating, encouraging, promoting and recognizing the improvements that make cities, towns and counties more supportive — of older residents *and* people of all ages
- To provide America's cities, towns, counties and even states with the age-friendly resources they need by tapping into national and global research, models and best practices
- To leverage and enhance AARP's existing and extensive work in community outreach, advocacy and livable communities
- To engage locally in order to improve the lives of AARP's more than 37 million members — and everyone 50+

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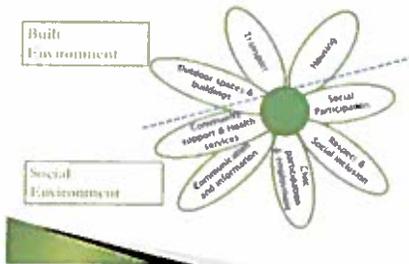
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### The 8 Domains of Livability and the AARP Network of Age-Friendly Communities



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### The Benefits of Membership in the AARP Network of Age-Friendly Communities

- Opportunities to encourage local residents, businesses and other nonprofit groups to play an active role
- Connections to global and national networks of participating communities as well as aging and civil society experts
- Access to news, information and guidance about best practices, models, results and challenges in the age-friendly movement
- Opportunities for partnership with other communities, both domestic and international
- Mentoring, assessments and peer review evaluation by experts and member cities and towns
- Recognition by AARP and the World Health Organization of the community's commitment to become more age-friendly

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### Criteria for Membership in the AARP Network of Age-Friendly Communities

1. The mayor or community chief executive requests membership from AARP and commits to meeting the World Health Organization's criteria
2. AARP advises WHO of the community joining the AARP Network and receives membership in WHO Global Network
3. Within 24 months the community establishes a robust and concrete plan of action that responds to the needs and wants identified by older adults
4. The community commits to measuring activities, reviewing plan outcomes and reporting on them publicly
5. The community has three additional years to implement, plan and submit a report to AARP and WHO that outlines tangible and meaningful progress against action plan indicators

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### The Member List AARP Network of Age-Friendly Communities

Here are just a few of our members!

<b>ARKANSAS</b> Fayetteville	<b>IOWA</b> Des Moines	<b>OREGON</b> Portland
<b>COLORADO</b> Denver	<b>KANSAS</b> Wichita	<b>PENNSYLVANIA</b> Philadelphia
<b>DISTRICT OF COLUMBIA</b> Washington, D.C.	<b>MASSACHUSETTS</b> Boston	<b>TEXAS</b> San Antonio
<b>GEORGIA</b> Atlanta	<b>MICHIGAN</b> Highland Park	<b>VERMONT</b> Newport City
<b>HAWAII</b> Honolulu	<b>MISSOURI</b> St. Louis County	<b>When will your community join?</b>
	<b>NEW YORK</b> New York City	<b>See the complete list at</b> <a href="http://aarp.org/agefriendly">aarp.org/agefriendly</a>

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**LIVABLE COMMUNITIES**  
Great Places for All Ages

To learn more, please visit  
[www.aarp.org/agefriendly](http://www.aarp.org/agefriendly)  
**Questions?**  
**Amber Nightingale**  
AARP Virginia  
[anightingale@aarp.org](mailto:anightingale@aarp.org)  
571-217-7043

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# Network of Age-Friendly Communities

Real Possibilities

An Introduction

## NETWORK PROFILE

The AARP Network of Age-Friendly Communities consists of villages, towns and counties throughout the United States. The Network is expanding regularly as additional communities make the commitment to become age-friendly. AARP advances efforts to help people live easily and comfortably in their homes and communities, and it encourages older residents to take an active role and have their voices heard.

