CITY OF BIRMINGHAM
AD HOC JOINT SENIOR SERVICS COMMITTEE
CITY HALL: ROOM 202/203
151 MARTIN ST., BIRMINGHAM, MI
(248) 530-1850
REGULAR MEETING AGENDA
FRIDAY, NOVEMBER 2, 2018, 8:30 A.M.

1. ROLL CALL

2. APPROVAL OF OCTOBER 12, 2018
   MEETING MINUTES

NEW BUSINESS

3. REVIEW OF PRIOR INFORMATION
   REQUESTS

   a. DESC REPORT FOR NEXT

   b. IMPACT REPORT SUMMARY

   c. SAMPLE INTERLOCAL AGREEMENTS

4. DATE SELECTION - COMMITTEE
   MEETING AT OPC TO DISCUSS
   OPERATIONAL STRUCTURE

5. COMMUNICATIONS
   a. 10/24/2018 ARTICLE: REBRANDING THE
      SENIOR CENTER: CITIES AND TOWNS
      EMBRACE BOOMERS,
      MULTIGENERATIONAL PROGRAMS
   b. WHY THE OPC IS THE PLACE TO BE
   c. PEOPLE OVER 50 FACT SHEET
   d. HOME ACCESSIBILITY MEANS A
      PLACE TO AGE
   e. SEPTEMBER 2016 REPORT: THE
      LONGEVITY ECONOMY
   f. 7 INCREDIBLE FACTS ABOUT
      BOOMERS
   g. AGING IN PLACE LOCAL
      GOVERNMENT TOOLKIT

6. PUBLIC COMMENT

7. ADJOURN

City of Birmingham

AD HOC JOINT SENIOR SERVICES COMMITTEE

Birmingham City Hall Room 202/203
151 Martin St., Birmingham, Michigan
Friday, October 12, 2018

MINUTES

1. ROLLCALL

Present: Patty Bordman, Birmingham City Commission
            Rachel Guinn, Birmingham Public Schools Deputy Superintendent
            Gordon Rinschler, Birmingham Community Resident
            Joe Valentine, Birmingham City Manager
            Adrienne Young, Birmingham Public Schools School Board Member
            Dorothy Pfeifer, Beverly Hills Community Resident
            Jim Creech, Franklin Village Administrator
            Eileen Pulker, Franklin Village Clerk
            Ed Saenz, Franklin Village Council

Absent: James Delaney, Beverly Hills Council Member
            Chris Wilson, Beverly Hills Village Manager

Also Present:
            Greg Burry, President of the Board of NEXT

Administration: Tiffany Gunter, Asst. City Manager
            Carole Salutes, Recording Secretary

2. INTRODUCTIONS

Everyone around the table introduced themselves and offered highlights of their background.

3. ELECTION OF COMMITTEE CHAIRPERSON

Mr. Rinschler volunteered and the Committee members were unanimously in favor of him becoming Chairperson.

4. OVERVIEW

➢ Establishing Resolution

Chairperson Rinschler talked about why they are present and why action is needed. NEXT has been the cornerstone of the community's senior services for four years. It has a long history of serving the community in an extremely cost effective manner. However it is tenuous in the way it is organized. Its initial focus was to provide services for people in financial distress and people who needed to be connected to social services. That is still the cornerstone of NEXT, but the organization has grown dramatically in the sense of providing a social network and providing activities that require significant space. Fortunately the school came along and it has been a great space.

People are living longer, and they need to have a social infrastructure. NEXT is providing that and doing really well. Their membership is approaching two thousand. They have a very generous relationship with the School Board but they recognize that somewhere along the line the school will need that space for their activities, or they don't need the space and will probably sell the asset.

NEXT has looked at this and determined they either have to formalize the relationship or they have or create another relationship. NEXT has now gotten to be a major contributor to the health and well being of the seniors' community and they have to ensure that has some kind of permanence.

That was the incentive to try and get the second phase implemented on the Joint Senior Services Committee ("JSSC"). The school is clearly the predominant supporter of NEXT. Birmingham has taken the lead and has set up the goals and this Committee's purpose is to execute those goals.

