

A PROJECT OF



COMMUNITY HOUSING
RESOURCE CENTER



Aging in Place

A TOOLKIT FOR
LOCAL GOVERNMENTS

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Key

- Block groups, 2000
- Atlanta city limits
- Counties
- Expressways
- Living facilities
- Service facilities

EXECUTIVE SUMMARY

Aging in Place is a tool designed to help local governments plan and prepare for their aging populations. It presents a series of programs and zoning practices that expand the alternatives available to older adults living in the community. The tool emphasizes techniques for coordinating housing development regulations and healthcare supports so older adults can stay in their homes. It also addresses specific quality growth practices so older adults can get out of their homes. It details examples of coordinated approaches to the provision of neighborhood housing and supportive services that make it not only possible, but cost effective for seniors to stay in their communities.

Most recommended changes in community or neighborhood design are simply “smarter” alternatives to conventional auto-dependent development patterns. While necessary to support older adults, these changes enhance the quality of life for citizens of all ages and abilities. Local governments, as well as individuals and communities, benefit from a continuous progression of service delivery, avoiding the additional cost burdens of overly intensive care and retaining the social, civic and economic contributions of older adults.

The heart of the Aging in Place toolkit is a set of local strategies organized into three critical issue areas:

- HEALTHCARE: Integration of healthcare delivery with housing and planning initiatives
- ENVIRONMENT: Housing and urban design
- PLANNING AND ZONING: Housing stock and location

To begin, the Aging in Place Toolkit examines the impact of aging in place strategies on the individual and on the community. The toolkit explores why aging in place is an important and cost-effective strategy for a growing older adult population.

It defines the five guiding principles to aging in place initiatives and offers a set of examples. The toolkit then discusses each of the components essential to an aging in place strategy:

Healthcare, the Environment, Planning and Zoning and offers recommendations on how a community can address each.

Finally, the toolkit explores the challenge of coordination and the role visual tools like Geographic Information Systems can play in making aging in place strategies a reality.

Communities interested in meeting the needs of their growing older adult populations should begin by assessing their ability to meet the need for affordable housing, appropriate and safe housing, diverse housing choices, transportation options and supportive services.

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What is Aging in Place

“Aging in Place” is simply a matter of preserving the ability for people to remain in their home or neighborhood as long as possible.

needs, loss of mobility, financial concerns, home maintenance and increasing property taxes, however, present significant impediments to this simple and primary desire.

“Aging in Place” is a diverse range of programs that address these impediments, seeking to retain senior citizens as integral and productive members of their communities. By providing appropriate neighborhood based health and housing alternatives, Aging in Place initiatives increase the personal dignity and functional independence of older adults. Many small changes can work together to allow an individual to stay in their community as they age. These can include a range of actions from altering the length of a stop light to re-imagining healthcare delivery. Just as individual seniors have different needs, the communities that serve them will find that some of the ideas expressed here are applicable to their situation and others are not.

A number of public policy adjustments can make it possible for older adults to remain in their communities as long as possible. Unfortunately, the dominant planning practices and healthcare delivery systems were developed when seniors represented a much

Seniors prefer to remain in their communities¹. Rather than move to a new community, even one that might be more physically suited to their needs, the vast majority of older adults prefer to stay right where they are. Changing healthcare

smaller percentage of the population and the average life span was significantly shorter. As a result, government planning and development practices of the past few decades have given little consideration to the requirements of “life cycle communities”—communities where residents are able to live comfortably through the full spectrum of their lives. The current physical environment does not promote independence as we age. The current healthcare system has not been coordinated with in home care to efficiently and effectively support the senior population. Planners and coordinators of elder care need to change their focus in order to serve a changing demographic.

This toolkit is designed for those planners, local officials, agencies and organizations who want to meet the needs of an older population. To help localities create an aging in place strategy the toolkit explores problems and solutions presented by the health care, environmental and planning aspects of aging in place.

The Health Connection

With limited options, the last third of a person’s life is often spent making radical changes in response to comparatively minor changes in physical or physiological condition. A problem in one knee can render a home’s stairs insurmountable, shrinking a person’s world to the space of a few rooms. Forgetfulness can force an otherwise healthy and productive person into a nursing home, as medication schedules become difficult to maintain. The scarcity of the family doctor and the shortage of health care personnel available for home visits further inhibit prompt and effective health care and appropriate nutrition.

¹ The AARP regularly surveys thousands of older adults and consistently at least 80% of older adults report that they want to remain in their homes and communities rather than move to retirement communities or supportive housing environments. See Home Sweet Home Survey, AARP <http://research.aarp.org/digest/homesh.html>



HOW WE GOT HERE

The evolution of America's residential fabric can be seen as a physical record of the maturation of a single generation. The nation first built housing on a mass scale to accommodate returning World War II GIs and their new families. As their children became young adults, production switched to starter homes that sheltered the young "baby boomers" striking out on their own. As the boomer generation has progressed to its peak earning years, the market has continued to cater to its needs, supplying the suburban developments and larger estates that this group can now afford.

The next stage in the maturity of the boomer generation – that of retirement and aging – will require more than just the increased supply of a specific housing type. This stage will require greater public sector coordination of a number of disparate services and industries. Governments will face the complexities of retrofitting and redesigning residential stock in coordination with healthcare delivery and public transportation agencies to accommodate the aging population.

Our current housing stock and residential neighborhood fabric do not adequately support senior residents as they age. Home care and independent living services for low-income, elderly households are woefully lacking. Most seniors in the Atlanta area are severely "over-housed" in large family-sized homes, without more appropriate alternatives in their communities. In most cases zoning laws forbid integrating multi-family units and "in-law suites" into single-family unit developments. Substantial numbers of Americans may soon face the choice of staying in homes ill-suited to their needs or leaving their communities altogether.

The limited opportunities to age in place will soon present a challenge to the goals of quality growth. The retirement of the baby boom generation could require an enormous amount of urban expansion and capital expenditure unless existing communities are modified to suit changing needs. Comprising the bulk of the market, the baby boom generation has been the driving force over much of the past half-century in urban planning and development. If we are to achieve quality growth objectives while the baby boomers retire, localities will need to anticipate and prepare for the shift in housing and health needs of this important demographic.

The Environmental Connection

The environmental constraints that inhibit aging in place fall into two categories, the home itself and the community in which the home is located. Doors too narrow for a walker or wheel chair can make daily living impossible. Lighting that was sufficient in earlier years may be inadequate for safe cooking. The oven may be out of reach for a person with reduced flexibility. Most houses have exterior stairs, making entry and exit difficult. Taking the garbage out can be a major undertaking for a frail person.

Even if seniors overcome these domestic problems, they still face many urban design obstacles. Sidewalks, if they exist at all, may be difficult to navigate on unsteady feet and impossible to negotiate in a wheelchair. Often adequate sidewalks do not lead to needed services or to public transit. Where public transportation is in place, its design may not serve the aging population. Finally, years of segregating housing from commercial uses have made driving a car the only viable means of transportation.

The Planning and Zoning Connection

Zoning laws in most communities create obstacles for those trying to remain in their neighborhoods as they age. In addition to isolating residential neighborhoods from everyday commercial services, most housing developments built in the last 50 years exclude by law any housing form except single family. When a home or town home becomes difficult to maintain, older adults cannot "downsize" and remain in their community. Zoning regulations prevent older adults from converting a garage or basement into apartment space for a caregiver. Children of older adults face the same barriers trying to convert their homes or locate their parents close by.

The demands placed on localities to support seniors in the community can also provide an opportunity to advance quality growth objectives. Structuring community design, housing and healthcare to meet the needs of seniors creates multiple social and economic benefits for the entire community. Pedestrian accessibility, efficient public transportation, housing type diversity, commercial/residential integration are both quality growth goals and aging in place necessities.

Five Key Components of Aging in Place

CHOICE

Providing both healthcare and housing options that meet the diverse needs of individuals as they move through the later third of their lives. Options should be affordable along the income spectrum so all citizens and/or caregivers are able to choose from a range of alternatives.

FLEXIBILITY

Offering a range of services that can be applied in a variety of contexts. Flexibility requires that levels of health and housing supports be adjustable whether an individual lives in a single family home, rents a privately or publicly managed apartment or resides in an assisted living facility. Because each individual will have his or her own concerns and needs, flexible services will allow individuals to tailor different health and housing services to their own situations.

ENTREPRENEURSHIP

Capitalizing on the collective purchasing power of an organized community of older adults. The growing older adult population presents not only challenges but opportunities. New economies of scale exist as the percentage of older adults in a community grows, presenting new opportunities for affordable service delivery.

MIXED GENERATIONS

Maintaining mixed-generation communities in order to maximize older adults' capacity for self-help and community contribution. There are valuable links to be made between the needs and skills of different age groups. Young mothers often need child care while older adults need transportation to the doctor or store. Teenagers need after school employment while older adults need help with small chores around the house.

SMART GROWTH

Designing communities that are more accessible and livable. While Smart Growth benefits all residents, for many older adults good community design is a fundamental necessity, not just an amenity. Aging in Place supports older adults in their homes and makes it possible for them to get out and into the community.

Solving the Healthcare/ Housecare Equation



The Health/Housing Connection

In many communities around the Atlanta region, the healthcare and supportive service systems and the available housing options do not adequately meet the needs of aging Atlantans. The rapid growth in the older adult population will only exacerbate these current inadequacies. As the population ages in an aging housing stock, it becomes difficult to distinguish a health concern from a housing concern. Health concerns can create or compound the problems of an aging housing stock, and housing concerns can create or compound

health problems for aging individuals. When a living environment is affordable and appropriate, an aging individual is more likely to remain healthy and independent. When an individual maintains good health, he or she is better able to maintain his or her living environment.

Most older adults in the Atlanta region² own the homes in which they live. As these homeowners age and their bodies become increasingly frail, the regular maintenance and upkeep of a home can become physically difficult to manage. As the medical needs of an aging individual and the repair needs of an aging house increase, both place demands on the fixed income of a retiree. As the monthly pharmacy bill grows, the senior is less likely to be able to afford a needed roof or furnace replacement. A leaky roof or inadequate heating system does not only create substandard housing conditions, it can compound health concerns.

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This circular relationship between health and housing exists in the rental market as well. A building that 20 years ago housed working 55-year-olds is now a building of 75-year-old, frail retirees. As individuals continue to age in place, the building's management will discover the health of residents surfacing as a housing concern. An older resident who forgets to turn off the stove may present a safety risk to the entire building. A resident may require assistance cleaning the apartment or preparing food, and the management company, initially out of a concern for the building, may find itself addressing the health and supportive-service needs of its residents.

Despite this relationship, the health concerns of an aging individual are addressed by one agency or set of services while

TRADITIONALLY WE SEPARATE health and housing into different professional and service sectors, addressing health and housing concerns in isolation from one another. As we begin to address the needs of the growing older adult population, this separation no longer makes sense. Because an older adult's health and housing needs are often indistinguishable, comprehensive aging in place strategies integrate healthcare and supportive services with housing options, programs and policies.

How to get started? To address the healthcare equation — that is, to begin to integrate healthcare and supportive services into aging in place strategies, the following section outlines the connections between the health and housing needs of an older adult, the existing long term care network and potential aging in place partners including the Aging Service Network. It then examines a series of recommended policy and program changes that address the health and supportive service needs of the older adult population in conjunction with their housing needs.

A HEALTH CONCERN CAN COMPOUND A HOUSING CONCERN



A HOUSING CONCERN CAN COMPOUND A HEALTH CONCERN

² The 2000 US Census reported that 78% of individuals over the age of 65 own their own home.



HOW DID WE GET HERE?

Public subsidies are designed to produce either health or housing services — but not both. Government-sponsored health programs and housing programs were designed to produce distinct public goods. The missions of public health and housing agencies were not only isolated but mutually exclusive. They were created as different line items in local, state and federal governments. Public housing programs and government mortgage subsidies were created to increase the number of affordable and adequate housing units. The public system of health services was established to promote general public health and well-being, to provide health care for the very poor and to decrease the likelihood of an outbreak or epidemic. Though both the housing and health systems were designed to create necessary public goods, they were not designed to coordinate these goods.

the same individual's housing concerns are addressed by different sets of nonprofit and/or government organizations. This separation is closely related to the way the housing and health industries were designed and continue to operate in distinct markets. While the private sector has developed a number of models that combine both health and housing services, the public sector has continued to separate the two.

As a result of this separation, there are very few programs that address both the health and housing needs of an older adult, making it difficult for seniors to remain in their communities as they age. Communities are unnecessarily limited to this pair of undesirable options primarily because healthcare has not been coordinated with "housecare" in such a way as to holistically support the senior population.

Existing Long Term Care Network

Because of the relationship between health and housing needs, Aging in Place strategies must work to integrate these two distinct service sectors. Understanding the way long-term care and supportive services are delivered is an important first step in the planning and implementation of Aging in Place strategies.

Medicaid

Medicaid continues to be one of the largest sources of funding for the long-term care of older adults. As a result, it is very important that local communities understand the nuances of the Medicaid program as they develop Aging in Place strategies. Medicaid eligibility requirements in the state of Georgia can greatly impact what types of health services are available and to whom services can be delivered. The state also defines and regulates the different types of supportive housing facilities available in Georgia and determines who qualifies for various Medicaid waivers.

Medicaid Waiver Programs in Georgia

A community should consider both the limitations and opportunities provided by the Medicaid waiver program. The waiver program may offer the flexibility a community

Medicaid Eligibility

SSI RECIPIENTS

Aged, blind or disabled individuals who receive Supplemental Security Income (SSI).

COMMUNITY CARE

Aged, blind or disabled individuals who need regular nursing care and personal services but can stay at home with special community care services.

QUALIFIED MEDICARE BENEFICIARIES (QMB)

Aged, blind or disabled individuals who have Medicare Part A (hospital) insurance and have income less than 100 percent of the federal poverty level and limited resources.

HOSPICE

Terminally ill individuals who are not expected to live more than six months may be eligible for coverage.

MEDICALLY NEEDY

Pregnant women, children, aged, blind, and disabled individuals who have family incomes that exceed the established income limit may be eligible under the Medically Needy program. The Medically Needy program allows individuals to use incurred or unpaid medical bills to "spend down" the difference between their income and the income limit to become eligible. Aged, Blind and Disabled individuals and couples are required to meet income criteria.

