

I. Conference Opening

- A. Chuck Durrett: senior cohousing is going to change America; giving life and purpose for seniors in America
 - 1. So many seniors are lonely and isolated
 - 2. Seniors living alone will live ten years less than those in community -- connectivity pays off
 - 3. Slides on senior cohousing communities
 - 4. People do not reach their potential by themselves
 - 5. 1960's self-actualization was focused on the individual and forgot community
- B. Richard Leider – book “The Power of Purpose”
 - 1. Why get up in the morning? 1/3 of people can't answer that question
 - 2. People are often in transition - reflection points; can't go it alone
 - 3. Purpose is fundamental - do a purpose check-up
 - 4. Is it the end of work as we know it?
 - 5. Life Re-Imagined - research found people do not retire -- need new language move from language of retirement to language of living
 - 6. Lightening the load
 - 7. Definition of the good life - 4 elements: living in the place you love with the people you love doing the work you love with purpose
 - 8. People want guidance and community
 - 9. The old story: childhood, adolescence, adulthood, retirement, old age - decline story
 - 10. But we can grow our entire life; when stop growing (not curious) stop living
 - 11. Curiosity drives purpose - start with self and then others
 - 12. New model: choice, curiosity, growth
 - 13. Time is the most precious commodity
 - 14. Every human being wants their life to matter - story of his mother's death
 - 15. New Story: add three decades to life expectancy
 - 16. Need to push pause button: happiest people are aging people
 - 17. Leider is senior fellow at Center for Spirituality and Health at U/Minn
 - 18. Happiest man in the world, Matthew Ricard, Buddhist monk
How get to be happiest man: Practice -- Only as good as practice
 - 19. Neuro-science labs measure purpose and brain activity - Ricard's brain lit up
Pleasure center. His latest book Altruism
 - 20. Harvard study of adult development (George Valiant); began to interview older folks
 - 21. What do different if live life again: (1) be more reflective (tend to do in crisis);
(2) courage; taking more risks - risk to be authentic, who you are; (3) purpose
 - 22. Everyone needs a sounding board: Hadza - original men, hunter-gatherers - have lessons to share, wisdom (1) who is your committed listener? Everyone needs
(2) who is your catalyst, a role model for you; (3) who is your teacher - go to learn;
(4) Someone who holds you accountable for doing what you said
 - 23. Life Reimagined Institute - studying these questions
 - 24. What do you do? Looking for a box; now answer: I'm passionate about _____ and
What are you passionate about?
 - 25. Leider was in human resources management at a bank, but had a Plan B, coaching people, 80% success rate -- they quit their jobs
 - 26. Napkin test: why do you do it? Gifts plus passion plus values equals calling
 - 27. Need to know gifts: organized; others observed you doing, natural
 - 28. Can go online to Leider's websites
 - 29. Two most important days: when born and when figure out why you were born
 - 30. Have you played your music (metaphorically) - our passions, our values
 - 31. Cohousing is the place to play our music

- 32. Practice 1: answer to why question: (1) post-it test - write grow and give (the Universal purpose - ask. When get up; (2) end of day, ask did you achieve purpose?
- 33 3 myths: I need a cause; purpose will be revealed to you; purpose is a luxury - for rich
- 34. Second practice: two minute purpose practice - first thing in morning - 3 steps: pause; 3 deep breaths (centering); picture your upcoming day - one person you want to impact that day - intention
- 35. Schools not doing a good job of preparing kids for the 21st century
- 36. Most heart attacks occur 9 am Monday morning; 4 out of 5 people do not want to go to work; and goggle searches on health spike at 9 am Mondays also.