Ms. Pfeifer said the JSSC members recognized what they called the silver tsunami. All of the baby boomers are retiring and they want something in the community that will encourage them to stay in this area.

Each person around the table provided their input.

Ms. Bordman said she hopes to age in place and is aware that there are others who would like to do that too. As liaison to NEXT for the last three years, she has seen the growth there and has also seen the problem that growth has created. At some point with the continued growth it will be impossible to accommodate everyone. Decisions will have to be made about limiting membership or turning away people from programs. She is very concerned that NEXT will be able to continue providing services for people who are economically in need.

Ms. Pulker observed that one of the main purposes of NEXT is to keep people in their homes as long as they would like. The activities that often run out of space range from the discussion series to pickleball. That shows the range of interests that NEXT fulfills.

Ms. Guinn advised that she has attended the lecture series and thinks they are fantastic. She recognizes the tenuous nature of the relationship between NEXT and the School District

because it has not been formalized. The relationship definitely goes both ways. She ventured to say that what the School District calls their free and reduced lunch population doesn't even compare to the needs there are in the senior community. As she sees it there is the short-term need to do something more formal with the partnership with the School District; but at the same time it seems that a longer term plan is needed. The real question is whether the space is enough to service the seniors.

Mr. Valentine pointed out that what the group is hearing is the reason they are present. The silver tsunami has already started and is going to continue, along with increased demand for services. Is the organizational model designed to continue to accommodate that demand over time? Is the current model going to be effective or should they look at other models. They need to figure out a short-term strategy and also a long-term strategy.

The first step of the Joint Senior Services Committee ("JSSC") was to go to the member communities, express their growth, and also request some additional funding to continue to provide the services that are needed in the communities, based on the growth. Now, the JSS long-term initiative is where to go from here. The Resolution that everybody adopted lays out some of the strategy in terms of how to approach this in an organized fashion.

Mr. Burry agreed the issue is where to go from here. Because of the contribution from communities NEXT has been able to increase hours, programs, and services. That has created this big growth and now they must transition to dealing with the growth. Presently they don't have the room or the funding to deal with certain activities, and must turn people away. They feel at this point it should be a municipal responsibility. It is important for the municipalities to meet the needs of seniors.

Mr. Creech observed they are at the margin with regard to having to take the next step. When Rochester was in this same position, the OPC was started and the OPC building was constructed. Chairperson Rinschler explained the OPC model is what they are focusing on, and not the facility. The objective is to use their methodology

Ms. Guinn noted that everyone that knows the OPC building thinks of it as the Taj Mahal.

Ms. Bordman thinks one of the successes is attributable to the building itself. All of us as members think of the school as a safe and comfortable place to be. So from her perspective a Taj Mahal would potentially drive our membership away. It would be wonderful if one of the resolutions involved having the whole building available. That way, an expansion of services could take place right there and there would not be a worry about having to build something.

Ms. Pfeifer said one thing they would like to provide is day care for seniors while the caregiver is working. They need the facility to provide that. They have to deal with whether funding will come from tax dollars or gifting.

Ms. Young wondered if there is any link between a senior service center and aging in place. That data would be helpful to see that this step does keep people here. She would be interested to know about how to work with groups that do a lot for the community cost-free.

Chairperson Rinschler commented on what should happen first. There needs to be a decision on who is responsible, how is that organized, and do the people who are responsible accept responsibility. Then start talking about the facility. So he sees that a first step for this Committee is to propose some kind of an organizational structure. By State Law this a municipal and not a school responsibility. Yet it has evolved into a situation where the school is primarily responsible for the success of the venture because they are providing about half of what it takes to run the organization. In his mind, that needs to get high priority. Then it is time to talk about how to move forward.

Everyone should get familiar with the inter-local agreement that supports the OPC. Suppose the Birmingham School District decides to sell their building. If there was an agreement that says this is a municipal responsibility and it was pre-discussed how that would happen, they would have a chance at being able to buy that building. He suggested that copies of the Rochester inter-local agreement be circulated among the committee members.