NURSING HOME

Aged, blind or disabled individuals who live in nursing homes and have low-incomes and limited assets.

seeks in developing a cost-effective Aging in Place strategy. Georgia has five home and community-based waivers and two demonstration projects approved by the Centers for Medicare and Medicaid (CMS). Of these programs, only the Community Care Services Program and SOURCE are generally available to older adults.



COMMUNITY CARE SERVICES PROGRAM (CCSP)

Georgia's CCSP is a Medicaid waiver program developed to provide home and community-based services to people who are functionally impaired or disabled. The program helps eligible recipients age in place in their own homes, the homes of caregivers or in other community settings as long as possible. The average length of participation in the CCSP program is 37 months. The Atlanta Regional Commission coordinates intake for the CCSP program.

SOURCE Demonstration Project — SOURCE (Service Options Using Resources in a Community Environment) provides an array of long-term health services in a person's home or community to lessen the need for or eliminate preventable hospital and nursing home care. Frail elderly and disabled Georgians who are eligible for Medicaid or SSI disability coverage can receive SOURCE services. The Atlanta Regional Commission coordinate intake for the SOURCE program.

Long Term Care Facilities in the State of Georgia

In the Georgia the state regulates three types of facilities. These facilities are eligible for state funding. It is important to note that assisted living, though a term widely used in the

industry, is not currently a term or facility legally recognized by the State of Georgia.³

The following definitions are used to describe facilities in Georgia:

INTERMEDIATE CARE (NURSING) HOME

A facility that admits residents on medical referral and maintains services and facilities for institutional and intermediate care. Intermediate care is defined by the provision of food, shelter, laundry and personal care services.

SKILLED NURSING HOME

Any facility that admits patients on medical referral only, for continuous medical supervision and for skilled nursing and rehabilitative care.

PERSONAL CARE HOME

Any dwelling that provides or arranges for the provision of housing, food service and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage.

Aging Services Network

Area Agencies on Aging (AAA) were established under the Older Americans Act (OAA) in 1963 to respond to the needs of Americans aged 60 and over in every local community. The fundamental mission of the AAAs is to provide services that make it possible for older individuals to remain in their home, thereby preserving their independence and dignity. These agencies coordinate and support a wide range of home and community-based services including information and referral, home-delivered and congregate meals, transportation, employment services, senior centers, adult day care and a long-term care ombudsman program.

The Atlanta Regional Commission is the AAA for the 10 county Atlanta region. As the AAA, ARC supports the development of a comprehensive service delivery system for older adults. ARC has contractual relationships with local governments and community agencies that implement a coordinated aging program in each of the region's 10 counties. These agencies, referred to as county based aging programs, serve as focal points in the delivery of services to older adults in their respective counties. For a listing of these agencies, please see Appendix D.

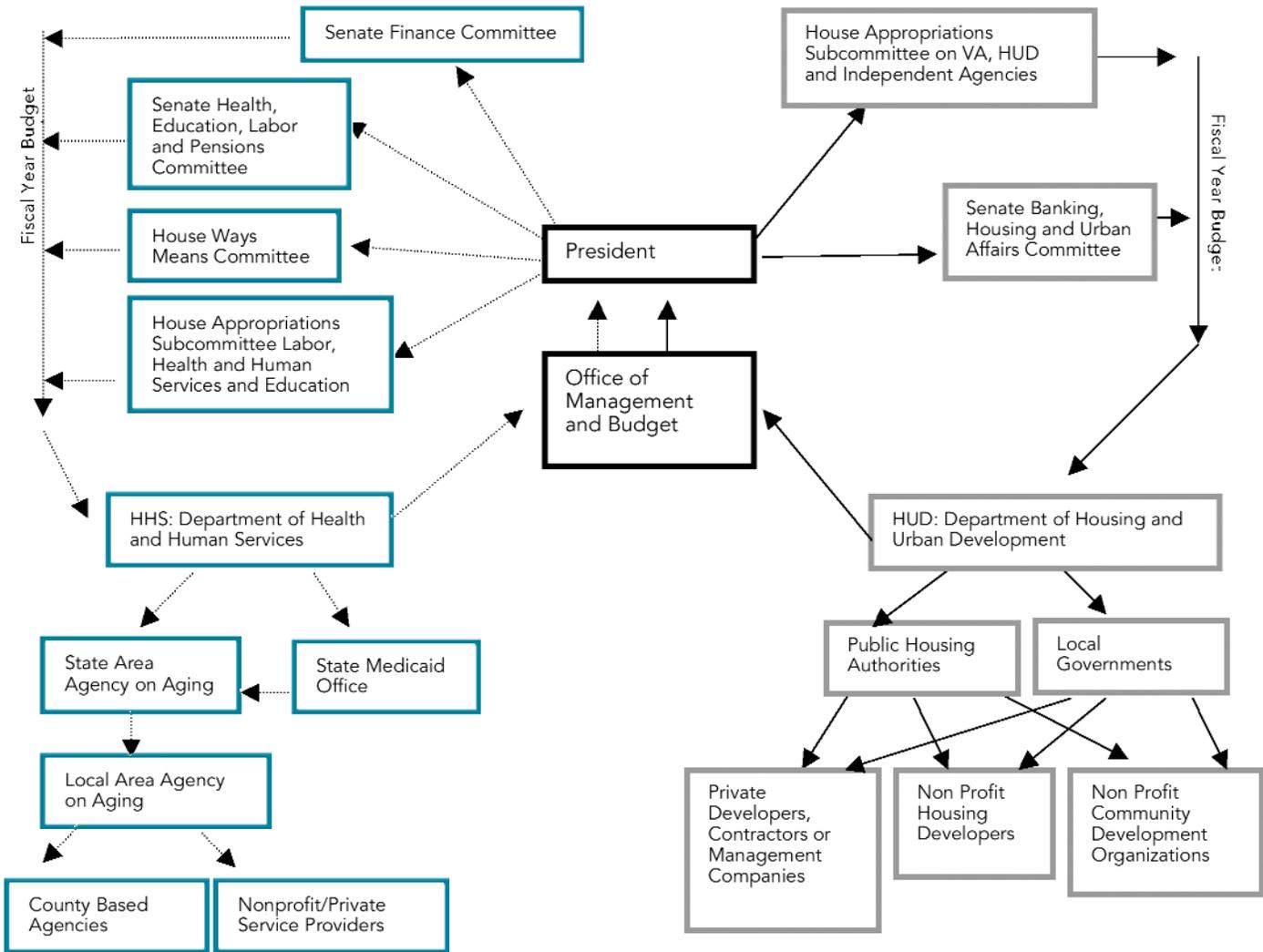
Services delivered through the Aging Services Network are available to any adult over the age of 60, regardless of income. For more information about the Aging Services Network or the type of services available through the network, please see www.agewiseconnection.com

Recommendations

To solve the healthcare equation and create integrated health and housing services that support older adults aging in place, three major program and policy changes are suggested:

³ The 2004 Georgia Legislature will review legislation to create to additional categories, Assisted Living Level I and Assisted Living Level II. These categories will replace Personal Care Homes and add a fourth category to distinguish between those needing moderate to more intensive care.

FEDERAL BUDGETING PROCESS: HEALTH AND HOUSING DOLLARS



R1 COORDINATE HEALTHCARE AND SUPPORTIVE SERVICES WITH HOUSING

The most successful aging in place strategies recognize the interrelationship between health and housing services and reflect this relationship in the design of their health and housing systems. Coordinating these systems is not easy because the funding streams for health programs and housing programs remain separate from the federal level to the local level. An illustration of the federal budgeting process above demonstrates these divergent funding channels.

The jurisdictions of housing and health providers rarely match up. Organizations attempting to coordinate health and housing services must apply to a number of state and local agencies. Each level of government with its own geographic boundaries also has a separate set of regulations and performance measurements. While the federal government has made a number of recent attempts to integrate funding, the greatest opportunity for integration is still at the local level, where local service providers and housing providers understand the needs of the community. Local governments can play a pivotal role, pooling resources to facilitate the coordination between health and hous-

ing services. Leadership at the city or county level can overcome some of the jurisdictional differences to combine funding sources into a unified stream. Bringing these two funding streams closer together by loosening or synchronizing regulations could make possible and affordable a new genre of supportive housing programs. Nonprofit providers can then develop programs with a comprehensive approach to health and housing applying to one rather than six or seven funding sources.

To be effective, integration cannot occur only at the funding level. It must occur at the programmatic and planning levels as well.

Programmatically, there are many different ways to integrate housing and healthcare services. For example, home repair and modification can be evaluated and completed in coordination with case management. Hospital discharge plans can address the living environment to which an individual is returning. Senior apartment or condominium buildings can hire part-time service coordinators to help individuals connect with existing services. Programs must be both physically accessible and financially affordable to older adults.

When thinking about services for older adults, it is impor-



of the rapidly growing older adult population. As an example, new senior centers should be sited close to high concentrations of older adults or future older adults. But centers should be designed to be flexible. Should the community's population change 20 or 30 years in the future, a flexible center can be modified and transformed into a youth or community center.

R2 EXPAND LOCAL AGING NETWORKS

The current aging network provides a range of traditional services designed to support older adults in the community including home delivered meals, personal care services, house-keeping, information and referral, transportation and senior centers. These services while enormously valuable to older adults are not by themselves adequate to support an individual aging in place. An older adult or older couple living in the community may also need assistance with lawn maintenance, grocery shopping, small chores around the house (everything from replacing light bulbs to moving heavy boxes), banking and financial management. To meet the changing needs of older adults and to expand the traditional aging network, communities across the country have been experimenting with the NORC model (Naturally Occurring Retirement Community). A NORC is defined as a community with a high concentration of older adults. Because these older adults have aged in place, the community that was not specifically designated as a retirement community now has a density of older adults high enough to achieve the economies of scale found in retirement communities. The NORC model recognizes where these densities occur and then marshals the buying power of a concentration of older adults to create services that were otherwise unaffordable or unavailable. For more information, see Five Examples of Successful Aging in Place.

While the traditional aging network and the services offered through the network are critical to supporting older adults in the community, as older adults live longer and healthier lives, it is important that the network change and expand to meet a broader range of needs.

R3 INCREASE MEDICAID FUNDING FOR COMMUNITY-BASED CARE OPTIONS

Medicaid is one of the largest single sources of long-term care funding in both the state and the Atlanta region. The majority of Medicaid funding however, is dedicated to nursing facilities rather than community-based care. More than 70 percent of all Medicaid dollars spent on the care of older adults living in the Atlanta Region fund long term care facilities. To promote aging in place options that are not only more desirable but can also be more cost effective, we have to reverse the institutional bias of the largest financing source of long-term care. We must increase the amount of Medicaid dollars dedicated to community based options. Right now, the Medicaid waivers funding community based care are extremely limited. Individuals have to be very poor and very sick in order to receive services. By increasing the funding for non-institutional care, a greater number of older adults will have access to care in the community, supporting those older adults trying to age in place.

tant to realize that seniors are a heterogeneous group. They vary greatly in terms of physical condition, activity levels and degree of independence, as well as in terms of their socioeconomic, ethnic and cultural characteristics. Comprehensive Aging in Place strategies should include the following range of services:

Wellness Programs encompass a broad array of services to help citizens maintain healthy and independent lifestyles. They include health education programs, exercise and fitness classes, recreational activities, spiritual and cultural awareness activities, life-long learning and opportunities for meaningful participation in civic life.

Prevention oriented programs are health programs designed to prevent injury and disease to insure a high quality of life and minimize the costs associated with medical care.

Recreational, educational, and social services play an important role supporting the mental well being of an older adult, insuring that they are actively engaged in the life of the community and not suffering from loneliness or isolation.

A continuum of affordable care includes those services that allow older adults to stay in their homes. Communities should continue to fund and expand meal programs, transportation services and referral services for healthcare and other services. Communities should also assess whether the following services are adequate:

Mobile Care Clinics — primary care clinics staffed by physicians, physician assistants, nurse practitioners, interns, and volunteers that move from site to site.

Residential facilities — housing that utilizes new technologies for increasing the independence of older residents.

Geriatric medical facilities – clinics and practices which specialize in treatment of disease and injury among seniors.

Integration at the planning level simply requires departments to work together. Those who organize and implement city and county senior programs should coordinate these programs and initiatives with the city's or county's planning department. The local planning department should work with the local senior program to better understand the planning implications

Solving the Environmental Equation



Housing Affordability and Suitability

The ability of individuals to remain in their home or neighborhood as they age is dependent on both their personal environment and the external environment that surrounds them. The homeowner may have a house that adapts easily to any disability age may bring. With no access to public transportation, however, a loss of driving privileges would mark the end of independence. If the wheel chair dependent resident lives in an apartment located close to shopping and services but does not have the resources to adapt the unit to special needs, the ideal location does little good.

An aging in place plan of action requires coordination between the private sector and public and nonprofit agencies. From the two simple scenarios above we can extract a few of the salient issues that must be addressed in the home, the neighborhood and the destinations beyond to solve the environmental equation.

Addressing the Affordability Variables

After personal safety, affordability is the single most difficult housing issue for many older adults. Retired older adults living on fixed incomes often struggle to pay rising rents and property taxes, particularly in Atlanta's gentrifying communities. The following programs and policies have been instituted in communities around the country to try to maintain the affordability of an older adult's home. The majority of the changes described below require changes to the tax code or tax payment system. Additional measures include protection against fraud and predatory lending practices which increasingly threaten the homes of older adults in the Atlanta region.

Tax Code

Counties may legislate their own property taxes, giving them jurisdiction over county property tax exemptions and property assessments. Providing senior homestead exemptions and limiting the rate at which property assessments can increase are popular and effective legal channels through

which the affordability of senior housing can be maintained.

Counties can add additional property tax exemptions to state exemptions to better preserve the affordability of senior housing. The state property tax exemptions provide an important backdrop to any county or municipal plans for additional property tax exemptions.

Lastly, many states and municipalities have instituted tax exemptions, caps, or deferment options to protect older homeowners.

Recommendations

R4 TAX DEFERRALS

Property tax deferrals allow certain homeowners to opt to pay all of their accumulated property taxes in one lump sum, usually at the time of resale of their property.