II. "Elephant in the Room" breakout session

- A. Long term care is the elephant in the room -- deep aging, between healthy aging and death – we are good at healthy and death, but not in between. We are good at acute care but not chronic care.
- B. Answer question: what these hands need help with/to
- C. Book by Thomas and Blanchard.
- D. Need help with: starting the conversation, meeting needs of deep aging, embracing a culture that is open to aging conversation, respect for boundaries, need knowledge; need a model that supports us to continue living in community (a team sport), How manage community maintenance with an average age of 75; transportation; an effective care givers plan.
- E. Will be doing webinars: Imagine, design, implement, and evaluate.
- F. Acknowledging the elephant in the room - begin by naming the problem - long term care!
- G. Bring care out of the hospital and nursing home and into the home and community.
- H. Only about 1/3 of US households have not talked about aging issues; most people will need three years of long term care.
- I. US so good at prolonging life that we have prolonged death.
- J. There is no long term care plan in the US; 10,000 people turn 70 each day.
- K. Imagine a grass roots movement seeking answers to long term care.
- L. Need to shift concept that long term care is an individual task, but it is a team/Community endeavor.
- M. Dr. Gene Cohen, "The Mature Mind" -- science of what happens to brain as get older
- N. Long term care definition: continuum of medical and social services designed to support the needs of people living with chronic health problems.
 - 1. Doing what needed to do daily activities & instrumental activities of daily living.
 - 2. Most people have a reaction to dealing with bodily fluids of older adults.
 - 3. 80% of care is provided in home by individuals.
 - 4. Boredom, loneliness, etc. just as bad in individual home care as nursing home.
 - 5. Most people cannot afford long term care (Medicaid could pay for), nursing home.
- O. In every crisis lies the seed of opportunity – get ready for "silver tsunami".
- P. Early pioneers: Beacon Hill Village, Glacier Circle Community, Elderspirit
- Q. Aging in community is a grassroots movement of like-minded citizen who come together for mutual support and caring in order to enhance self-worth, etc.
- R. Survey of communities: mainly white women, middle to upper middle income; Most common requests: transportation, house maintenance, electronic support, and shopping. Doing well with healthy aging and pretty well with post-acute, but not Chronic care, such as dementia.
- S. One community has an elder care suite and is planing for its use.
- T. Social capital makes a difference for level of care from community.

- U. Village movement, like Beacon Hill is exploding -- now hundreds across US.
- V. Can enhance support services from resources in community.
- W. Eden alternative - medical model; Greenhouse, Dr. Bill Thomas - culture change.

III. The Arc of Life: John Clark

- A. South Africa, Memel - black township and white Africans community of 25,000.
- B. John Clark, was involved in saving rhinoceros species - only place left for them; 400 white rhinoceros vs. black rhinoceros. Barefoot ranger - anti-poacher
Greatest story of saving a species. Damaged animal -took care of animal to zoo
- C. New animal park is a great success - pet elephant is around 40 years later.
- D. John shot 390 rhinos with drug serum (before used nets) to aid their survival.
- E. John Clark - a farmer and game reserve ranger; became penniless, age 72;
Needed new knee and married and moved to Mimel but needed to work with
Animals; let him move into one of our houses, his second shot in life: cohousing.
- F. Fertile garden started in the midst of grasslands was very successful.
- G. John - knee replacement went wrong and pain; not want to go to hospital again.
Steven left to make the decisions for John - reach out to his family who took him away
- H. Back into America - Medicare paid \$ 2 billion for last month's care for people who
died one month later. Can we reclaim death, fact it's a reality. 20% of Americans die
in Intensive care.. How do we let people die peacefully and not in pain. Hospice
now covered by Medicare..
- I. How does cohousing respond? Here are some ripples beyond conventional cohousing
 1. Nubanusit: farm; also Cobb Hill, barn and economically rewarding, cheese,
sheep, pigs, hens.
 2. Hundredfold Farm
 3. Village Hill - net zero energy, permaculture
 4. Soldier On – housing for homeless veterans
 5. Treehouse community for foster children and seniors in Easthampton, MA
 6. Neuro-diverse communities - North St. Durham and others.
 7. Affordable housing with idea of community.
 8. Housing for homeless - small, temporary house and mutual support
community; self-police; Conestoga huts; tiny homes are next step up.
 9. Memel, South Africa began with CSA producing food to sell
In township - mini-cohousing. Video on Zamani township improvements
Rammed earth walls. Workers learned to do quality work themselves --
Good example of skills transfer. Next - 300 homes development.
Prior - no food growing; now community gardens - cultural change.