Mr. Creech explained that representatives are appointed by the local municipalities and they serve on the board. Each of the municipalities is asked to approve their budget. They each have an investment in a portion of the center, which would mean $2.5 million of the $14 million bond issue. That model worked very well because everybody felt they had part ownership in it. Ms. Rene Cartwright was their previous director and would be a great asset to help this Committee. The past director was intimately involved in developing the whole inter-local agreement.

Ms. Young reiterated that she wants to make sure data supports the fact that by funding a center through the City or sticking with NEXT, seniors will be encouraged to age in place.

Chairperson Rinschler agreed that becomes very important when trying to sell a proposed action.

Ms. Pfeifer commented that people love to come to NEXT for cards, art, discussions, fitness. It is important as a place to be connected.

Chairperson Rinschler said they will send out the inter-local agreements. There are many, because they were edited over time. The Committee will review the OPC structure at the next meeting, Also there will be an update on NEXT at that time.

Next meeting will be November 2 at 8:30 a.m.

5.   <u>PUBLIC COMMENT</u> (none)

6.   <u>ADJOURNMENT</u>

No further business being evident, the Committee adjourned at 9:35 a.m.

DESC REPORT

Focus Group Results

Birmingham Area Seniors Coordinating Council

Joint Senior Services Committee

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Background

The Birmingham Area Senior Coordinating Council (BASCC) provides various services to citizens over 55 in the communities which make up the Birmingham Michigan Public Schools District, specifically the City of Birmingham and the villages of Beverly Hills, Bingham Farms and Franklin. These services are provided primarily through the Birmingham Area Senior Center on Midvale.

In anticipation of the "Silver Tsunami" (a significant increase in the senior population and their associated needs supported by BASCC) a Joint Senior Services Committee (the Joint Committee) was initiated in August 2012 consisting of representatives of each municipality, BASCC and the Birmingham Public Schools District. The purview of the committee is to **"…provide policy recommendations to the governing bodies on providing activities or services to individuals 55 years of age or older where "activities or services" means identifiable actions directed toward the social, legal, health, housing, educational, emotional, nutritional, recreational, or mobility status of older persons…"**. Among other duties assigned, the committee was directed to **"Develop through public input a consensus regarding the level of senior services the citizens of the participating communities need, want, and are willing to fund"**. In September 2012 the Detroit Executive Service Corps was asked to conduct focus groups as part of the committee's efforts to carry out this duty.

Detroit Executive Service Corps (DESC) representatives Jerry Breuer and Ann Stuntz attended a meeting of the Joint Committee on September 27, 2012 to discuss the focus group process and to gain an understanding of the Committee's goals overall and specifically as they related to the focus groups. A subsequent meeting on the same topic was held between the consultants, Renee Cortright (Executive Director of BASCC) and Greg Burry (Chair of the Joint Committee) on October 10, 2012.

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

As a result of those meetings, the Detroit Executive Service Corps prepared a focus group structure recommendation which was reviewed by the Joint Committee. At its meeting on October 25, 2012, the Joint Committee approved proceeding with a total of seven focus group sessions:

- two groups with current BASCC Senior Center users between 55 and approximately 75 years of age
- two groups with current BASCC Senior Center users over 75 years of age
- two groups of non-users (55 year of age or older) of the BASCC Senior Center
- one group of caregivers of current BASCC Senior Center users.

The Joint Committee and BASCC staff were responsible for selecting focus group session participants. Potential participants in each of the defined groups were selected randomly utilizing membership lists for user related groups and voter registration lists in each community for non-users. Proportional representation from each affected community was attempted within each focus group session. However, with last minute cancellations, some sessions did not totally meet the exact representational balance defined.

All focus group sessions were held during the first two week of February 2013.

Focus Group Data Qualifications

Focus group data is **qualitative** and is representative of general "feelings" of the participants. Focus group results may be skewed by the selection of the participants and other factors such as group dynamics. Care should be taken in projecting results across a total population, some of whom may not have been represented by the participants or who were represented, but whose voice may have been not heard as loudly as others.