## EIGHT DOMAINS OF LIVABILITY

AARP's Network of Age-Friendly Communities targets improvements that influence the health and quality of life of older adults:

- 1. Outdoor spaces and buildings**  
Availability of safe and accessible recreational facilities
- 2. Transportation**  
Safe and affordable modes of private and public transit
- 3. Housing**  
Range of housing options for older residents, the ability to age in place and home-modification programs

#### 4. Social participation

Access for older adults to leisure and cultural activities, and opportunities for social and civic engagement with both peers and younger people

#### 5. Respect and social inclusion

Programs to promote ethnic and cultural diversity, as well as multigenerational interaction and dialogue

#### 6. Civic participation and employment

Paid work and volunteer activities for older adults, and opportunities to engage in the creation of policies relevant to their lives

#### 7. Communication and information

Access to technology that helps older people connect with their community, friends and family

#### 8. Community support and health services

Access to homecare services, health clinics and programs that promote wellness and active aging

## LEARN MORE!

[AARP.org/agefriendly](http://AARP.org/agefriendly)

[AARP.org/livable](http://AARP.org/livable)



Virginia

Enrolled communities: 0

Total state population: 8,260,405  
age 65+ (2013 estimate): 13.4%  
age 60+ (2030 estimate):23.4%

Persons per square mile: 203

City of Alexandria: 148,892

## QUESTIONS? Contact Amber Nightingale,

AARP Associate State Director, Virginia

PHONE: 571-217-7043

EMAIL: [anightingale@aarp.org](mailto:anightingale@aarp.org)

# AARP® Network of Age-Friendly Communities

Real Possibilities

The Program Cycle

## Step 1: ENTERING THE NETWORK

The AARP Network of Age-Friendly Communities serves as a catalyst to educate, encourage, promote and recognize improvements that make communities supportive for residents of all ages. The network provides U.S. cities, towns and counties with the resources to become more age-friendly by tapping into national and global research, planning models and best practices.

## Step 2: PLANNING PHASE (Years 1 - 2)

This phase has four key elements:

- The establishment of mechanisms to involve older people throughout the age-friendly community cycle
- A baseline assessment of the community's age-friendliness
- The development of a three-year community-wide action plan based on the assessment
- The identification of indicators for monitoring progress

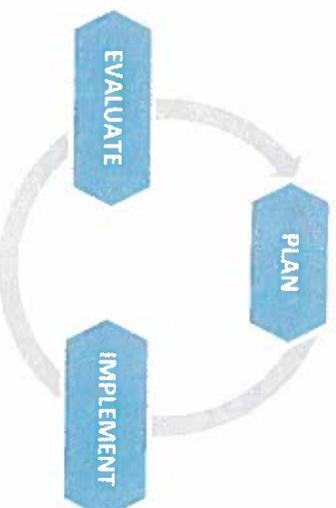
This phase is completed when an action plan is submitted to the World Health Organization (WHO) for review and endorsement.

## Step 3: IMPLEMENTATION & EVALUATION (Years 3 - 5)

No later than two years after joining the AARP Network of Age-Friendly Communities, a community needs to submit its action plan to AARP for review and endorsement. Upon endorsement and recommendation to the WHO by AARP, a community begins a three-year period of implementation. At the end of this period the community is required to submit a progress report to AARP outlining its progress against the indicators developed in the Step 2: Planning Phase.