The state of Georgia has in place a property tax deferral that allows homeowners over the age of 62 to defer a portion of their county and state property taxes. This has not proven a popular program, and to date very few Georgians have exercised the option to defer their property taxes.

R5 TAX POSTPONEMENT

Property tax postponements allow the state to pay all or part of the annual property tax bill. This deferred payment is a lien on the property and becomes due upon sale, change of residence or death. A lien secures the right to take and hold or sell the property of a debtor as security or payment for a debt or duty.

R6 PROPERTY TAX ASSISTANCE

Rather than change the tax code itself, some localities have simply developed tax assistance programs to provide grants to assist low-income households who can not pay property taxes. In a property tax assistance program, the state provides cash reimbursement to pay the property taxes for an individual whose annual income falls below a set limit. Filing for the program does not reduce the amount of taxes owed, nor does it place a lien on a homeowner's property.

R7 PROPERTY TAX CAPS

Property tax caps limit or freeze the growth of the assessed value of a person's property, thus preventing increases in the amount he or she will have to pay in the future. They also protect homeowners from escalating taxes due to circumstances like gentrification when increases in the value of a

Recently the State of Georgia enacted a statewide senior homestead exemption and school tax exemption.

HOMESTEAD EXEMPTION

Older adults must be age 62 on or before January 1 and a resident occupying their home on or before January 1. Their federal adjusted income can not exceed \$30,000 for the preceding taxable year. The exemption only applies to the first five acres of land and replaces all other state and local exemptions. It does not apply to city, school or bond levies.

SCHOOL TAX EXEMPTION

To be eligible, an older adult must be age 62 on or before January 1 and have a net income not exceeding \$10,000.

to standard Homestead Exemptions, creating further aid low-income senior homeowners. A locality has the option to exempt all or part of the assessed value of a senior homeowner's property from school taxes and or exempt all or part of the assessed value of a senior homeowner's property from state and county taxes.

R9 LIMITING ASSESSED VALUES

Local governments can also adopt limitations on growth in assessed value but those limitations apply only to local taxes. There are limitations in New York City and in Nassau County, New York. In Georgia there are freezes on assess-



ments on homesteaded property in several counties, including Cobb, Gwinnett, Muscogee and Forsyth. The assessed value of such property can increase only if the property ownership changes, there is an addition to or renovation of the property or if a previous assessment was incorrect.

R10 PROPERTY TAX CREDITS

Property tax credits reduce an individual's property tax liability dollar-for-dollar. Additional tax credits to senior homeowners may be added to standard Homeowner's Tax Relief Credits. It is important to insure that procedures for obtaining tax credits are easy for builders and homeowners to navigate and that tax credits are granted quickly and efficiently.

Protecting Affordability – Beyond the Tax Code

R11 DEFERRED PAYMENT LOAN PROGRAMS Deferred Payment Loans (DPL) can be a valuable resource to seniors who lack resources to pay for home modifications or maintenance. Instead of regular monthly payments, DPL programs require lump-sum repayment at a set interest rate at the end of the loan's term.

- A state can provide funds to create public DPL programs at the state level as well as the municipal level.
- Public education is essential to inform citizens about DPLs and distinguish them from predatory lending scams.
- Several states and localities provide examples of successful Deferred Payment Loan programs, including Minnesota and Pennsylvania, Marinette, WI, and Norman, OK.

R12 PREDATORY LENDING PROTECTIONS Predatory lenders

offer clients sub-prime mortgages or loans packed with abusive terms and hidden fees. Often these lenders prey on elderly homeowners who have a considerable amount of equity in their house. The recent legislation that made predatory lending illegal in the State of Georgia was repealed in the 2003 legislative session. Because the repeal eliminated legal protections against predatory lenders, it is now extremely important that local governments educate citizens and provide access to financial counseling so older adults are better prepared to recognize and resist the solicitations of predatory lenders.

To regulate predatory lending, state legislation must ban: deceptive marketing, lending without regard to a borrower's ability to repay the loan, incomplete loan disclosure, outright fraud, excessive fees, expensive insurance, yield-spread premiums, high interest rates, balloon payments (large balances due after years of payments), loan 'flipping' (frequent refinancing) and prepayment penalties.

Although the Georgia legislation was overturned in 2003, the state still has the jurisdiction to enact legislation to protect homeowners' equity in sub-prime mortgage transactions.

R13 REVERSE MORTGAGES In a reverse mortgage transaction, an individual over the age of 62 receives funds as a line of credit, from a lender in a lump sum paid at closing, as a line of credit, in monthly payments or as a combination of any of the three. The client must repay the loan at a set interest rate in one lump sum at the sale of the property in question. Local communities can:

- Educate citizens about reverse mortgage programs and distinguish them from predatory lending scams.
- Change intangible taxes to exclude reverse mortgages.
- Exempt proceeds from reverse mortgages from a homeowners' eligibility for state means-tested programs and from annual income taxes.

Modifications and Maintenance to Create a Suitable Home Environment

The quality of a community's housing stock must be renewed periodically through maintenance, modification and/or reconstruction. Many homes require remodeling or retrofitting to accommodate changes in an occupant's mobility. Programs should be available to provide service assistance and/or grants to maintain or modify homes to meet needs of senior occupants.

Older adults may have difficulty paying for and accessing maintenance services. Very poor owners and renters, particularly those living alone, are even more likely to occupy deteriorating dwellings. Problems can include faulty electricity, plumbing and kitchen inadequacies, roof leaks, heating and cooling deficiencies and various upkeep concerns.

Recommendations

R14 HOME MAINTENANCE CONTRACTS Develop minor maintenance contracts for homes, much like property management contracts used for beach homes and other rental property.

R15 INDEPENDENT ADVISORY SERVICES Create/encourage an independent advisory service to help homeowners select remodelers, draw up contracts and check quality of work before making payments.

R16 REDUCED UTILITY PAYMENTS Require or encourage public utility companies to dedicate a portion of their earnings to a weatherization fund that would offer grants and DPLs to elderly low- and moderate-income homeowners. Georgia Power currently funds the Atlanta-based Resource Service Ministries (RSM) to perform weatherization services to older clients free of charge.

R17 CODE ENFORCEMENT Allow code variances for restoration to previous code levels rather than requiring full compliance with contemporary code. Strict contemporary code enforcement can preclude repair options for low-income seniors who cannot afford to bring their entire homes up to code.

R18 STATE TAX CREDITS Create tax credits for accessibility standards modeled on tax credits for historic preservation. A homeowner can receive a historic tax credit if he or she agrees to put a covenant on his home stating that it will be restored to

INDEPENDENT ADVISORY SERVICE:

- Can be a public entity, or a private nonprofit.
- Contractors are screened and rated according to customer feedback.
- Contractors are charged a small fee each time they are recommended to a client by the advisory board.
- Contractors can be public, private or nonprofit.
- Customers are given multiple contractors to compare and from which to choose.
- Eligibility is not dependent on income or age.
- Provides information and access to building and home maintenance resources.
- Provides a range of funding: grants, no-interest loans, and low-interest loans.

historic neighborhood character for perpetuity. The homeowner is then given a tax credit usually a certain percentage of the cost of rehabilitation. Modeling a credit for accessibility on the historic tax credit would grant a homeowner a tax credit if he or she agrees to put a covenant on his home stating that it will remain accessible (according to set standards) for perpetuity.

Creating and Sustaining Suitable Housing Stock

While the majority of older adults are living now where they will live as they age, new construction is an important part of aging in place as we look to the future. Communities can implement changes now to insure that they have a housing stock to meet the needs of the rapidly growing older adult population.

Recommendations

R19 CREATE A VARIETY OF HOUSING TYPES Allow the construction of a variety of housing types to fit the needs and desires of the full spectrum of citizens: single-family detached homes, row houses, walk-up apartments, apartments above retail, granny flats above garages. All types of housing should be integrated into the community to preclude the de facto segregation that characterizes most cities today. Successful, vibrant, social communities weave every type of housing into their





urban fabrics integrating a variety of housing types that allow residents to live in facilities that are appropriate to their abilities while never having to move out of town or even out of the neighborhood. The Atlanta City Council’s Gentrification Task Force is exploring two ways of maintaining and increasing the supply of affordable housing: a fair share housing plan, and an inclusionary zoning plan.

Fair Share Housing is a citywide or regional approach to the provision of affordable or housing that achieves some other social purpose. The rationale behind a fair share housing plan is that all areas within a city, county or region should offer a proportionate amount of affordable housing. Because gentrification reduces the amount of affordable housing, localities need specific strategies to provide adequate housing for all residents – particularly the elderly.

Inclusionary Zoning can be a mandatory requirement or a voluntary goal to reserve a specific percentage of housing units for low and moderate income households in new residential developments. Usually jurisdictions offer a density bonus, tax relief or other benefits as an incentive for participation in the program. Inclusionary zoning creates communities with a richer mix of housing sizes and prices.

R20 INCORPORATE ACCESSIBILITY STANDARDS IN NEW CONSTRUCTION

Encourage homebuilders and contractors to construct new homes according to accessibility standards and avoid the construction of "Peter Pan Housing"-- housing for those who never grow old.

ONE LEVEL LIVING: Locate all necessary living features

(i.e., kitchen, bath, fireplace, laundry, etc.) on one level OR insure that the lower floor of home could be adapted for one level living (converting a dining room to a bedroom or converting a closet to a main floor laundry room). At least one entrance must be accessible without stairs.

BATHROOMS: Require blocking in bathroom walls for future safety retrofits (i.e. grab bars). Require five-foot turning diameters in bathroom, kitchen and closet layouts to allow future modifications for wheelchairs. Install higher bathroom counters, lever faucets and faucet mixers with anti-scald valves, temperature-controlled shower and tub fixtures, stall shower with a low threshold and shower seat and non-slip bathroom tiles.

KITCHENS: Encourage the use of kitchen cabinets with pullout shelves and lazy susans. Lower cabinets should have large drawers instead of fixed shelving, easy to grasp cabinet hardware (C-pulls instead of knobs), task lighting under counters, cooktop with front controls, side by side refrigerator or freezer on the bottom, adjustable upper and pull-out lower shelves (fixed shelving cannot adapt to changing needs) and color or pattern borders at counter edges to indicate boundaries.

SAFETY FEATURES: Encourage small safety features in homes: handrails on both sides of stairs, peep hole at a low height, gas sensor by gas oven/stove, water heater and gas furnace to detect leaks, strobe light or vibrator-assisted smoke and burglar alarms for the hearing impaired, lower windowsills, especially for streetside windows, for use as an emergency exit.

DOORS: Doorways 36" wide with offset hinges on doors, levered door handles instead of knobs, easy to open or lock patio doors and screens.

LIGHTING: Increased incandescent general and specific task lighting, light switches at 42 inches instead of 48, luminous switches in bedrooms, baths and hallways.

R21 INCORPORATE EASY LIVING STANDARDS IN NEW CONSTRUCTION

Encourage homebuilders and contractors to construct new homes according to EasyLiving standards. The Easy Living Program is a new voluntary program in the state of Georgia. It offers homebuilders a set of guidelines and a certification. For more information on the Easy Living Program:

http://www.concretechange.org/ga_easy_living.htm

EASY ENTRANCE: *A zero step entrance makes it easy and safe to bring in a baby carriage, move heavy items or carry in packages.*
EASY PASSAGE: *The ample width of main floor doorways makes it easy to get around and convenient to move furniture.*
EASY USE: *At least one bedroom and full bathroom on the main floor to ensure convenience and add potential resale value*

An Elder Friendly Public Environment

The public environment is everything we encounter beyond our own property line. It begins at the sidewalk and includes any



A curb cut located outside Atlanta's City Hall. The location of the sewer grate makes it almost impossible for a mobility impaired individual to cross the street.

place to which one travels for recreation, social contact, work, shopping or to obtain goods and services. Most of the elements that constitute a good public environment for older adults constitute a good public environment for everyone.

Walkability and access to transportation are important to young and old alike.

For the aging person the safety and convenience of these services, or the lack of them, makes the difference between aging gracefully and depending on others for daily needs.

Recommendations

R22 WALKABILITY

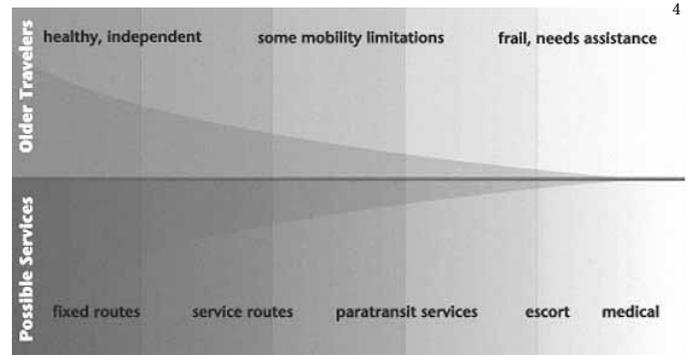
In a healthy, socially vibrant community, residents must be able to walk. As people age, they may lose the ability to drive safely long before they lose the ability to walk. Walking is the favored mode transportation for seniors who are either uncomfortable driving or unable to do so. Walking helps maintain health and important social interactions. Providing safe sidewalks and dependable public transit for older adults can reduce the overall cost of personal services.

Guidelines for a Good Walking Environment

Provide infrastructure to allow community residents to walk to needed services

- Services and resources must be located near housing, either within a five-minute walk from residential neighborhoods, or within a five-minute walk from public transportation.
- Discourage auto-dependency of neighborhoods; encourage pedestrian friendly design:
 - Construct wide sidewalks on both sides of all streets, with buffers between sidewalks and curbs cuts.
 - Create in-street bicycle lanes to separate bike traffic from pedestrians.
 - Plant grassy, tree-planted medians in multi-lane streets to create midway stopping points.
 - Construct narrower neighborhood streets to dissuade speeding and reduce crossing time.
 - Plant trees along the roadside to both provide shade and slow traffic.
- Allow on-street parking
- Construct safer street crossings:
 - Ensure curb cuts are manageable at cross walks.
 - Provide clear signage at crosswalks for both pedestrians and motorists.

- Extend times of crossing signals to insure adequate time for elderly, disabled and slow pedestrians.
- Locate crosswalks at all intersections and crossing-lights at all intersections with traffic lights.
- Stop signs make intersections easy to cross; traffic lights make them more difficult to cross.
- Sharp corners at intersections slow traffic and allow pedestrians to cross more easily and safely.