DESC facilitators work hard to minimize distorted results, but users of these results should be aware that some elements of distortion cannot always be eliminated.

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Focus group participants across all groups were "active" seniors with lots of interests and varied activities (BASCC and otherwise) in which they participated. All seemed well educated and participated actively and cogently in the focus groups. We have some concerns regarding their being a truly representative sample of the senior population of the four municipalities, specifically those who are inactive, possibly less intelligent and possibly less affluent. Additional research may be warranted to determine if a significant percentage of the senior population meets these criteria and were not represented in these focus groups, and if so, should their opinions be obtained?

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

Introduction
Four focus group sessions were held with current members of the Birmingham Area Senior Center. Two groups were with members between the ages of 55 and 75 (February 11and February 15) and two groups with members over 75 (February 5 and February 11). There were a total of 35 participants:

Three sessions were facilitated by Ann Stuntz as lead and Jerry Breuer taking notes. One session was facilitated by Jerry Breuer as lead and Ann Stuntz taking notes. Drew Dettling also took notes at one session. All were volunteers from the Detroit Executive Service Corps.

For each session the purpose of the focus group was explained, the role of the Detroit Executive Service Corps as neutral facilitators described and the focus group process reviewed. After introductions by all participants general questioning began.
While groups were segregated by age, comments across groups were generally consistent. As such, results are reported in aggregate. Any comments specific to either age group will be identified as such.

Comments are in no particular order.

How were you introduced to BASCC and why do you use it?
The responses this question were unprompted.

How were your introduced to BASCC?
- By a friend
- Got the newsletter
- Wanted to play tennis and the tennis club referred me to BASCC
- Flu shots
- Health fair
- Wanted to work for Meals on Wheels
- Walked into the building to check it out

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

<u>Why do you use BASCC?</u>
- Flu shots
- To learn bridge
- Meals on Wheels volunteer
- For the computers
- To socialize
- Health fair
- Concerts
- Help on the computer
- Classes
- Trips
- Golf
- Want to stay busy
- To volunteer
- Networking

What are the things you like about the BASCC Senior Center?
The responses this question were also unprompted.

- The variety
- Antique appraisals
- Pickle ball
- Line dancing
- Bowling league
- The staff is willing to support and promote new activity ideas
- Concerts
- The newsletter is very informative
- Web site
- Computers and help using the computers
- The staff and volunteers are all very helpful and friendly
- Socializing

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

- There is a relaxed atmosphere
- Day trips
- Overnight trips
- Exercise
- Baseball games
- Theater
- Merchants sponsorships

The following items were only mentioned by those in the 75 years and older sessions.
- Transportation service
- Equipment lending
- Low cost Ensure
- Health and nutrition information
- Help from attorneys and accountants
- Retirement facility tours

In general, almost all participant felt BASCC was doing an excellent job. Many, despite saying they get the newsletter, were unaware of many of the functions and activities the center provided. The majority of people seem to view the center as an activities center and did not tend to mention the informational, equipment lending and housing related functions the center provides. Most learned of the center through the newsletter or a friend.

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

What are the things you think the BASCC Senior Center could do better or differently?
The responses to this question were also unprompted.

- Improved transportation – scheduling, longer distances, possibly to the airport
- Adult day care, either on-site or in peoples' homes
- More pickle ball
- Facility is out of date
- A current events group
- A "Young at Heart" group
- Movie discussion group
- Facility is limiting because of size (affects ability to provide different activities, limited space in pottery class, not enough bridge tables)
- Entry is dark and uninviting. Not welcoming.
- Offer swimming in the summer
- Exercise equipment, workout rooms and training
- Additional capacity to allow more people to attend existing events (some are "sold out" and people have to be turned away)
- Better facility for socialization (coffee and private talk)
- Physical activities in the afternoon
- Better marketing
- Better atmosphere for socializing (just come for the lecture and leave, there is no comfortable, inviting place to sit and chat)
- Swimming pool (the pool at Seaholm is not "convenient", easy entry pool, warm water pool)
- Reciprocal activities with other senior centers
- More overnight trips
- More computer training
- Don't publicize the information and referral services enough
- Don't serve lower income residents well (don't market services and activities aimed at them very well, not enough programs)