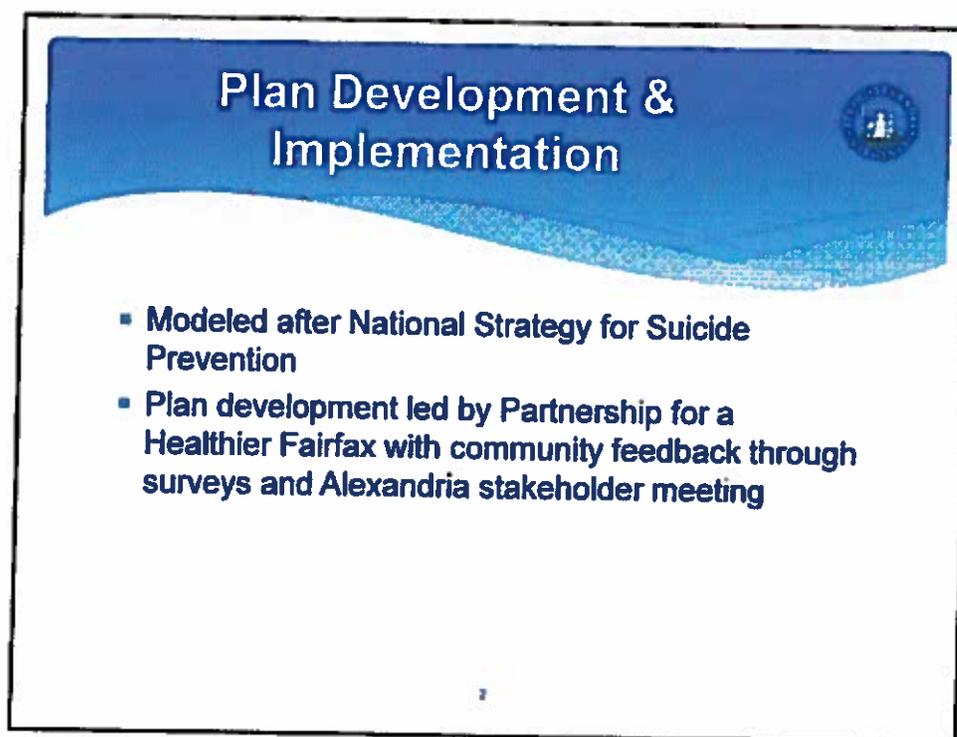
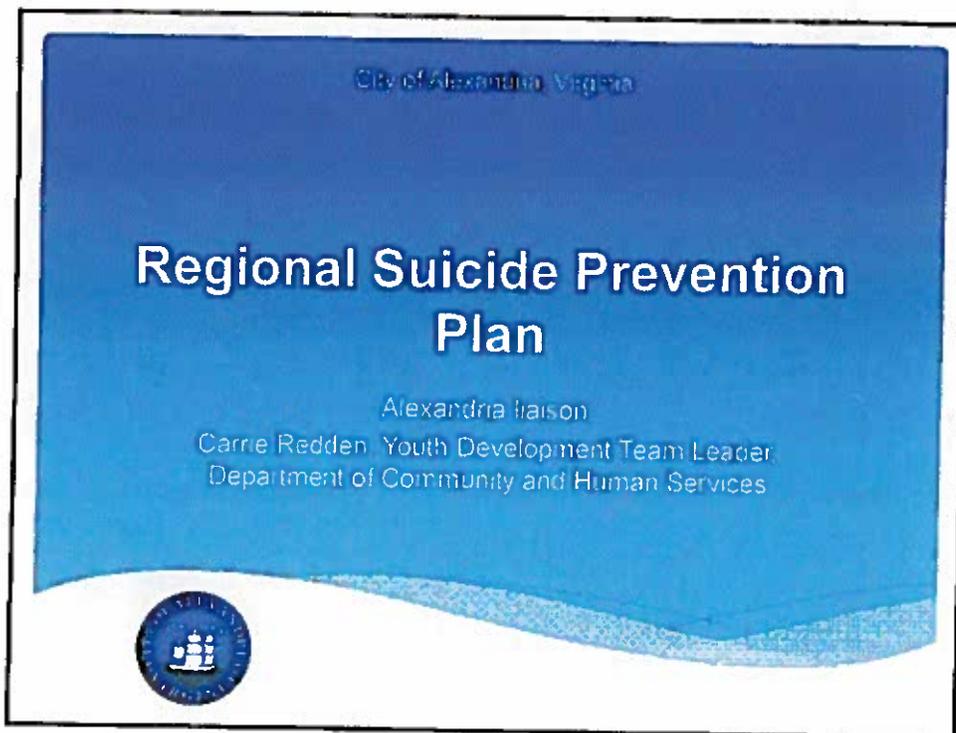
## Step 4: CONTINUOUS CYCLE OF IMPROVEMENTS (Years 5+)

At this point a community is able to continue their membership by entering into further implementation cycles.