Exploring Public Transportation Issues

A community's transportation network must provide access for all persons easily, safely and efficiently. Although public transportation is readily available in some areas, many older adults have difficulty accessing public transportation. In some neighborhoods, seniors may have difficulty walking to bus stops and waiting for the bus to arrive. As reported in the 1996 AARP senior housing study, 20 percent of older adults avoid using public transportation because of the threat of crime. An older adult may have difficulty accessing public transportation and conducting errands unassisted, particularly when carrying grocery bags or other items. A study conducted in Houston, Texas reported that almost 50 percent of elderly and disabled residents live within two blocks of a bus stop but at the same time, the use of public transportation was nearly impossible due to lack of sidewalks, curb cuts and bus shelters.⁵

A large increase in the number of older drivers will require changes in road and parking standards. Localities will need to provide more accessible parking and wider roads. Diminished vision will require better signage: bigger, larger letters, more contrast and improved reflectivity for nighttime visibility. Many studies suggest that speed limits might have to be reduced for seniors to feel safe as either drivers or pedestrians. In highway design, additional lanes are not always an improvement -- fewer, wider lanes allow traffic to flow more quickly and drivers to feel safer.

One of the challenges to the public transit systems available in most areas is limited access for those who require the use of assistive devices. Some demand-responsive transportation is available for people in need of affordable transportation. These programs take older passengers from their homes to

⁴ Graph depicting older adults' transportation needs: Burkhart, John Presentation to Atlanta Regional Commission March 2003.

⁵ Brookings Institute (unpublished article), Innovations In Aging-Sensitive Community Planning and Land Use Regulation.



of Health and Human Services. In 1991, the Intermodal Surface Transportation Efficiency Act made it easier for nonprofit organizations to use federal transportation funds to operate their specialized transportation vehicles.⁶

Recommendations

R23 STRATEGIES FOR IMPROVING TRANSPORTATION SERVICES

Focus on User Preferences	→	reliability, affordability
Address User Problems	→	physical limitations
Address System Problems	→	lack of innovation
Focus on Community Problems	→	political will; funding

A comprehensive, consumer-friendly transportation program addresses: driver safety efforts, improved public transit services, integrated taxi / paratransit services, enhanced pedestrian facilities, volunteer services, escort (“hand-to-hand”) services and emergency transportation services.

Short Term Transportation Improvements:

- Improve schedule reliability.
- Give Advance notification of vehicle arrival.
- Provide “guaranteed ride home” services.
- Implement “welcoming techniques” for new riders.
- Provide boarding assistance as needed.
- Improve information services.
- Move to at-grade vehicle boarding.
- Emphasize driver courtesy and assistance.
- Provide clear signage at crosswalks for both pedestrians and motorists.
- Construct pedestrian islands in the medians of multi-lane streets.
- Extend length of crossing signals to ensure adequate time for elderly, disabled and slow pedestrians to cross streets safely.

Long Term Transportation Improvements:

- Provide multiple types of services at various prices.
- Tailor trip characteristics to specific trip needs.
- Focus on smart technologies to enhance service and cost-effectiveness available for demand-responsive services.
- Provide multiple payment options.
- Increase service frequency, comfort and reliability.
- Increase service hours and range of destinations served.

specific locations on request. Known variously as para-transit, shared-ride or dial-a-ride, these special transportation services are usually operated by public transit authorities, social service departments of municipal governments, nonprofit organizations and private social service organizations. Using smaller vans or minibuses, most operate weekdays during normal business hours and require riders to make reservations at least 24 hours in advance. More than 100 federal programs fund transportation services. The Department of Transportation, specifically the Urban Mass Transportation Administration, provides the majority of support, augmented by funds from the Department

⁶ Brookings Institute (unpublished article), Innovations In Aging-Sensitive Community Planning and Land Use Regulation.

Solving the Planning and Zoning Equation



ZONING ORDINANCES are often responsible for enabling or preventing the development of “lifecyle communities.” Lifecyle communities are communities that are sufficiently flexible in physical infrastructure and service and social resources to accommodate the changing needs of all residents as they age.⁷ As America’s population ages over the next few decades, communities will need to consider how guidelines in the Americans with Disabilities Act (ADA) may be applicable to the planning of entire towns.

Due to the tradition of strict separation of uses in zoning ordinances, it is often very difficult for senior housing types including assisted living and congregate housing to gain zoning approval. Typically senior housing developments need to mix service uses with residential uses to meet the needs of their residents. Many zoning ordinances seek to prevent such mixing based on outdated beliefs about the undesirable health effects of mixing housing and commercial activities. Developers of senior housing frequently have to negotiate and appeal zoning regulations on building use classification, height and site coverage, as well as parking for staff, residents and visitors.

Recommendations

R24 DIVERSIFY THE HOUSING STOCK

A diverse housing stock is critical to maintaining lifecyle communities. For many older adults, the housing problem is not the need for on-site care, but rather, simply the need for a smaller, more easily maintained residence. Zoning ordinances need to be modified to increase the availability of single story townhouses, apartments and condos within single family zones. Limitations on the number of units in one building can be helpful in preserving appropriate residential scale. Corner lots are especially well suited to such uses. Growing communi-

ties should have a goal of mixing smaller and larger units in close proximity. Because municipal zoning ordinances have the power to prevent the construction of a diverse housing stock, communities should review any local zoning or ordinance. Rules that exclude housing options such as mother-in-law apartments, duplexes and triplexes or cluster housing need to be eliminated if the community is going to include housing types more suitable to seniors than standard single family homes. A healthy, vibrant community must integrate a wide variety of housing types, sizes, densities and costs.

Achieve Mixed Uses, Types, Densities, Costs

R25 CHANGE ZONING TO ENCOURAGE DIVERSE USES, DIVERSE HOUSING TYPES AND INCREASED DENSITIES

- Allow integration of commercial and residential properties in close proximity or on the same site.
- Allow integration of different densities and housing types within the same residential district.
- To reduce NIMBY sentiments, educate citizens about the advantages of legalizing accessory housing units and the documented increase in property value in neighborhoods with a mix of housing size and prices.
- Maintain the character of historic neighborhoods by permitting the conversion of single family homes in to two or three

“NIMBY” – NOT IN MY BACK YARD – *Community objections to senior housing development often range from concerns about lowering property values to the negative impact of increasing traffic. The reality is that a well-designed development that responds to the scale and character of the neighborhood has been shown to have no adverse impact on property values.*

Conversely, a protracted legal battle can deplete a developer’s resources and thus compromise the exterior and landscape design that could enhance value of the whole neighborhood. While the problem of community acceptance can arise in any location, the desire to avoid drawn-out, expensive siting conflicts leads many service providers to opt for less desirable locations where local residents are less likely to put up a fight.

⁷ Minnesota Department of Health and Human Services, Project 2030 Preparing for the Future: Minnesotans Identify Opportunities and Challenges for an Aging Society.

GEORGIA FAIR HOUSING LAW

Georgia's Fair Housing Law sets important parameters under which local housing policy, including zoning regulations and rulings, can be made. The Fair Housing Law has specific regulations relevant to seniors including a clause preventing exclusionary zoning and provisions that require landlords to make reasonable accommodations for disabled tenants and allow disabled tenants to modify their rental units at their own expense.

separate apartments or condos based on lot size and ability to park behind the building.

- Allow implementation of accessory housing.⁸
- Encourage homebuilders to construct housing that is easy to retrofit or convert to multi-tenant housing (i.e. duplexes, etc.), and change zoning to allow such conversion.
- Zone land for congregate living or create a system for expediting the group home permitting process. At a time when the construction of group homes, nursing homes, skilled nursing facilities and hospices has increased, the resistance to proposed projects in many communities has also grown. Care homes provide important services and benefits to the community as a whole. To improve neighborhood acceptance, the appearance is important. Development of one or two example homes by a reputable developer with experience responding to neighborhood input can help allay anxiety about group homes.
- Educate the public about the benefits of senior congregate living facilities.
- Evaluate zoning codes to allow the increased development of senior congregate housing. Given the widespread opposition to community based group homes and other congregate living facilities, county planning and zoning departments need to review ordinances and plans to insure a mix of age-appropriate housing.
- Good site planning plays a major role in minimizing potential conflict. Models of good practice in planning and siting group homes need to be identified and publicized among the developers and builders of group homes.

R26 MODIFY EXISTING STOCK TO FIT DIVERSE HOUSING NEEDS

- Allow certain types of multi-family residences, like shared housing, on single-family lots.
- Allow single family homeowners to sublet parts of their residence to provide additional income streams, security and companionship and prevent overhousing.
- Treat “families of choice” as traditional families in single family housing designations. Families of choice are groups of individuals who are not biologically related but live together and share a kitchen.
- Encourage shared housing:
 - Legalize free-market shared housing options (renting out extra bedrooms, etc.)

- Allow agency-assisted shared housing (allow nonprofits, churches, schools, etc. to play “matchmaker” between two potential roommates).
- Establish special code definitions to differentiate shared housing from “rooming houses” or “boarding houses” to avoid the misperception that shared housing is “transient housing.”

R27 CREATE A POLITICAL CONSTITUENCY.

Zoning changes do not simply happen in windowless rooms — they are often very public processes involving neighborhood members and raising intense emotions and strong opinions. A critical component of any strategy to solve the planning and zoning equation and promote aging in place is an **effective political constituency that will support change.**

Aging is a universal experience. As a result, issues affecting seniors are ripe for coalition building. While effective and mutually beneficial alliances between smart growth advocates and senior citizen advocates have not yet emerged around issues of community planning, their overlapping objectives and shared interests are clear. Senior citizens' coalitions have enormous political clout and an extensive track record of effective mobilization. With a little outreach from smart growth advocates, senior coalitions could help galvanize political will around efforts to create more livable communities. Older adult coalitions have many incentives to reach out to smart growth advocates. As seniors age and become frailer, the effects of sprawl and poorly planned communities take an increasing toll on both the quality and duration of their lives. While “community livability” may determine the quality of life for all citizens in an area, for senior citizens, it may determine the very possibility of maintaining a life there.

Currently when communities are faced with senior issues, the young and old do not form alliances to address their community's livability. Younger residents often react with a “NIMBY” sentiment when the prospect of a senior facility is proposed for their neighborhood, fearing that the facility will negatively impact their property values and/or create increased traffic burdens on their streets. Older residents often vote against school improvement referendums fearing property tax increases, making life more difficult on families with school aged children. The failure to form “livability” alliances in both cases damages a community's quality of life, segregates communities by age and prevents many of the beneficial returns inherent to mixed-generation community life.

⁸ For a discussion on accessory apartments, please see Appendix F Housing Definitions.

Using GIS

to Address the Challenge of Coordination

SUCCESSFUL AGING IN PLACE initiatives depend heavily on coordination. The federal government delivers housing and healthcare funds through disparate channels that have to be coordinated by communities to be effective. On one hand, the Department of Health and Human Services supplies funds for health service to states, while on the other, the Department of Housing and Urban Development supplies funds for housing services to localities. In addition to different federal funding sources and regulations, the responsibility for and jurisdiction over planning and community development efforts lie with local governments. Yet all these parts have to work together to make aging in place successful.

The first step in simplifying the administrative complexity inherent to coordination is to track the data associated with the two programs in a coordinated manner and to quite simply **put the information on the same page**. Geographic Information System (GIS) technology provides a valuable tool for local governments. By mapping where seniors live and where the current health and housing facilities are located, it is easier to identify potential overlaps between health and housing



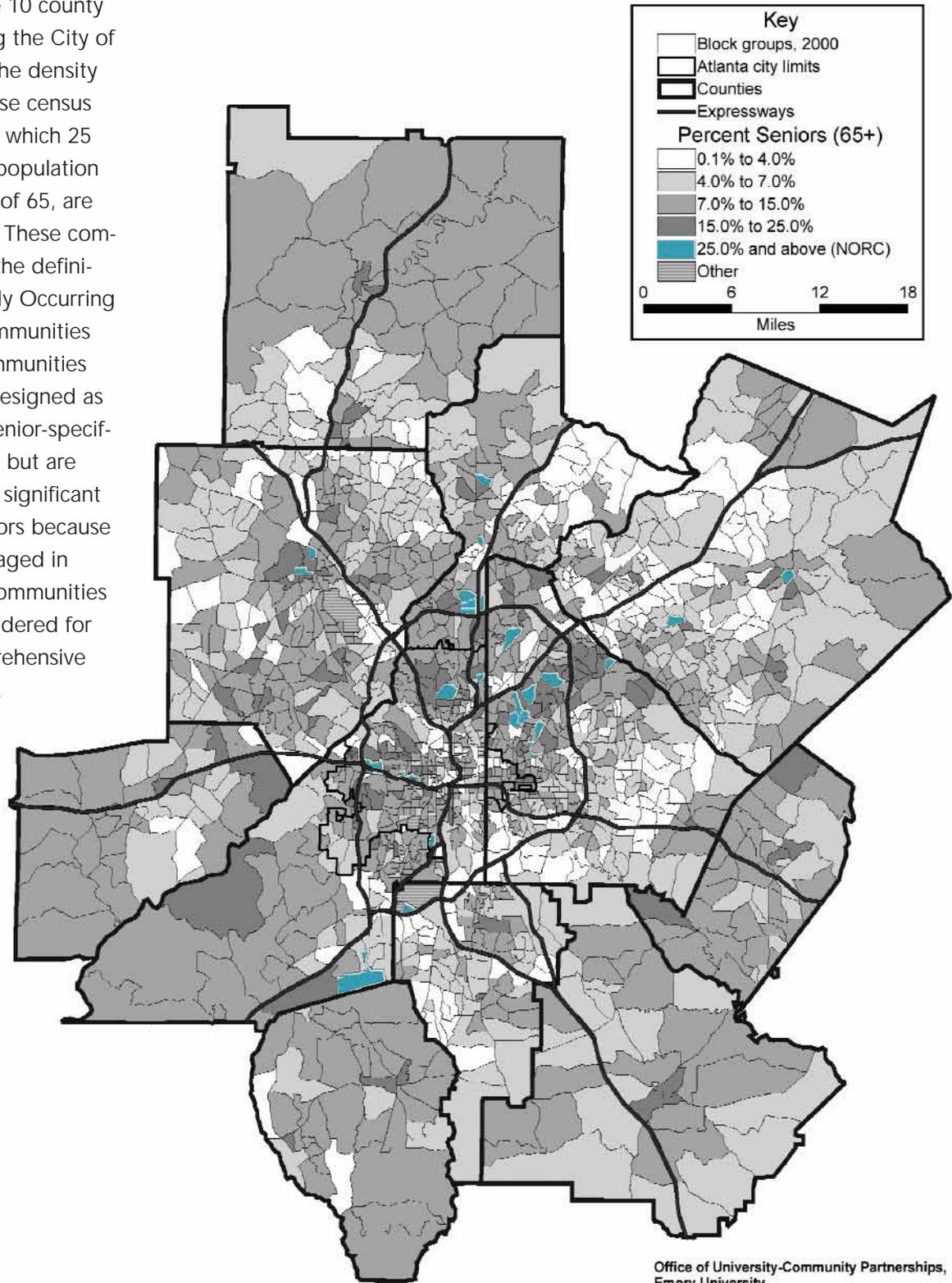
and compare these systems to the ongoing comprehensive planning efforts.