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

The following responses were unique to the 55 to 75 years age groups.
- Later hours
- Promoting the facility and its activities to "younger" seniors

The following items were only mentioned by those in the 75 years and older sessions.
- Serve meals (particularly lunch, would help socialization)

If you could design the ideal senior center, what services would you offer?
Unprompted responses.
- A central source of information about activities and resources for seniors.
- A group of volunteers who would call people daily (or on some other regular basis) just to check up
- A fun place
- Inviting to all seniors 50 and up
- Go see Rochester, Bloomfield Township and Troy (although Troy is more of a community center rather than a senior center it caters well to seniors)
- Help for care givers
- Good physical accessibility
- Integration with other community resources
- Late afternoon, evening and evening availability
- Something not called a senior center, but with an "appropriate" name that still connotes seniors, but doesn't offend the "younger" seniors.
- It should be more of an activities center
- It should not be a welfare center
- A staffed reception desk for directions and information
- It should be a service center: seniors helping seniors, seniors volunteering, seniors volunteering with little kids, help with computers
- Transport center, available any time
- Swimming pool and exercise equipment
- A welcoming atmosphere, but not too big
- Café / No café (*significant disagreement and debate*)

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

- There should be a women's club
- Dating service (dances, meet others types of activities)
- Monthly day trips
- It would be lively
- Music (not Muzak) at the entrance and elsewhere
- Reduce the quiet, but not with a television
- Dancing as a fun recreational activity

Once unprompted ideas for the ideal center were exhausted a list of the nine categories of activities and services as defined in the Joint Committee charter was provided and participants were prompted to provide ideas on what an ideal senior center would provide in each area.

Social
- A place to meet and just talk (in a café setting, like a "drop in" center)
- A dating service
- Varied events
- All the other "things" will create the social atmosphere that a senior center should have

There was almost total consensus across all current BASCC members in all sessions that the social aspect of a senior center was an appropriate and essential function, but that fulfilling the social needs will result from good execution in other areas and as long as an appropriate atmosphere is provided.

Legal
- Provide general legal advice
- Provide estate planning information
- Provide references to "vetted" lawyers
- Act as an advocate for seniors to local and state government
- Meet with a lawyer sessions

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

Attendees in general felt that having speakers come in and address various legal issues as an activity was probably more appropriate function for a senior center than providing specific legal advice. Providing a resource for finding out about attorneys specializing in key areas related to seniors was also considered important.

Health
- Health fairs
- Flu shots
- On-site nurse practitioner
- Provide medical education
- Provide insurance education (particularly Medicare)
- Provide references to medical professionals
- Provide recreational/physical activities that promote movement

The health fairs and providing flu shots had very strong support across all sessions.

Housing
- Provide daily "check up on" service
- Provide snow shoveling and grass cutting services
- Equipment lending
- Referrals for housekeepers/home repairs/senior proof inspections
- Referrals for alternative living facilities
- Coordinate a "village" concept (a group of volunteers who do things for each other)

Housing did not seem to be a key area of concern in any of the groups as an important function for a senior center to provide. Providing referrals for qualified professionals and/or companies was pretty much the limit for housing related functions that a senior center could (not should) provide.

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

Education
All sessions strongly agreed that providing education in the form of speakers, classes, computer training, etc. was a key function of a senior center. Keeping the mind active and learning was thought to be VERY important to a healthy, happy senior existence.

Since there had been significant discussion earlier in each group around what types of speakers/classes should be provided, the discussion at this point in each group focused on whether the senior center should actually provide these activities, should the center just be a resource to provide information about sources providing speakers/classes or some combination. Opinions were quite mixed. There were concerns about wasting resources on things that others were already doing. Others felt that providing these activities on site was key to bringing people to the center and creating a critical mass that is key to making a senior center a social center. Many thought both approaches could be workable.