IV. Conflict Resolution breakout session with: Ronnie Rosenbaum and John Rymers

- A. John Rymers, Highline Crossing, CO, 20 yrs - seen a lot of views of cohousing
better if everyone at once, at start, rather than core group and then other new folks -
Had dynamics between old and new groups - led to more turn-over than normal
every time someone new, changes the culture a bit.
Now have consensus minus two. 40 units on 3 1/2 acres, ages 9. To 75
- B. Ronnie Rosenbaum, Harmony Village, CO, twenty years there from beginning
Tremendous stability at Harmony Village, had people reach mid-90's
Now age 3 to 88, multi-generational. Both work as mediators.
Developed a good waiting list - one unit for sale and two parties on list are interested.
- C. Often avoid or not deal well with conflict; two kinds of people drawn to
Cohousing: those willing to do what it takes; and people who have difficulty dealing
with relationships in other parts of their lives and past.

Conflict is an opportunity for growth. Conflict creates change and change creates conflict.

- D. People come to cohousing for different reasons and have different expectations. Factors going on in their lives and have their connections outside of community. Different personality types and different ways of dealing with conflict. Different ways of communicating. History of community; institutional decisions - records. When unit for sale -- need to educate realtors extensively. Our marketing team Works with sellers and educates realtors. Best scenario is good waiting list. Different stages of life and needs can be in conflict such as noise & activity levels.
- E. Basics of conflict management: 1st step is to identify what problem is. Tend to talk about solutions, i.e., positions. When conflict, people have needs, or interests -- what's important to you about that? Four Ps: pets, parenting, parking, participation -- famous 4 P's of cohousing. What's really important to people. Not prepared to consider solution until feel heard/listened to and acknowledged. Importance of self-determination -- not have solution imposed on them.
- F. Determine who should be involved in the conversation. Define problem; mutually acceptable solution -- be clear about any solution -- make sure same understanding; what can do in future. See hand-out.
- G. Conflict resolution methodology in community. A conflict resolution committee. Found mis-using blocks in consensus, so led to feeling of tyranny of minority; so decided not want one person to block a decision, so harder to block adopted consensus minus two.
- H. Psycho Drama about older member frightened by dog off leash, which rules allow Met in groups of three to discuss scenario on hand-out.
- I. One value of consensus -- learn to respect and hear from everyone. Two communities differ on how approach consensus. When seniors need decisions: then realize family and not community makes the decisions about the elder. Important to have process to orient new members -- marketing team passes along the community culture. Also need guidelines about electronic communications: not have discussions on email. Community means many things to many people: ask neighbors what is important about community for you? Documentation of policies and decisions is important. It's hard to be neutral in your own community. Some communities have retreats to work on issues, values, etc. and can cost \$5,000. If difficult people, focus on behavior. Attack the problem, not the person. Might help to bring in outside mediator.

IV. Positive and Conscious Aging - Ron Pevny

- A. Chuck Durrett: great potential of senior cohousing
 - 1. Many communities tell how they are taking care of their seniors
 - 2. Older village concept - used to be traditional and now unusual
 - 3. Playing instruments and then played game and moved musical instrument to the right.
 - 4. Once feeling comfortable with the group, then able to explore potential/opportunities.
- B. Ron Pevny, book "Conscious Living: Conscious Aging"
 - 1. Blessing of hope - speak to heart as well as mind -- give hope room to breathe & expand.
 - 2. Never lose confidence in ability to grow
 - 3. Greatest danger as we age, that we aim too low and we reach target.
 - 4. Difference between growing old and growing elder
 - 5. Most older people seem to be in a holding pattern, can't make a difference in world
 - 6. AARP study: majority of Americans see aging as time of diminishment, loss, deterioration.
 - 7. Offers retreat to explore possibilities of aging: fears besides decline, but most fear becoming irrelevant -- why is it? And can we change it?

C. Conscious Eldering

1. We can change --later years become growth, conscious eldering, connect with and grow as part of aging.
2. Ron learned he had a purpose in life: help people move through life's transitions
3. Aging not on his radar screen until age 53 (15 years ago) – had a health crisis, and learned he was not immortal.
4. Joined two friends to develop rite of passage into older age
5. Began oral histories of older folks, various groups, learned so much
6. Questions grew out of oral histories: why some people age so well? (Not just physically)
7. Why some people not age well - lights going out, dimmer each year, less energy.
8. Lots of clues -conscious aging offers some answers.