GIS technology brings together different sets of information in a visual way that does not focus on regulations and limitations but the physical characteristics of the community. Mapping sets the stage for coordination.

The following maps were developed by Emory University's Office of Community Partnerships and the Community Housing Resource Center as a demonstration of the critical role the GIS technology can play in facilitating the collaborations necessary for successful local Aging in Place strategies. All maps include the 10 county region of Atlanta: Cherokee, Cobb, Clayton, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale counties. Local communities, when considering their own strategies, should examine where services are located in near by counties, what potential service overlaps may exist and what economies of scale can be achieved across county lines.

Identifying Naturally Occurring Retirement Communities

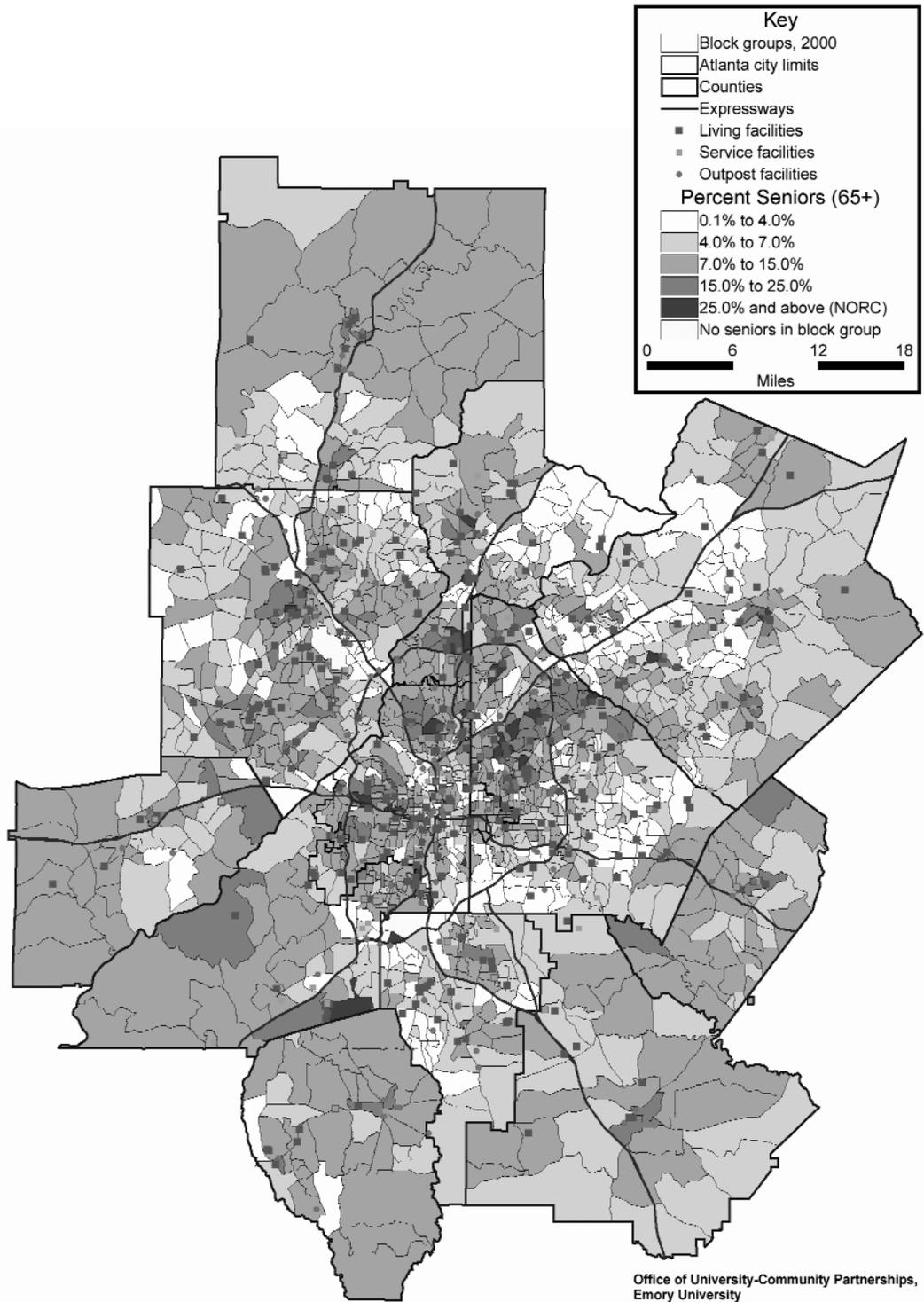
This map of the 10 county region including the City of Atlanta, maps the density of seniors. Those census block groups in which 25 percent of the population is over the age of 65, are marked in red. These communities meet the definition of Naturally Occurring Retirement Communities (NORCs) – communities that were not designed as retirement or senior-specific communities, but are populated by a significant number of seniors because residents have aged in place. These communities should be considered for targeted comprehensive service delivery.



Locating Health and Housing Providers

The location of service providers and major senior living facilities are mapped throughout the ten county region. Living facilities include nursing homes, continuing care retirement communities, assisted living facilities and HUD 202 buildings. Service facilities include senior centers and health clinics. Services which operate out of one location but serve a larger geographic area are indicated as outpost facilities. These include home health services, meals on wheels programs and personal care assistance.

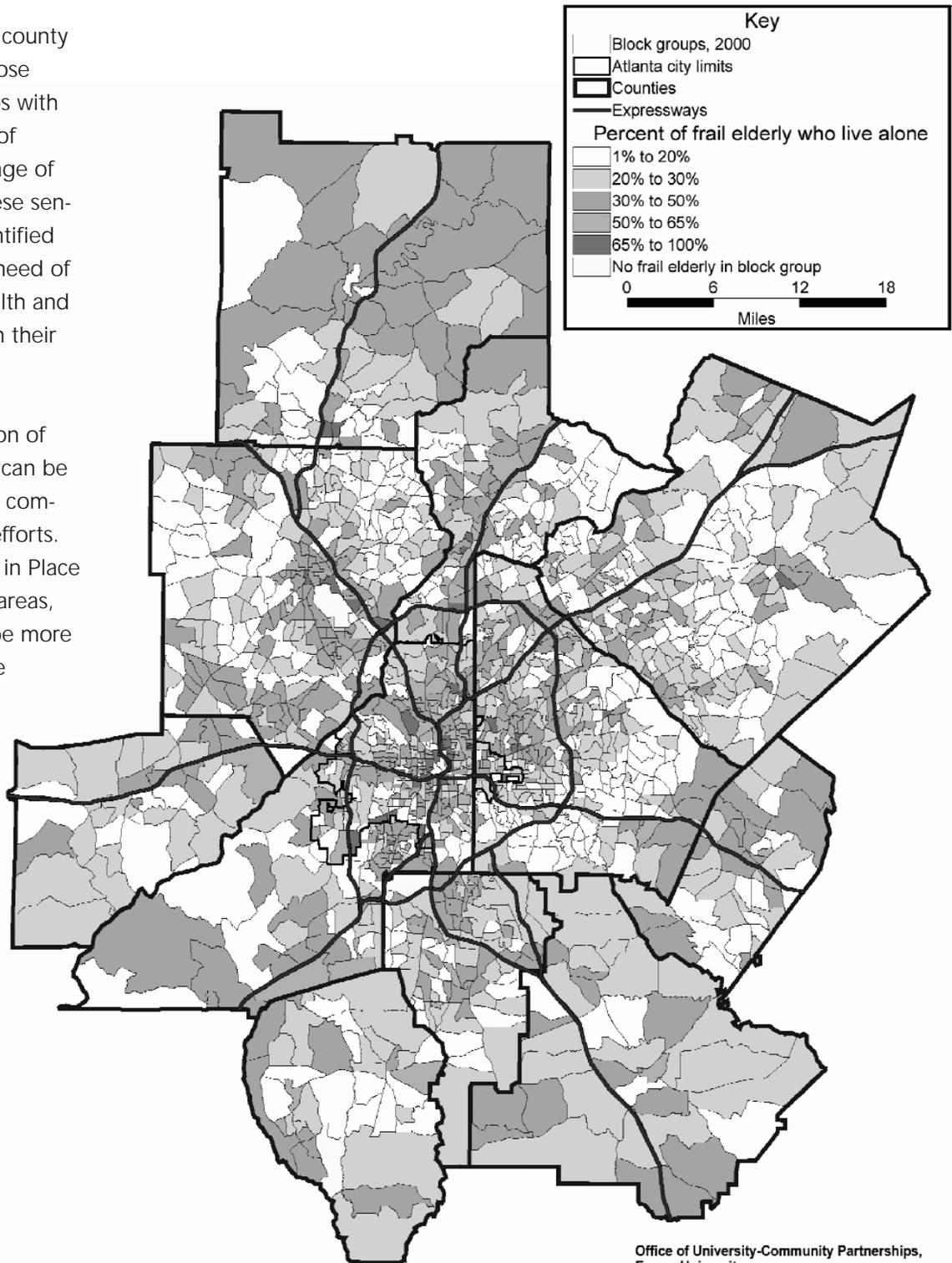
By mapping the location of these services, communities can identify possible overlaps and potential partnerships to provide more comprehensive local services.



Identifying High Risk Seniors

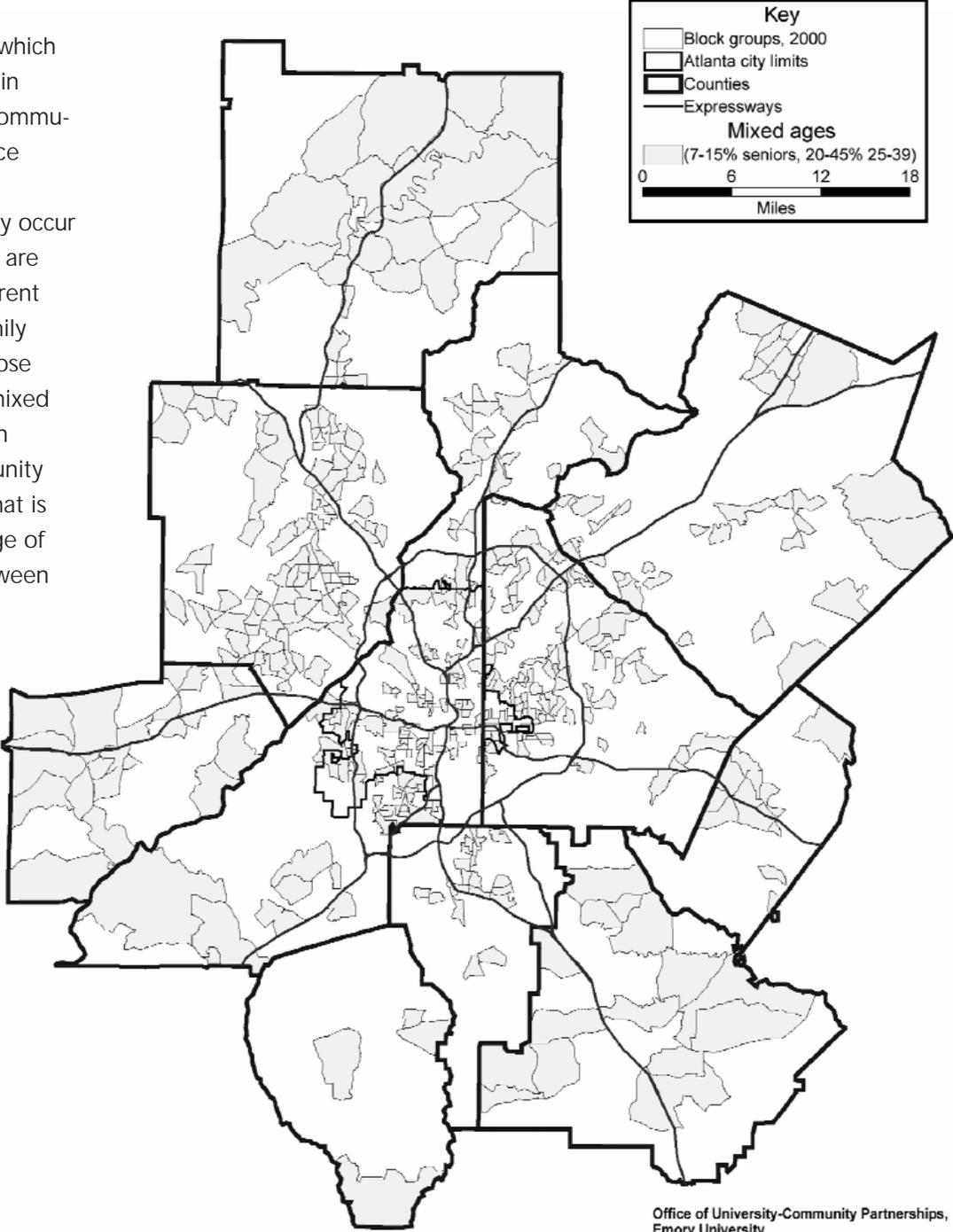
This map of the 10 county region identifies those census block groups with a high percentage of seniors above the age of 75 living alone. These seniors have been identified as high risk and in need of comprehensive health and housing to maintain their independence.