One point in favor of having these activities on site was that the membership could be tapped as resources to provide these activities.

Emotional
- Bereavement groups
- Support groups
- Referrals to professionals
- Speakers and classes

There was significant consensus that this was a risky area for a senior center to get involved in. Most people seemed to feel that a senior center should limit its involvement in this area to providing information through speakers and/or written materials on topics related to the emotional well-being of seniors and possibly host various support groups.
Nutrition
- Educational information (what to eat, recipes)
- Cooking classes
- On site dietician

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

This is another area where the groups were not sure how important this area was for a senior center to provide. The groups seemed to feel that if this type of support was going to be provided, lectures and classes as part of the array of activities offered at a senior center would suffice.

There were no suggestions in any of the groups regarding feeding those who cannot, due to immobility or lack of funds, feed themselves other than references to Meals on Wheels.

Recreation
The need for recreational facilities at a senior center came up in each group during the "unprompted" portion of the discussion. There was very strong support for physical facilities and equipment as well as activities such as day trips. One key point made in each of the sessions, but more strongly in the 75 and older sessions, was the need for facilities and equipment that was geared toward seniors (particularly a walking track) and that they did not want to be with "younger people" when they exercised.

Mobility
Other than the discussions regarding taking people to appointments and having better availability of transportation on short notice for things like doctor appointments and shopping, there were mixed feeling regarding what was meant by mobility. Is it transportation only or is it related to providing walkers and wheelchairs. Many felt the transportation function could be performed by the local transportation authority. They felt we had covered the walkers and wheelchairs with the equipment lending function.

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

BASCC Users

How would you recommend the ideal senior center be funded?
- Millage
  - Would really need to do a good job of selling the concept and prove the case of the need for a new center
  - Need to make sure it would be for construction as well as for operating funds
- Grants
- Dues
- Fees for activities
- Fund raisers
- Memorial funds/planned giving
- Donations
- Area business sponsorships/relationships
- Cooperative programming

Aside from the list of different funding options, participants were asked to provide their opinion on whether they would support a millage and whether they thought their neighbors, seniors and non-seniors, might support a millage.

A majority, but not an overwhelming majority, of attendees said they would probably vote in favor of a millage, but doubted one could be passed. Many felt there would be a better chance of passage in few years as the population aged and if the economy improved.

There was no discussion regarding the amount of a millage.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

Introduction

Two focus group sessions were held with non-users of the Birmingham Area Senior Center. One group with non-users between the ages of 55 and 75 (February 2) and one group with non-users over 75 (February 5). There were a total of 26 participants:

Both sessions were facilitated by Jerry Breuer as lead with Ann Stuntz and Drew Dettling taking notes. All were volunteers from the Detroit Executive Service Corps.

For each session the purpose of the focus group was explained, the role of the Detroit Executive Service Corps as neutral facilitators described and the focus group process reviewed. Additionally, Rene Cortright, Executive Director of BASCC provided a short introduction describing the BASCC senior center.

After introductions by all participants general questioning began.

For the non-BASCC user sessions, results are presented separately for the 55 to 75 years of age session and the 75 and older session.

55 to 75 Years of Age Group Results
What activities would you like to pursue?

- Physical activity designed for those with difficulty walking
- Dance classes
- Creative arts – short pottery class for example
- Musical classes and offerings: opera, piano, concerts, for example
- Intellectual offerings: Books, authors, national health policy, brain health
- Anything to keep mentally alive

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

What would help you to pursue the activities you like?
Informational
- Central website for offerings in the area
- Central information center for interests of retired persons
- "We're not getting information on where to go and what's available to do"
- People have to know the menu that is available from the Senior Center. If interesting, they will use the Senior Center.
- Marketing and publicity – people don't know the Senior Center is available or what it does

Mobility
- Geographic accessibility. For example, bring speakers from Wayne State's SOAR program to this area

General
- Promotion of active connections between this area and areas in need to help regenerate them
- Timing of events is important to consider for different age groups

Note: Detroit Executive Service Corps comments are italicized.