## AARP NETWORK OF AGE-FRIENDLY COMMUNITIES MEMBER BENEFITS

- Organizational guidance from national experts
- Streamlined admission into the World Health Organization's age-friendly network
- Resources for identifying and developing assessment and survey tools
- Information about identifying and developing community-success criteria
- Strategies for identifying and developing ways to monitor progress
- Access to a network of communities and best practices
- Access to a volunteer network of support
- Access to evaluation tools
- Invitations to organized trainings and networking events
- Resources at AARP.org/livable and AARP.org/agefriendly
- Support and guidance from AARP
- Recognition by AARP and others



## Four Strategic Directions



- **Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities**
- **Strategic Direction 2: Clinical and Community Preventive Services**
- **Strategic Direction 3: Treatment and Support Services**
- **Strategic Direction 4: Data, Research, and Evaluation**

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## Next steps



- **Identify priorities and short-term goals for the next 1-3 years**
- **Outreach to additional stakeholders**
- **Form a Regional Suicide Prevention Planning Team to support implementation**
- **Form an Alexandria Suicide Prevention Planning Team to guide and prioritize implementation**

Interested? Contact me at:

[Carrie.Redden@alexandriava.gov](mailto:Carrie.Redden@alexandriava.gov) or 703.746.3436

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Northern Virginia Regional Suicide Prevention Plan  
 Notes on Implementation – Priorities, Partners & Next Steps

Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities			
Goal	Strategy	Short-term Priority	Key stakeholders
Goal 1. Integrate and coordinate suicide prevention activities across multiple sectors and settings.	1.1. Create an ongoing team or organization to coordinate suicide prevention efforts and manage and support implementation of the plan.	1.1. Short-term priority <i>Initiative should be implemented regionally.</i>	ACPS Vets groups CrisisLink American Red Cross Sheriff's Office
Goal 2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.	2.1. Implement public education campaigns as a part of a coordinated and multi-faceted strategy designed to achieve one or more of the following outcomes: <ul style="list-style-type: none"> <li>• improve suicide risk recognition;</li> <li>• increase awareness of resources available for individuals who need help;</li> <li>• increase help-seeking behavior; and</li> <li>• reduce stigma of mental illness.</li> </ul> Include social media and a web presence in the communications plan.	2.1. Short-term priority <i>Initiative should be implemented regionally.</i>	2.1. Anti-Stigma Mental Health HOPE Campaign ACPS Crisislink Josh Anderson Foundation Jason Foundation, Inc Dominion Hospital ARHA Give an Hour (Vets.org) American Red Cross Sheriff's Office <i>*There are lots of resources in place particularly for youth that we can build on including the Jason Foundation, Action Alliance for Suicide Prevention, More Than SADD, CAREING through Crisislink. Concern that less exists for other at-risk populations. **This could also be an opportunity for City leaders to talk about suicide/mental health</i>
	2.2. Implement messaging that focuses on ways to enhance protective factors and assets that increase resilience.		2.2. Give an Hour (Vets.org) American Red Cross Sheriff's Office
	2.3. Promote the messages of suicide attempt survivors and individuals living with and recovered from mental illness.		2.3. ACPS Give an Hour (Vets.org) American Red Cross Sheriff's Office

**Northern Virginia Regional Suicide Prevention Plan  
Notes on Implementation – Priorities, Partners & Next Steps**

<p>Goal 3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.</p>	<p>3.1. Educate providers on strategies grounded in evidence and sound theory, as well as on strategies that have been proven ineffective and/or harmful.  3.2. Incorporate elements of resilience development and mental health into school curricula.</p>	<p>3.1. Short-term priority  3.2. Short-term priority</p>	<p>3.1. Partnership for a Healthier Alexandria Give an Hour (Vets.org) American Red Cross  3.2. Crisislink DCHS (YMHFA &amp; MHFA) ACPS just retrained counselors on threat assessment. Possibility of training nurses and others on YMHFA. PBIS beginning to build at elementary and middle schools. Connections with FACE Center? Give an Hour (Vets.org)</p>
	<p>3.3. Promote speakers bureaus of individuals and organizations competent to speak on resilience and suicide prevention.</p>	<p>3.3. Intermediate priority</p>	<p>3.3. AFSP Give an Hour (Vets.org) American Red Cross Sheriff's Office  <i>*This should also include social media</i></p>
<p>Goal 4. Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.</p>	<p>4.1. Promote responsible media coverage of suicides.  4.2. Promote responsible entertainment industry portrayals of mental illness and suicide.</p>	<p>4.1. Intermediate priority  <i>Initiative should be considered for regional implementation.</i></p>	