Knowing the location of these communities can be very important to a community's planning efforts. By targeting Aging in Place strategies in these areas, communities may be more likely to achieve the cost savings of prevention programs.



Locating Mixed Generation Communities

This map identifies which census blocks contain mixed generation communities. Aging in Place programs are more successful when they occur in communities that are home to many different age groups and family types. For the purpose of this illustration, mixed generation has been defined as a community with a population that is 7-15% above the age of 65 and 20-45% between the ages of 25-39.



Office of University-Community Partnerships,
Emory University



Making the Case for Aging in Place

AGING IS THE UNIVERSAL experience that is universally different. It is happening to all of us, all of the time. But how it happens, when it happens and the lifestyle changes it requires are different for everyone. Comprehensive and cost effective policies to support the growing older adult population must reflect the heterogeneous nature of aging, providing a spectrum of health, housing and supportive services, flexible enough to meet the different needs of different individuals.

Aging in Place strategies allow individuals to customize their own housing and health care programs, by drawing primarily on friends, family, and neighbors, and then supplementing these community supports with more in depth public services only as needed. The result is a strategy that is both more tailored to the individual and more affordable to the government.

Two Expensive Options: Overcare and Undercare

No single package of services will fit all the needs of the growing older adult population. Surprisingly, when it comes to healthcare, housing and supportive services for older adults, customized care is more efficient than standardized, large-scale service delivery. While in most industries, large-scale production and delivery can improve quality and decrease cost, the heterogeneous nature of the aging experience makes large scale

delivery inappropriate. Care either falls short of a person's needs (undercare) or exceeds (overcare) the needs. Undercare occurs when an individual does not receive support services necessary to maintain adequate health and nutrition. Overcare most commonly occurs when individuals, at great expense to society, are pre-maturely institutionalized because needed services are not available in their community. While different levels of services are offered, care is not tailored to the need of the individual but instead responds to the median need of the majority. Resources are either wasted on those who do not need them or the health complications resulting from inadequate care increase costs over the long term.

Overcare

Overcare is the provision of inappropriate long-term care. This is most likely to occur when an individual is faced with too few options either because options are not available or they are unaffordable. When a change in health or mobility renders an older adult's current residence inadequate and alternative housing and supportive service options are not available in the community, the next and rather drastic step is a move into a longterm care facility. These facilities often provide care at distinct levels of service, inhibiting the possibility of individualized care.

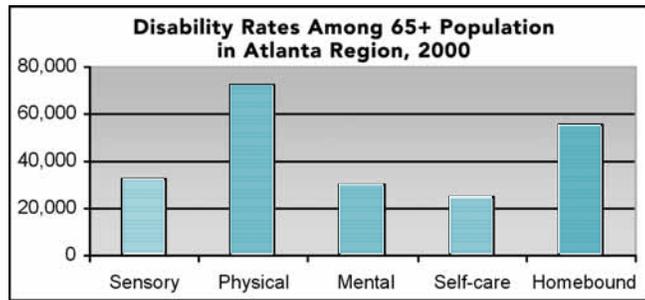
The average cost of a nursing home in the state of Georgia is \$114 per day, \$41,610 per year.

Medicaid pays for the cost of care of 82% of all nursing home residents.

Consequences of Overcare

Production model of service delivery is inefficient. A production service model is most like an assembly line, supplying individuals with identical services as they move down a conveyor belt. While in many industries, this process achieves valuable economies of scale, in healthcare it is far more likely to result in too much care delivered to some and not enough care delivered to others. With a growing older adult population and increasing demands for services, communities can stretch limited dollars by creating custom care models and avoid giving excess care to those who do not need it.

Loss of independence increases total cost of care. When individuals receive more care than necessary or restrictive service models limit their independence, they are more likely to live shorter, less productive lives of decreased quality. Often the loss of freedom and mobility can cause depression and confusion, accelerating the deterioration of an individual's health. Extensive "research in learned helplessness details the destructive effects the regimens of overcare can have on the human spirit, creating listlessness, depression and abandonment of efforts to exert control."⁹ As overall health decreases, the level of necessary service increases, making overcare a self-fulfilling prophecy.



Undercare

Undercare results from the inadequate provision of health or housing services. This is most likely to occur when an individual lives in substandard housing or is "over-housed" – living in a house that is too large or simply unmanageable. Undercare also occurs when limited mobility or the lack of accessible transportation prevents an individual from receiving the proper level of care to maintain good health and prevent illness or catastrophe. By neglecting either the health or home of an individual, undercare can incur unnecessary health and housing expenses.

Consequences of Undercare

Costs of poorly maintained housing stock. Many older adults struggle to care for a home that served them well while raising a family but has become too big and too expensive for one individual to maintain. Without assistance, the home can rapidly deteriorate and cause damage both to the individual's health and to the community at large. Maintaining a home is much cheaper than rehabilitating it after the home has suffered from a roof leak or plumbing problem.

Expense of catastrophic illness. As an individual ages, proper nutrition, regular health examinations and appropriate medication can provide a high quality of life with maximum freedom and dignity. When individuals do not receive the appropriate level of nutrition or healthcare they are more susceptible to catastrophic events: bone fractures, heart attacks, infection etc. Healthcare and rehabilitation services associated with such events are very expensive and in many cases preventable if the individual had received consistent and appropriate care. For example, a number of studies by the American Academy of Family Physicians demonstrated that older adults

who experience a fall are more likely to incur greater long-term health care costs and higher rates of morbidity.¹⁰



The Cost Effective Option: Aging in Place

Successful aging in place programs minimize the provision of inappropriate care by offering a range of flexible services and calibrating those services to fit the needs of each individual. Rather than a rigid service delivery system, aging in place strategies create both healthcare and housing options that provide support at the margin of need, as defined by an individual's personal desire and ability to live independently. Aging in place works best as part of a comprehensive and holistic approach to the support needs of an aging individual and an aging community as detailed throughout this toolkit.

Consequences of Aging in Place

Maintaining social network decreases total cost of formal care. Aging in place promotes self-sufficiency, encourages cost-saving interdependence between friends, family members and neighbors in the community, offsets social isolation and does not involve costly professional support unless necessary. Rather than relocating an individual to a facility, aging in place preserves valuable social networks. In addition, the loss of friendships, familiar shopping and entertainment facilities and informal supports can result in a significant loss in the quality of life, personal control and dignity. Aging in place allows all of these powerful networks to remain intact, offering both quantitative and qualitative benefits. A recent study completed by Harvard University concluded that "compared with persons who had five or six social ties, those who had no social ties were at increased risk for incident cognitive decline after adjusting for a variety of socio-economic and physical factors."

Limiting relocations decreases the cost of total care. The very act of moving an individual can be expensive. Searching for the appropriate facility is time consuming and can often result in the expense of overcare. Any move can be traumatic but a move resulting in the loss of functional independence is particularly difficult to recover from and can result in confusion and diminished self-help capacity.

When individuals are allowed to age in their communities with their social support networks intact, costs are minimized and care is delivered in response to actual need, not rigid service delivery models. Communities save needed resources by reducing the amount of unnecessary services provided to individuals who could and would prefer to be more independent.¹¹

⁹ Kane, Rosalie, "Long Term Care and a Good Quality of Life: Bringing them closer together", *The Gerontologist*, June 2001.

¹⁰ Fuller, George, "Falls in the Elderly", White House Medical Clinic, Washington, DC, April 2000 and Steinweg, Kenneth, "The Changing Approach to Falls in the Elderly" East Carolina University School of Medicine, November 1997.

¹¹ Bassuk, Shari "Social Disengagement and Incident Cognitive Decline in Community-Dwelling Elderly Persons" *Annals of Internal Medicine* Volume 131 Number 3 1999.



Five Successful Aging in Place Programs

Choice

The Atlanta Regional Commission (ARC) funded Jewish Career and Family Services to create a caregiver voucher program. Individuals receive a set of vouchers that allow them to choose any public, private or nonprofit service to address their primary needs. Participants have employed neighbors to complete housekeeping and lawn care, paid for medication at the local pharmacy and contracted for companion/sitter services. They used various transportation services and adult daycare

The voucher program annually serves 42 individuals who are not eligible for other subsidy programs each year. Each individual receives \$750/year and is assisted by a case manager.

programs as well as many other services. The voucher program emphasizes the value of choice and the results that can be achieved when an individual determines his or her own needs and chooses the service provider that best suits

his or her needs. Currently several of the 10 county-based aging programs are pursuing voucher programs targeted to specifically meet the needs of those caring for Alzheimer's patients.

Flexibility

In 1978 the State of New York implemented its "Nursing Home Without Walls" program. The program is designed for

individuals who financially qualify for the Medicaid program and physically require nursing home or nursing home level care. Rather than enter a nursing home, the individual has the option to create an in-home service package. These services must provide adequate health and housing services at the same level administered in a full time nursing home, but the individual has the flexibility to choose the combination of services that best suit him or her. As long as the combination of services does not exceed 75 percent of the cost of a licensed nursing home in the same community, the state will reimburse the in home services and the individual can age in place. This program has proven to be very popular in New York. Because each participant must create a service package costing less than 75 percent of the cost of a nursing home, the state has saved a considerable amount of money.

Entrepreneurship

There are many opportunities to capitalize on the collective purchasing power of an organized community of seniors. Penn South Housing Co-op in New York City¹² negotiated an agreement with St. Vincent's psychiatry program. Fellows from St. Vincent's now rotate through the co-op as part of a geropsychiatry training program, giving the psychiatrists much needed field experience while providing free care to Penn South sen-

¹² For more information about the Penn South Co-op see Appendix B.

iors. The co-op has also partnered with the Visiting Nurse Service of New York. VNS was able to find reimbursable cases while the co-op residents received convenient nursing care. Realizing that the concentration of older adults at Penn South provided new business opportunities, both Beth Israel and St. Vincent's Hospitals opened offices at Penn South. In addition to providing an opportunity for improved and coordinated care, all three partners provide free services including screenings, lectures and flu shots, in exchange for assistance in marketing to residents.¹³

Mixed Generations

People old and young alike benefit from being around each other. Seniors often provide daycare, tutoring and general stability when they are involved in the daily routines of young families. Young people, in turn, can keep older adults engaged and active as they become frail. The mutually beneficial, symbiotic relationships between older adults and young adults need little planning to occur, however, proactive planning insures that community design does not prevent opportunities for generations to mix. Contemporary planning, zoning, and development practices often seek to discourage mixing housing types. This segregation creates entire neighborhoods composed of three or more bedroom homes that are well suited for raising families but are far too large for aging empty nesters. Another neighborhood may have plenty of apartments and town homes but lack sizeable units in which to raise families. Planners often resist the "spot zoning" that would allow a mix of unit types. Developers resist mixing unit types, fearing that smaller units would hurt the property value of the surrounding larger units. Thus, without proactive planning, fundamental and naturally occurring relationships between generations can be thwarted by the design of a community.

Penn South Housing Co-op in New York proactively encourages and plans for positive interactions between its older and

younger residents. The co-op grounds have been intentionally arranged. Walking and sitting spaces for older residents are located close to playgrounds and outdoor play space. One area of the grounds is fenced off and designated as an intergenerational garden. Beds are laid out and assigned

Originally the garden was laid out in "plots" but many seniors who had had to make arrangements for grave plots preferred the term "beds"; the change is a constant source of amusement to the older residents.

to teams of old and young, matching "one eight year old to every eighty year old." This garden has been so well received, it is often used for weddings and other special celebrations. There

are many other "planned" shared experiences as well: a quilting group that involves seniors with children meets regularly; a program arranges for senior residents to volunteer time in a local public school reading to children; and another volunteer group involves seniors who encourage and support teenagers to form their own groups within the co-op structure.¹⁴

Smart Growth

As the baby boomers approach retirement, communities can expect shifts in the population. Many older adults will relocate to areas where localities have interpreted Smart Growth to include elder-friendly growth. Communities like Fort Gaines, GA, have begun to recognize the economic potential for growing in an elder-friendly manner. Fort Gaines is a rural community that has lost population over the past two decades as the younger residents have moved to urban areas with better job markets.



The elder friendly strategy has begun to pay off, drawing retirees from such places as Atlanta, Ga., Roanoke, VA, Fort Lauderdale, FLA., Philadelphia, PA. The majority of new residents are of the age bracket localities consider most economically desirable- young retirees age 62 to 65. These young retirees often have sizeable savings that they have just begun to access and they do not yet have very expensive medical conditions. Senior citizens now comprise one-fifth of Clay County's population, twice the Georgia average. No other county aged more quickly during the 1990s as its median age rose 7.7 years to 42. It is now the sixth-oldest county in Georgia.

"Because of the rapidly growing older population, Georgia, like Florida, will experience policy issues and concerns that it has never had to deal with before," says Jeffrey Dwyer, director of the Institute on Aging at the University of Florida. "It will have a significant financial impact. [Clay County] will certainly be stretched and strained."

Yet Dwyer, a sociologist by training, also sees promise in the county's unique demographic experiment. With rural Georgia continuing its economic slide, communities must reinvent their economic futures. Clay "really needs to be a county to watch over the next decade or two because the rest of the counties in Georgia need to learn how to handle this population," Dwyer says.¹⁵

¹³ Nat Yalowitz, Karen Bassuk, An Intergenerational Community With Supportive Services: The NORC Model at Penn South Program For Seniors.

¹⁴ Nat Yalowitz and Karen Bassuk, An Intergenerational Community With Supportive Services: The NORC Model at Penn South Program For Seniors.

¹⁵ Dan Chapman, The Atlanta Journal Constitution 07-29-01, The graying of Fort Gaines: Southwest Georgia town hopes its invitation to retirees will help revive its dwindling population.

Appendices

APPENDIX A: Additional Resources

RESOURCES BY SUBJECT

ACCESSORY APARTMENTS

<http://muextension.missouri.edu/xplor/aging/gg0014.htm>

Information on in-law suites: who chooses them, three models, common features, rules of thumb, positive and negative implications for the homeowner and the community, steps in launching an accessory apartment project, mechanisms for obtaining exceptions or for changing a hostile zoning ordinance.