DESC
DETROIT EXECUTIVE SERVICE CORPS
KNOW-HOW TO MAKE A DIFFERENCE

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

What should the ideal senior center look like?
General
- Rochester Hills, Bloomfield Township
- Connection with kids in local schools (the stigma of "older persons" might change)
- Continuing focus groups for the Senior Center

Educational and Informational
- Provide cultural, athletic and mental stimulation
- Woodworking shop, upholstery class
- Living services: many people can't afford to retire here. It's important to provide resources for helping you find the service. Need data base in this area as well. For example, Michigan has five grant programs to aid if you're behind in your mortgage.

Mobility
- Activities scattered Need activities to come to us
- Easy transportation and walkable access including center vans

Social
- Welcoming atmosphere: BASCC is an uninviting name. Objected to "senior", "coordinating" and "council". Perhaps "active living" would be acceptable. This group did not identify themselves as "seniors".
- Active people want to be with active people
- Coffee shop environment available. Activities, like a movie, and coffee shop afterward for socialization would benefit seniors
- Community center rather than "senior" center. Inclusive. Santa Fe and Livonia are examples of community centers.
- Senior center should be a social spot, but not to talk about pills

Recreational
- Pool – not kept at a freezing temperature like the public school pools

Note: Detroit Executive Service Corps comments are italicized.

DESC
DETROIT EXECUTIVE SERVICE CORPS
KNOW-HOW TO MAKE A DIFFERENCE

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

Services and Education
- Seminars on legal requirements and support for legal help.
- Senior Center should be a source about where to go for legal, health, etc. needs. The information is out there, but how do you find it?

Nutrition
- Senior Center should provide informational programs and meals

How do you pay for this?
- Collaboration
- Services occasionally
- Fees – if something is free, you don't take it seriously
- Grants
- Millage – senior millages are popular.
- Is there community support for a millage? Answers: No, yes, maybe.
- Have to limit what you provide. Can't be all things to all people.
- Reduced fees for members and higher fees to non-members.
- How to pay for clearing house for information?
  o   Consortium of groups that provide information
  o   One call free, later calls charged for non-members

This group was dynamic and talked easily. They were passionate about needing information and resources. They did not want the stigma of being perceived as "old folks" or "seniors" with nothing to offer. They have an enormous amount to offer and their volunteer services could be a huge benefit to the community. This random group has expertise in many areas. Aside from the emphasis on information, they wanted a warm community place for socialization and intellectual exchange.

DESC
DETROIT EXECUTIVE SERVICE CORPS
KNOW-HOW TO MAKE A DIFFERENCE

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

75 and Older Age Group Results
What do you like to do with your time?
Social and/or Recreational
- Use facilities at Beverly Hills Club – has led to dinner group
- ROMEO (Retired Old Men Eating Out)
- Local Franklin meeting Group
- Library – use the Internet
- Bridge
- College fraternity alumni organization

Outreach and Volunteering
- Mental health organization
- Birmingham Youth Assistance mentor
- Prepare family for emergencies

Recreational
- Golf and golf trips
- Symphony and local jazz offerings
- Needlepoint
- Meadowbrook Theatre

Other
- Family and care for family
- Work

What interests do you have that you have no way to pursue?
- Data base for facilities in the area, including restaurants
- Places to swim that are senior friendly
- Therapeutic pool with warm temperature
- Walking the dog in a dog park

Note: Detroit Executive Service Corps comments are italicized.

DESC
DETROIT EXECUTIVE SERVICE CORPS
KNOW-HOW TO MAKE A DIFFERENCE

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

What does an ideal senior center provide?

Educational & Informational

- Horticultural programs, plant sales
- Educational lectures on a variety of subjects (before and after surveys should be included)
- Information on a good way to get rid of things you don't want: antiques, art, collectables, furniture, etc.
- Information on a way to transform things to store them more efficiently: for example, how to put photos on a CD
- Lectures on safe and unsafe products
- Educational services to learn how to do things yourself
- Facilities for arts, music, book clubs, oil painting and computer, including lessons and lectures

Marketing. Publicity and Operations

- BASCC marketing and publicity needs improvement
- Need mailing and telephone publicity for the older age segment who do not all use the internet
- Marketing and publicity of Senior Center services
- BASCC needs to rate quality of services
- Need daylight services

At this point in the session a list of the nine categories of activities and services as defined in the Joint Committee charter was provided and participants were prompted to provide ideas on what an ideal senior center would provide in each area.