Northern Virginia Regional Suicide Prevention Plan  
 Notes on Implementation – Priorities, Partners & Next Steps

Strategic Direction 2: Clinical and Community Preventive Services			
Goal	Strategy	Short/Med Priority	Key stakeholders
Goal 5. Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.	5.1. Incorporate strategies for building resilience into existing programming.	5.1. Short-term priority	5.1. Some work already underway. Children Youth and Families Collab Commission, Youth Master Plan ACPS - Curric & Instruction Parks and Rec American Red Cross Sheriff's Office
	5.2. Implement teen gatekeeper training and other peer help/support programs (for any age).		Key question – what existing programming and services can we incorporate these strategies into?
Goal 6. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.	5.3. Implement programs, policies, and systems – in multiple sectors – that focus on the following outcomes and issues: <ul style="list-style-type: none"> <li>• Increased resilience and coping skills</li> <li>• Increased stress reduction and management</li> <li>• Improved physical health and wellness</li> <li>• Reduced bullying</li> <li>• Improved classroom management and provider response</li> <li>• Decreased alcohol and other drug use</li> <li>• Increased individual and community connections (decreased isolation)</li> </ul>	5.3. Short-term priority	5.3. SAPCA Mayor's Campaign to End Bullying Partnership for a Healthier Alexandria ACPS American Red Cross Sheriff's Office  <i>Much of this work is underway through DCHS and ACPS for youth. What other areas in community do we need to focus on?</i>
	6.1. Train providers in assessing and addressing access to lethal means for at-risk individuals. Work with firearms sellers and safety training providers to address safety issues and suicide prevention.	6.1. Short-term priority	6.1. Give an Hour (Vets org) American Red Cross Sheriff's Office
	6.3. Reduce access to suicide "hotspots" (locations that provide a direct means for suicide or	<i>Initiative should be considered for regional implementation.</i>	6.3. Pharmacists/hardware stores might see patterns

Northern Virginia Regional Suicide Prevention Plan  
 Notes on Implementation – Priorities, Partners & Next Steps

	seclusion that prevents intervention).		Sheriff's Office
Goal 7. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.	7.1. Train gatekeepers to recognize when others may be at risk of suicide and to assist them in seeking help.  7.2. Train clinical and non-clinical providers on the impacts of trauma and how to support individuals in recovery from trauma.  7.3. Implement strategies to prevent and mitigate problems due to concussion and other brain injury.	7.1. Short-term priority  7.2. Short-term priority  <i>Initiative should be considered for regional implementation.</i>	7.1. Who would be the gatekeepers trained? Are there existing groups who would make sense? How do we engage key risk groups?  7.2. Can we collaborate regionally with Inova and possible Kaiser? Give an Hour (Vets org) American Red Cross

Strategic Direction 3: Treatment and Support Services			
Goal	Strategy	Short/Med Priority	Key stakeholders
Goal 8. Promote suicide prevention as a core component of health care services.	8.1. Train general practitioners to screen for depression and risk of suicide.	8.1. Intermediate priority  <i>Initiative should be considered for regional implementation.</i>	8.1. There are existing basic screening tools. Alex Neighborhood Health Services Inc (ANHSl) could be a model and Kaiser. Both use PQH9 a depression screening tool with one question about suicidality. Practitioners usually refer when the suicide question is answered affirmatively.  Alexandria Health Department and ANHS both use the Edinburgh Scale to screen patients in the family planning and OB clinics.  Can we collaborate regionally with Inova and possible Kaiser?