D. Conscious Aging

1. Learned much from wise elders
2. Psyche can move through to new growth/stage
3. Positive aging conferences - variety of approaches, about opportunities of what we can do
4. Missing: what we have opportunity to be
5. What bring with us that sabotages us? how deal with losses -develop resilience
6. Can consciously aim; develop qualities that lead to personal fulfillment

E. Conscious - more and more aware of what is authentically us

1. Knowing who we really are, our unique gifts, as well as what can sabotage, bound to past or grief, or old stories, or resentment, or cynicism.
2. Constantly aware of growth within us that wants to emerge, aware of spiritual dimension
3. Our deepest vision for self, our future, spirituality.
4. Quest for wholeness, deal with splits within us, between head and heart, between authentically knowing and actual choices we make everyday.
5. These questions naturally arise, not just a bonus of years after retirement that we continue as we have been doing -- can miss incredible opportunity to be real, authentic self.
6. Carl Jung - wouldn't have elderhood if to be same as past part of life
7. Elders/mentors have long been models for their communities.
8. Elders remind society to look at life creating for descendants, see bigger picture, not short term; we need gifts and wisdom of our elders.
9. Elders in past played important role in their communities - accumulated wisdom.

F. What is the inner growth work we can do? 4 categories of inner exploration:

1. (1) Belief: John Robbins, Yale School of Public Health, 20 year study: beliefs about aging Are more powerful than blood pressure, exercise, cholesterol, smoking, etc.; beliefs determine how we age well -- those who believe live on average 7 years longer -- if not belief of diminishment but if believe in valuable wisdom, feel useful, and more likely to take steps to remain healthy. Do lose some functions, but gain in other areas, especially if consciously work toward conscious aging. Become conscious of growing old/beliefs.
2. Questions about our beliefs: Do I find myself trying to convince others I'm not growing older; when reach retirement it's all downhill: is my worth tied to what I can do? Do I believe need to stretch beyond my comfort zone? How can I strengthen resilience? Do my beliefs make a difference - do I believe?
- 3 Are we prepared for opportunities for growth
4. (2) Second category: baggage - how much old baggage keeps us from growing? If believe downhill - very dis-empowering, deal with what from past holding us back Time to let go of past baggage
5.)3) Third pillar of conscious aging: Purpose - critical component of healthy aging - reason to get up in morning to make a difference; legacy; yet to create in our elder chapter
6. (4) Fourth foundation of conscious aging: community is critical, having people who share your values, help you grow, share your life, recognize our gifts.

7. Sharing with younger persons in community, taking joint actions, structured ways to ask Each other about lives, about potential - communities can make possible.
 8. Close with a poem, Kathy Carmidy, "Becoming an Elder" leaving behind, then become a beacon, single candle in the dark.
 9. Ron Pevny is seeking cohousing for himself and his wife.
- G. Q & A - not repeat ways that led our generation to destroy the world/environment.
1. We are the ones who can help heal and bring change.
 2. Doing vs. being quandary - need to find a good balance for each of us - times for each.
 3. Maggie Kuhn and Dorothy Day are inspiring models.
 4. Process never done, finished, always a process: agreed, not do in one fell swoop, an ongoing process, gradually make progress if do in an intentional way.
 5. The Age of Opportunity a book - age of self-actualization, massive narcissism.
- V. Planning for. Aging in Your Community breakout session, Sara Zeff Geber, Ph.D.
1. Let's learn from each other --those of us over age 60 are here, not many younger folks
 - a. What are age demographics in your community?
 - b. Santa Rosa Commons (CA) by default becoming aging community, no more children
 - c. Frog Song - also inter-generational that is aging, just beginning to explore: some in denial; others want to work on; a person with dementia.
 2. Issues:
 - a. Design issues - changes for less mobility as get older, adapting physical environment
 - b. A plan for aging in community?
 - c. Work chores: how handle as folks get older and cannot do so much physically?
 - d. "Death cafe" – deal with denial issue.
 - e. Border between what community can do and cannot do to assist elders.
 - f. How to contact family when need to?
 3. Humorous slides: success is, for various ages
 4. Aging: wrinkles, sagging skin, aging spots, facial structure, hair loss and color change, loss of height, gain of weight, slowing of movement, lower breath capacity.
 5. Less visible signs of aging:
 - a. Loss of bone mass (osteoporosis).
 - b. Declines in biological function: nerve conduction speed, kidney function, etc.
 - c. Loss of sensation: vision, hearing, taste, smell, touch
 - d. Impaired kinesthesia (poor balance).
 6. What do those changes mean for the physical layout of our community? Start with sight: hazards and improvements
 - Sight: lighting: path, stairs, common house
 - Black ice - contrasting colors
 - Uneven pavement; safety features of CH kitchen; paint red front of stairs or curbs
 - Railings/banisters
 - basket of flashlights at CH
 - Proprioception - senses that show where body is in space - relate to balance.
 - Light spectrum limits - ambient light may be a problem.
 - keeping walkways clear of toys, carts, etc.
 - motion sensor lights and timers.
 - lifeline buttons in case of accident.
 7. Hearing
 1. Noise in CH - ways to soften, baffle, microphone at meetings
 2. Background noise - limits
 3. Voices unable to be heard.
 4. If can't hear, isolated, not engaged -- card or signal: for "please talk louder."