AFFORDABLE HOUSING ORDINANCES

<http://www.mrsc.org/planning/housing/ords.htm>

DEFERRED PAYMENT LOAN PROGRAMS

Marinette, WI — http://www.marinette.wi.us/government/comdev_programs.html

Norman, OK — <http://www.ci.norman.ok.us/planning/Revitalization/Rehab.htm>

Minnesota — <http://www.wcmca.org/MHFARehabLoan.htm>

Pennsylvania — <http://www.phfa.org/programs/singlefamily/ahm.htm>

HOMESTEAD EXEMPTIONS AND PROPERTY TAX CREDITS – Georgia Property Tax Division

<http://www2.state.ga.us/departments/dor/ptd/index.htm>

Georgia Department of Revenue: Property Tax Division: County Ad Valorem Tax Facts

<http://www2.state.ga.us/departments/dor/ptd/county/index.html> Specific information on property taxation in the various counties in Georgia, including: Location of Courthouse; Local Tax Officials; Property Tax Returns; Homestead Exemptions; Ad Valorem Tax Payments; Valuation Appeals; Ad Valorem Tax Refunds.

HOUSING FOR OLDER PERSONS ACT (HOPA)

Georgia Fair Housing Law

http://www.dca.state.ga.us/housing/FairHousingLaw_03.pdf Overview of statute, descriptions of jurisdiction, including: failure to make dwellings accessible, failure to make reasonable accommodations, failure to allow reasonable modification.

LIHEAP (Low-Income Home Energy Assistance Program)

<http://www.acf.hhs.gov/programs/liheap/> Information on US Department of Health and Human Services' LIHEAP program for weatherization in all 50 states. Depending on the LIHEAP grantee, LIHEAP funds can be used for the following types of energy assistance: heating assistance, cooling assistance, energy crisis intervention, low-cost residential weatherization and other energy-related home repair.

US Department of Energy – Weatherization Assistance Programs

<http://www.eere.energy.gov/weatherization/> Information on federal program and state agencies.

Georgia Energy Assistance Program (Community Services Section, Division of Family and Children Services, GA Dept of Human Resources)

<http://www2.state.ga.us/Departments/dhr/energy.html>

OVERHOUSING: US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REPORT

<http://www.hud.gov/library/bookshelf18/pressrel/elderlyfull.pdf>

PREDATORY LENDING

www.jchs.harvard.edu/publications/finance/goldstein_w99-11.pdf "Understanding Predatory Lending: Moving Toward a Common Definition and Workable Solutions", Neighborhood Reinvestment Corporation and The Joint Center for Housing Studies of Harvard University. Fellowship Program for Emerging Leaders in Community and Economic Development. October 1999.

SHARED HOUSING

<http://muextension.missouri.edu/xplor/aging/gg0013.htm> Definition, models (naturally-occurring, agency-assisted, referral, counseling, agency-sponsored), community gains from shared housing, steps in launching a shared housing program, barriers that can impede shared housing, sources of assistance.

TAX DEFERRALS

Bulletin — Equity and Senior Citizens

<http://csf.colorado.edu/seminars/sustecon/Roodman.oct98/0036.html>

Arguments in favor of tax-deferral programs for elderly.

Colorado — <http://www.co.larimer.co.us/treasurer/def.htm>

Florida — <http://www.state.fl.us/dor/property/exemptions.html>

Massachusetts — <http://www.state.ma.us/sec/cis/cisptx/ptxidx.htm>

Oregon — <http://www.dor.state.or.us/seniorDef.html>

LIMITATIONS ON INCREASES IN PROPERTY TAX ASSESSED VALUE

Georgia State Univ. study, with info on: Existing Limitations (in the seven states that have them); The Constitutionality of Assessment; Increase Limitations; Economic Effects of Assessment Increase Limitations; Effect of Assessment Limitations on the Level of Property Taxes; Property Tax Assessment Limitations in Muscogee County, GA (The Effect on Aggregate Property Tax Digest, An Analysis of Assessment Disparities, An Analysis by Socioeconomic Characteristic, Mobility).

http://frp.aysps.gsu.edu/frp/frpreports/report_37/no37_fr.html

KEY ARTICLES AND WEBSITES

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Gaberlavage, George and Citro, Jeremy, "Progress Housing Older Persons" AARP http://research.aarp.org/il/d16376_toc.html January 1997.

Hare, Patrick "Frail Elders and the Suburbs" Generations, Journal of the American Society on Aging, Spring 1992, pp. 35-39. <http://www.homemods.org/library/pages/fraillelders.html>

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Katz, Peter The New Urbanism: Toward an Architecture of Community. McGraw- Hill: New York. 1994.

Lawler, Kathryn "Aging in Place: Coordinating Housing and Healthcare Provision for a Growing Elderly Population" Harvard University Joint Center for Housing Studies Working Paper Series, September 2001. http://www.jchs.harvard.edu/publications/seniors/lawler_w01-13.pdf

Schneider, Andy and Elias, Risa, "Medicaid as a Long Term Care Program: Current Benefits and Eligibility" Kaiser Family Foundation Issue Paper November 2003.

<http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=28090>

Seeman, Teresa "Emotional Support Keeps Brain Going Into Old Age" Health Psychology July 2001.

<http://www.hbns.org/newsrelease/emotional7-04-01.cfm> Relying on a network of family and friends for emotional support may slow the cognitive decline associated with getting older, and single older people may stay mentally sharper than married couples, according to a new analysis of data from the MacArthur Studies of Successful Aging.

SENIOR RESOURCE FOR AGING IN PLACE

<http://www.seniorresource.com/ageinpl.htm> Various resources and recommendations pertinent to aging in place.

Aging In Place, Relocating Options, Senior Retirement Communities, Age-Restricted Apartments, Modular Home Communities, ECHO or Accessory Unit Housing, Shared Housing, Continuing Care or Life Care communities, Congregate Communities, Assisted Living, Board and Care Housing, Nursing Homes, Alzheimer's Communities, Senior Daycare, Short Term Vacation Housing Options, Cost Comparisons, Eldercare Locator Number.

TCRP Report 82 Improving Public Transit Options for Older Persons

www.tcrponline.org and www4.trb.org/trb/onlinepubs.nsf/web/tcrp_report_82toc

TCRP Report 91 Economic Benefits of Coordinating Human Service Transportation and Transportation Services

http://gulliver.trb.org/publications/tcrp/tcrp_rpt_91.pdf

Transportation Availability and Use Study for persons with Disabilities, 2002

http://www.bts.gov/omnibus/targeted/2002_national_transportation_availability_and_use_survey/

Yalowitz, Nat and Bassuk, Karen "An Intergenerational Community with Supportive Services: The NORC Model at Penn South Program for Seniors". Penn South Social Services, Inc. Mutual Redevelopment Houses, Inc. New York, NY. Presented at the American Society on Aging, San Francisco. March 1998.

APPENDIX B: Penn South NORC Case study

Introduction

Penn South is a 2,820-unit, 6,200- person, cooperative housing development in the Chelsea area of Manhattan in New York City. It is a moderate-income, nonprofit, limited-equity housing cooperative. Constructed by the International Women's Garment Union in 1962, Penn South has always been a place where a sense of common purpose could flourish. Many of its original residents came from union labor and organizing backgrounds. The ideology of co-op living, where property is jointly held and democratically managed, was easily adopted by the workers and organizers. Collective endeavor is a highly valued aspect of community life for these early founders. The co-op structure thrived at Penn South, not only providing a basis for collectively owning and managing property, but also serving as a vehicle for collective entrepreneurial endeavors.

Perhaps one of the most striking ventures undertaken by Penn South was the construction of its own electrical generating facility. The entire collection of residential high-rises is off of the Con Edison power grid. Through a sophisticated collection of technologies, Penn South's generating plant has both natural gas and crude oil fueled generating capacities. As the prices of oil and natural gas fluctuate, the plant switches between generators to utilize the cheaper of the two fuels. The generator's cooling systems are integrated into a massive boiler that recaptures waste heat and pumps it out to keep the residences warm in the winter. Through these innovative and energy-efficient techniques, the co-op has been able to cut its utility costs by a third since removing itself from the city power grid even after figuring in the amortized cost of construction.

In addition to the power plant venture, the Co-op has developed several on-site commercial properties and an 800 car parking facility. These business ventures help support the co-op's \$22,000,000 annual operating budget and keep the cost of housing low for its residents.

Penn South has developed a long track record of innovative endeavors to support collective living since it opened in 1962. It is not surprising that as Penn South's community began to reach its retirement years, the co-op board began to brainstorm on how the challenges inherent to aging could be met collectively.

Penn South discovers the "NORC" concept

By 1985, more than 75% of Penn South's population was over the age of 60 and the Co-op board began to investigate possible ventures that could help support the senior residents. As part of these investigations, the board came across the research of Michael Hunt and Gail Gunther-Hunt in which the term "NORC" or "Naturally Occurring Retirement Community," was coined.

NORCs have generally been understood as buildings, apartment complexes, or neighborhoods, not originally planned for older people, but where over time the majority of the residents have become elderly. The Hunts recognized in a 1985 study that NORCs differ from the stereotypical retirement community, and "yet are the most common form of retirement community in the USA." A 1989 AARP study found that 27% of all older Americans lived NORCs, compared to 6% in planned senior housing or retirement communities. The study concluded that "naturally occurring retirement communities are the [nation's] most dominant and overlooked form of senior housing."

Penn South Co-op had stumbled onto something in the Hunts' work that resonated with its sense of collective purpose. The NORC concept provided a model for thinking of their aging population as a specific community based in a place. According to the Hunts' study, Penn South did not need to transform itself become a senior housing complex, rather they already were a senior housing complex — a NORC — and simply needed to be recognized as one. Once that determination had been made by a group of long-time union organizers and political activists, it would not be long before Penn South would be officially recognized as a NORC and NORCs would begin to shed their distinction as the nation's most overlooked form of senior housing.

NORC Support: Penn South Program for Seniors and Penn South Social Services, Inc.

Once the Penn South Co-op had declared itself a NORC, the Co-op board set up a special committee charged with the responsibility of organizing and finding funds for a comprehensive service program, the Penn South Program for Seniors (PSPS). This committee sought to find independent sources of funds to implement a comprehensive program of social work, nursing, recreation, mental health, education and cultural enrichment and enlist social and health agencies already established in the community to provide programs and services on-site. The primary charge of the PSPS committee was to forestall nursing home placement and encourage older adults to remain in their own homes among family, friends and caring neighbors.

After interviewing several service providers, PSPS selected three primary agencies to provide the programs and services to the NORC: Selfhelp Community Services, Inc., Jewish Home & Hospital for the Aged, Inc. and the Educational Alliances, Inc. UJA-Federation of New York, a major private philanthropic organization, added enthusiasm and funding to the program. Many social and health agencies in the community also brought their services to the co-op.

Within a few years of operation, PSPS had achieved a firm level of organizational integrity, acceptance within the co-op community and recognition within the field. A new nonprofit corporation had been organized called Penn South Social Services, Inc. (PSSS) to assume the fiscal responsibility for PSPS. PSSS enabled the NORC to formally contract with social and health agencies and receive direct government and foundation grants. PSPS was now mobilized, sheltered within its own 501(c)3 umbrella organization and gaining



David Smith and Nat Yalowitz in front of Penn South Mural



One of nine Penn South Residential towers.

momentum. Soon both the acronyms "NORC" and "N-SSP" (NORC Supportive Service Program) would be written into state legislation.

Getting onto the State's Books: N-SSP

PSPS realized early on that they had many valuable political commodities. The difficulties associated with aging are universally experienced and as a result created a firm foundation for a widespread coalition. In addition, seniors typically devote more time to keeping abreast of politics and are more likely to vote than the general population. In 1994, after a campaign spearheaded by PSPS, New York State passed legislation providing support for NORC Supportive Service Programs. The N-SSP legislation established a channel to fund housing and social services in a coordinated manner. The program sought to prevent costly housing problems common to senior residents and strengthen intergenerational ties in the housing complex. It was endorsed by both political parties in the Legislature and was approved by two Governors of opposing political parties. As the result of the program's early successes, New York City also took an interest in NORC programs (and their highly organized blocks of voting constituents) and created its own local N-SSP legislation to supplement the state program.

From Seed Money to a Stable, Collective, Public-Minded Enterprise

Fourteen N-SSPs now operate in New York State under the N-SSP Legislation and funding. These programs represent more than the demands of a senior population; they save public dollars by requiring each housing entity with state funding to match the grant with their own funds and philanthropic dollars. Each N-SSP is designed as a collaborative venture between New York State, a housing company, social service and health agencies. The N-SSP's receive collateral benefits by providing attractive sites for private medical providers, home care agencies and others. These private providers come to take advantage of the efficient service delivery produced by concentrated populations of seniors. As a result of partnerships with private providers, state dollars have successfully leveraged almost four times as many dollars in private investment. According to the New York State Legislature, N-SSPs saved New York State an estimated \$11 million over three years by forestalling 460 hospital stays and 317 nursing home placements.

One does not have to dig too deep to see the inspiration of Penn South's sense of collective purpose and entrepreneurship in the State Legislation. The New York State-funded programs are all constructed as private/public partnerships, reflecting the belief that each N-SSP needs to have an entrepreneurial stake in its own program. Self-ownership and self-determination have been important parts of PSPS's success. Penn South residents feel that they have earned the help that they receive, and therefore the usual barriers to accepting social services among many moderate-income people do not exist. A sense of ownership and entitlement has been encapsulated within the very fabric of the entire N-SSP and has become the unwritten policy underpinning the program. The residents do not think of their program as a form of charity rather they will relay with great pride the multiple ways in which their entrepreneurship has both saved tax dollars and contributed back to the community.



Mayoral Candidate Peter Vallone campaigns at PSPS.

The NORC and Self Determination

Penn South was responsible for assessing its own problems and developing its own solutions. After the board of directors of Penn South (all residents of the co-op) began to receive reports from management that the problems of their aging residents were growing (non-payment of rent, flooded apartments, wandering, etc.), the board decided to survey the problems and needs of residents. The decision to perform the survey established a second significant policy in the development of the N-SSP: co-op residents would take control of developing the information they would need, generating that information and drawing conclusions from it. This move reflected the principle belief in self-help, a principle now translated into social policy.