Northern Virginia Regional Suicide Prevention Plan  
 Notes on Implementation – Priorities, Partners & Next Steps

<p>Goal 9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.</p>	<p>9.1. Implement the use of evidence-based therapies and other treatments for people at risk of suicide.</p> <p>9.2. Use evidence-based and best practices when implementing screenings in community settings (e.g., schools, workplaces).</p> <p>9.3. Implement best practices for interventions with people who have survived suicide attempts.</p>	<p>9.1. Intermediate priority</p> <p>9.2. Short-term priority</p>	<p>9.1. Health Dept Hospitals/MDS Give an Hour (Vets org)</p> <p>9.2. ACPs Churches Civic Orgs (Scouts, Sports Assoc) American Red Cross Sheriff's Office</p>
<p>Goal 10. Improve access to behavioral health care.</p>	<p>10.1. Develop and promote common screening and referral methods for use in primary care, entry and referral, and social services settings.</p> <p>10.2. Promote public awareness of access points for obtaining help.</p> <p>10.3. Implement effective use of and access to crisis intervention and connecting individuals to help.</p> <p>10.4. Improve linkages from inpatient psychiatric to outpatient care and community services.</p> <p>10.5. Increase access to behavioral health care services through increasing the number of providers, reducing financial barriers to access, and other methods.</p> <p>10.6. Implement services that help individuals and families navigate the behavioral health</p>	<p>10.1. Intermediate priority</p> <p><i>Initiative should be considered for regional implementation.</i></p> <p>10.3. Intermediate priority</p>	<p>10.2. Give an Hour (Vets org) American Red Cross Sheriff's Office</p> <p><i>*Could this also be done through the communications campaign?</i></p> <p>10.3. Give an Hour (Vets org) American Red Cross Sheriff's Office</p>

Northern Virginia Regional Suicide Prevention Plan  
 Notes on Implementation – Priorities, Partners & Next Steps

<p>Goal 11. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.</p>	<p>10.7. Implement supportive services in non-clinical settings to complement treatment goals for individuals at risk of suicide.</p> <p>11.1. Provide outreach at the scene of a suicide to encourage self-help for familial survivors.</p> <p>11.2. Implement standardized postvention in schools and best practices for postvention in workplaces and communities.</p> <p>11.3. Provide support groups and other ongoing forms of support for survivors of suicide attempts and for familial survivors of suicide.</p>	<p>11.1. Short-term priority</p> <p>11.2. Short-term priority</p>	<p>11.1. *Train EMS and police (usually first on scene) in being suicide response and how to connect families with key resources.          American Red Cross          Sheriff's Office</p> <p>11.2. Partnership for a Healthier Alexandria          American Red Cross          Sheriff's Office          ACPs/City Management Work Group that already meets on a regular basis could expand</p>
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Strategic Direction 4: Data, Research, and Evaluation	
Goal	Strategy
<p>Goal 12. Increase the timeliness and usefulness of relevant surveys and other data sources relevant to suicide prevention and improve the ability to collect, analyze and use information for action.</p>	<p>12.1. Regularly collect and analyze local data to identify risk and protective factors most associated with suicidal ideation.</p> <p>12.2. Incorporate items related to key risk and protective factors for suicide into local survey tools.</p> <p>12.3. Develop and implement a Youth Suicide Review Team to identify systemic improvements for suicide prevention.</p> <p>12.4. Analyze public safety and other data to identify suicide "hot spots" and recommend strategies to limit access to those locations.</p>
<p>Goal 13. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.</p>	<p>13.1. Develop standard process and outcome measures by which to evaluate suicide prevention programs, activities, and initiatives.</p>

# Leg Energizers and DVT Preventors

for members of the Alexandria Commission on Aging

*Use during long meetings and on long trips*



**High 5**  
Jet Leg Preventors

5 Repetitions Of Each Every Half Hour

1. Foot Flex	
2. Toe Lifter	
3. Heel Lifter	
4. Knee Lifter	
5. Lift Off	

**High 5**  
Jet Leg Preventors

**Tips**

1. Drink water
2. No caffeine
3. No alcohol
4. Loosen cuff straps
5. Loosen or remove shoes
6. No knee or ankle braces
7. No tight clothes
8. Walk around
9. Do High 5 Exercises (see reverse side)
10. Inform medic if chest pain or shortness of breath, leg pain or swelling after long flight.