5. Offering an arm for hearing and balance - asking for and giving help.
6. Bring family in to talk about issues.
7. Children running around CH.
8. Smell and taste
 1. Good housekeeping - spoiled foods.
 2. Sensitive to perfumes.
 3. Allergies.
 4. Smoke detectors; no hidden ingredients; including alcohol
 5. Poor nutrition - pay attention to what elders are eating (sweet taste goes last).
 6. Label food dishes clearly - one community uses permanent plastic marking signs.
9. Touch and balance
 1. Railings, door knob (levers), stairway elevators.
 2. Grab bars.
 3. Cost of putting in elevator is about 10K; lift is cheaper but only goes one floor.
 4. Tai chi or yoga to improve balance.
10. People's worlds shrink - esp. Friends, colleagues, acquaintances, extended family
 1. Doctors and care givers and spouse grow in importance.
 2. Social support is key.
 3. Relationships trump money.
11. ADL activities of daily living: what is your comfort zone?
vs IADL - instrumental AIDS of daily living such as: shopping, transportation
 1. What is comfort zone - both giving and receiving for ADLs.
 - a. Toileting, transfers, dressing, bathing, eating, ambulating
 2. A few are experienced with and even receive pay to do.
 3. Some can do ADL and trained for, but others would not want to.
 4. Some not comfortable doing for others, except spouse or parent.
 5. 70% will need help with at least 2 of the ADLs.
 6. Can be a resource to help people get the help.
 7. How start the conversation? Get outsider to come in to help start.
 8. Death cafe outsider to conduct for community.
 9. Genworth - online, can give costs of services in various services.
plus longtermeicare.gov
 10. Important to be able to ask for help.
 11. Anniversaries: honored those who have died.
12. Good planning - everyone should be doing.
 1. Final wishes, finances, estate planning, record-keeping, long term care insurance, family discussions.
13. What will we take home to our communities?

VI. Chuck Durrett, keynote speaker

1. Aging is a team sport
2. Cohousing is not a sound bite
3. Between 1970 and 2010, 6,000 towns in Kansas dried up
4. Rural white women: 30% drop in mortality in US because so isolated.
5. Care givers suite -- whole group hires and fires care giver.
6. Importance of history to communities.
7. Groups needs to continue the culture of the group.
8. Oak Creek Senior Cohousing, Stillwater, OK - got zoning change for 8 acres
9. Too much humanity left on the table -- isolated seniors in typical housing in US.
10. Cohousing: highest standard of living.
11. Wolf Creek Lodge, senior cohousing in CA.

12. Shepherd Village, Shepherdstown, WVA
13. 345 units continuing care retirement community plus commercial space - new town independent living for seniors -- northern CA.
14. No future for isolated, single use housing for seniors.
15. Nursing Home: a bad marriage between a hospital and a prison - lock-down.
16. Won UN award for Habitat in 2001.
17. Importance of emotional support from Cohousing.
18. No right and wrong in terms of senior or Inter-generational.
19. 70 units of senior housing, 450 sq.ft units - village concept for seniors (not coho)
20. Tiny houses -average homeless person dying at age 49 yrs old - 3.5 million homeless in America.
21. Importance of cooperation.
22. We all have dementia.
23. Around age 60, tomatoes becomes a competitive sport.
24. Kid quadriplegic - only 2 of 100 more time with other kids in cohousing and coop, rather than paid helpers.