Summary

As the Penn South Co-op began to age, its residents addressed the new life challenges that faced them in the way they had always responded to challenge: they studied the problems and searched for solutions in a co-operative manner. While the conclusions were not surprising and the programmatic implications not new in any significant way, the self-selection and self-determination which brought a variety of social and health services into a non-planned senior housing complex was very important. Penn South's moderate-income residents felt no sense of stigma in accepting support, because the collective effort involved so planning the planning and organizing.

Soon over 900 co-op members and over 1,200 non-member seniors had begun utilizing PSPS services and programs. Various support groups, trips and holiday party groups began to spring up. Seniors began to form after school tutoring programs and create intergenerational activities to help alleviate the community's childcare needs. The staff of social workers, nurses and home care coordinators was soon supplemented by the presence of geriatric medical and psychiatric staffs from two nearby medical centers.

Just as an example, in 1997-98 the staff team and other professionals worked with 644 clients and families on-site. Over 50 percent of the care coordination caseload is over 85 years of age and nearly 24 percent is over 90 years of age. At the center of all of this activity is a fairly simple catalyst: a basic form of moxie that seems to be undiminished by age. When faced by the adversities associated with aging, the residents of Penn South did exactly as they did when facing hostile management in the early days of the unions or fighting spiraling housing costs in the 1960's and 1970's they asserted the value of their role in society, refused to be isolated from each other and stayed in the neighborhood they called home.

- PSPS surveys tailored services to meet residents' needs. Based on feedback, the following services were developed:
- care coordination of services (commonly referred to as case management)
- group recreation
- education
- cultural and artistic programs
- home care coordination and non-acute nursing care
- social day care for those with dementia
- volunteer opportunities in all aspects of the program
- health education and preventive services
- money management
- advocacy

APPENDIX C: Florida's Elder Community Program

In March of 2000, Florida launched its Elder Ready Communities Program. Organized through the Office of Elder Affairs, this program offers communities around Florida the opportunity to assess their own facilities, services, housing stock and recreational activities and develop a plan to improve the quality of life for current and future senior residents. While the state provides guidance to communities and furnishes assessment tools and a procedural framework, residents complete most of the work on the ground. This grass roots approach not only encourages residents to get involved, but allows those who live in the community to decide their own priorities and develop their own plans for making their community more elder friendly. A community can decide to spend as much as or as little as they can afford to make improvements to their transportation, recreation or housing facilities and at a pace they can sustain, providing the maximum level of flexibility. Currently 23 communities are participating in the program and one grocery chain has become an elder friendly business. The goal of the Office of Elder Affairs is to have all of Florida's communities Elder Ready by 2006.

Defining an Elder Friendly Community

Florida defined an Elder Friendly Community as a community "that creates a physical and emotional environment that celebrates positive aging, encourages self care and engages elders in a variety of activities. It is an open neighborhood, town or an entire city where intergenerational activities and bonding takes place; where interdependence and connectivity are the key ingredients. Elder Friendly Communities possess the infrastructure of services, the street designs, the leisure activities, the walkable streets, the consumer protection, zoning laws and elder friendly businesses and government agencies that enhance an elder's independence."

Purpose

Florida designed the Elder Friendly Communities Initiative to raise awareness of the importance of considering the needs of older residents as part of the planning process. Older residents often have unique needs that are, in some cases, totally overlooked in the planning process; a process that begins with the zoning laws and continues with the architectural design of houses, buildings or facilities, development of transportation systems, recreational activities, street lighting and accessibility. This includes both older adults who are physically able and those with special medical and psychological needs.

Motivating Forces behind the Elder Friendly Initiative:

Florida developed its Elder Friendly Communities program because it recognized both the important role seniors play in the economy and social fabric of Florida and the demographic changes on the horizon.

Seniors are a major part of Florida's economy:

- Seniors have an annual income exceeding \$2 trillion dollars and 50% discretionary spending power.
- Elderly residents own over 70 percent of the financial assets in America.
- Seniors control nearly \$9 trillion in net worth.
- Senior citizens pay significant share of property and sales tax. (In Florida seniors pay over \$1.4 billion in local taxes and property taxes and \$3 billion in sales tax.)
- Florida's seniors support local schools with \$1.1 billion in taxes.

Florida measured the social impact of its senior population:

- More than 1.7 million seniors are volunteering in Florida, providing more than 366 million volunteer hours per year at an estimated value of \$4.4 billion.
- Seniors are actively engaged in philanthropic giving.
- Seniors provide an intergenerational benefit through their activi-

ties with Florida's youth population (e.g. extensive mentoring programs throughout the state).

Along with the rest of the United States, the number of senior citizens in Florida will continue to grow in the coming decades. The projected demographic changes will have a significant impact on Florida's population:

- More than 50,000 residents retire to Florida every year.
- Elders are living longer healthier lives and this trend is likely to continue.
- In the 21st century, older people will outnumber children for the first time in history.
- Florida has the highest percentage of seniors of any state in the nation (nearly one in four persons in the state is above the age of 65) and this trend is projected to continue.

Chief Components of the Elder Friendly Initiative

Key to the success of the program is the input of all community members, particularly older adults. The state, through the Department of Elder Affairs, facilitates the process but the community carries out the bulk of the assessment and planning. The state acts as a catalyst and provides residents and local officials with the tools they need to assess their community, assists in the development of a proactive plan to resolve any elder "unfriendly" elements and issues an elder friendly designation when the plan is carried out.

The community members and their elected officials are the motivating force behind the survey of facilities and determination of community priorities. A standing committee or office of elder affairs is developed at the local level to organize the elder friendly plan. An open meeting is held to explain the purpose and value of an elder friendly designation. The local governing body must then pass a resolution stating the community's intent to become an elder friendly community.

A survey instrument is developed which measures the impact of taxes, housing, utility costs, air and water quality, health care cost and accessibility, crime and the economy on elderly residents. Volunteer residents then measure the quality of life for seniors in the community by examining:

- Accessibility
- Timing of traffic lights
- Location and adequacy of parking (including handicapped parking)
- Taxi services
- Public transportation service
- Location of bus stops
- Adequacy of street lighting
- Pedestrian Concerns (presence of benches and sidewalks, condition of sidewalks, well-marked crosswalks)
- Land Use and Zoning Procedures

These measurements capture the different needs of well elders and frail elders in an urban setting. Additional criteria are set for rural communities that include an evaluation of the home health services, caregiver services, availability of adult day care centers, and assisted living facilities.

Residents then work with the state Department of Elder Affairs and local officials to report their findings and identify what the city/county needs to become elder ready. When those plans are complete, the state verifies that the community is Elder Ready and issues the Elder Ready designation.

The Elder Friendly Communities program is continuing to spread throughout Florida and the state is well on its way to achieving the goal of 100% Elder Friendly Communities by 2006. The program will continue to evolve as more communities participate and add their input and experience to the assessment, planning and implementation process. Florida provides a compelling example of how a state or regional body can empower communities and local governments to improve the quality of life for their senior residents and to facilitate the programs and services needed to allow residents to age in place.

APPENDIX D: COUNTY BASED AGING PROGRAMS

ATLANTA REGION Cherokee County Senior Services

1001 Univeter Road
Canton, GA 30115
Ph. 770-479-7438
Fax: 770-345-6737
Director: Paulette Haines

Clayton County Aging Program

2300 Highway 138 SE
Jonesboro, GA 30236
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APPENDIX E: Property Tax Assessment Caps

Maryland (1959): The assessment limitation applies only to homesteaded property and varies by type of government. A homestead is the property designated by a householder as the householder's home and protected by law from forced sale to meet debts.

- Assessment increases for state property taxes are limited to 10 percent per year.
- County and municipal governments are allowed to cap the increase in assessed value at a rate less than 10 percent if they so desire, i.e., they can choose a limitation between 0 and 10 percent.
- There is no limitation imposed on assessment increases for school districts.

California (1978): Proposition 13 established a uniform statewide property tax rate of one percent (1%), with a two percent (2%) cap on future annual property tax increases; Proposition 13 applies to all property, not just homesteads.

- When property changes hands it is reassessed at current market value (its purchase price), but the rate remains at one percent and the new buyer is protected by the same two percent cap on future annual increases. A transfer within a family however does not result in a reassessment
- Proposition 13 is written into the state constitution as Article XIII-A and it requires a two-thirds vote of the Legislature to increase state taxes. Supplemented by Proposition 218 – the Right to Vote on Taxes Act passed in 1996 – Article XIII-A requires voter approval of all new local taxes.

Iowa (1978): The growth of total assessed value in the state is limited to 4 percent per year through the imposition of a mandatory assessment ratio called a "rollback percentage" that ensures that the total assessed value in Iowa is at most 4 percent greater than the previous year.

- New construction and improvements are excluded; utility property is limited to 8 percent annual growth.
- Taxable value for a parcel is equal to the parcel's market value times the applicable rollback percentage. Separate rollback percentages are calculated for each class of property: agricultural, residential, commercial, industrial, utility and railroads.
- The rollback percentage for residential property and agricultural property is further limited to the smaller of the increase in value of residential and agricultural property if either increases by less than 4 percent. (Since the increase in agricultural property value, which is not assessed at market value, has generally been much less than 4 percent, the effective limitation on residential property has been less than 4 percent).
- This system means that all parcels within a given property category are assessed at the same percentage of market value.

Arizona (1980): each parcel of property has two separate values, a fair market value (FMV) and a Limited Property Value (LPV); the statutory annual growth limit for the LPV is the greater of 10 percent and 25 percent of the difference between last year's LPV and this year's FMV.

- In no case can the LPV exceed fair market value.
- Although Arizona has a limitation on assessment increases, it does not have an acquisition value assessment system. Instead of basing taxes on market value in the event of new construction, improvements, or change in use or ownership, the LPV for such property is recalculated based on the ratio of LPV to FMV for like properties in the surrounding geographic area.

Florida (1995): increases in assessment are restricted to the lower of 3 percent and the change in the Consumer Price Index.

- New construction may increase the assessments beyond the statutory limits.
- The limitation applies only to homesteaded properties.

Washington (1997): assessed value increases are limited to 15 percent per year on all classes of property.

Texas (1997): assessed value increases of homesteaded property are limited to 10 percent per year plus increases in value due to improvements.

- The property is reassessed at market value if it is sold.
- The limitation is portable for homeowners over 65 years of age; if an elderly homeowner moves, the assessed value of the new person's home will be the same percentage of the market value as was the original home. *Portability can be a large benefit to elderly homeowners who wish to downsize to a smaller home, but cannot afford to pay an increased amount of taxes on the newly re-appraised property. If tax rates are not portable for senior homeowners, they face an economic incentive to stay in their current home (even if it is too large or in disrepair) rather than downsize.
- The legislation provides no mechanism for correcting for prior appraisal errors, thus locking in such errors.

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ATLANTA REGIONAL COMMISSION



The Atlanta Regional Commission (ARC) is the regional planning and

intergovernmental coordination agency for the 10-county area metropolitan Atlanta area. ARC is also the Area Agency on Agency for the region, charged with planning for the needs of a rapidly expanding older adult population, implementing and coordinating a comprehensive supportive service system.

COMMUNITY HOUSING RESOURCE CENTER



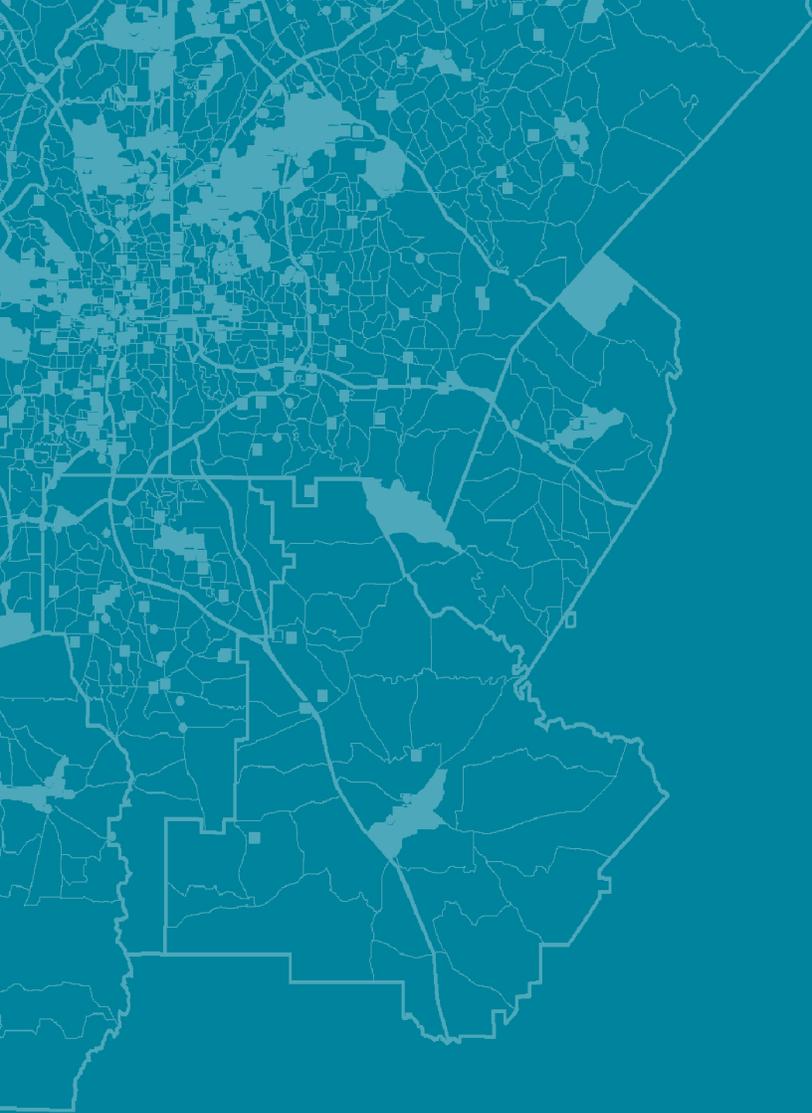
The Community Housing Resource Center (CHRC) is a non-profit housing and

community development organization in Atlanta, Georgia. CHRC's programs focus on policymaking, design, and construction of affordable housing with a particular concentration on the housing and community planning issues of the older adult population.

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Community Housing Resource Center

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Aging in Place

A TOOLKIT FOR LOCAL GOVERNMENTS

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