Social

- List of available social options available in area and from Center
- Bridge
- Education on social opportunities on internet *(assumed BASCC website)*

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

Legal
- References for attorneys
- Geriatric law is a specialty. Need specific advice as watered down advice is not good.
- Seniors are uninformed. A senior center should foster knowledge by providing what you need to know and what you need to consider.

Health
- Information on what seniors need to know
- Nutritional and cooking information
- Classes on how to shop and cook for one
- Health screening, including blood pressure screening
- Communication on issues, including self-help groups
- Exercises specifically for seniors
- Collaborate with hospital systems (Ford Hospital System is a good example of a potential collaborator)
- Help in choosing among health insurance and system options
- Loan of medical equipment
- Dental care is expensive. Help in choosing among dental options
- Dental school options for low cost dentistry

Housing
- Hotline for volunteers for home maintenance
- Mobile van to aid home assistance
- Reference center for handyman needs

Emotional
- Relates to services to promote socialization
- Depression screening

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

Nutrition
- Information to obtain knowledge about needed diet changes
- Lunch cafe services
- A senior center should negotiate restaurant discounts for early dining for seniors
- A senior center should be an advocate for good nutrition

Recreation
- Pool for both swimming and therapeutic activities
- Track and walking groups
- Yoga
- Discounts for seniors at health clubs
- Collaborate with local senior centers or health clubs
- Recreational facilities

Mobility
- Publicize SMART services
- Clearing house for mobility equipment
- Concentrate on most people's needs
- Educate about home safety
- SMART buses require ability to walk up stairs. Need vans for people who cannot negotiate stairs and which can accommodate wheelchairs
- Services similar to those in Petoskey and at Fox Run

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Non- BASCC Users

How should the ideal senior center be funded?
- Membership dues
- Modest tax increase
- Fundraising
- Millage
- Strategic: Timing of millage is important in order to attract the largest number of positive voters

This group was more reticent than the 55-75 group. Until a specific topic was raised: e.g., social needs, the group did not readily respond to general questions.

Note: Detroit Executive Service Corps comments are italicized.

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Care Givers

Introduction

One focus group session was held with non-professional (family members) care givers of BASCC members (February 2). There were a total of 6 participants:

This session was facilitated by Jerry Breuer as lead with Ann Stuntz and Drew Dettling taking notes. All were volunteers from the Detroit Executive Service Corps.

For this session the purpose of the focus group was explained, the role of the Detroit Executive Service Corps as neutral facilitators described and the focus group process reviewed.

After introductions by all participants general questioning began.

Do you utilize BASCC?

- No. We need a clearing house for information.
- Yes. Use equipment pick their brains and use provided information.

What do you think a senior center should provide?

- Day activities for people with dementia, stroke and Alzheimer's while their caretaker can attend classes, support groups, etc. at a senior center
- Adult day care program! The caretaker needs to be able to take a break. Sheltering Arms is an example of a good program.
- Physical exercise facilities to support both handicapped and non-handicapped people
- Walking track, full gym
- Home repair service
- A welcoming space for a social center
- Need physician referrals for specialty areas, including physicians who specialize in geriatrics
- Nutritional services for seniors

Note: Detroit Executive Service Corps comments are italicized.

DESC
DETROIT EXECUTIVE SERVICE CORPS
KNOW-HOW TO MAKE A DIFFERENCE

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Care Givers

What do you, as the caretaker need from a senior center?

Information and Resource Center

- Geriatric physician for caregivers to have a task list and things to watch out for
- Provide information on assisted living alternatives including what to look for in a facility to support Alzheimer's and dementia
- Legal support: List of what is needed legally to support family member as well as attorney references
- Information: Need information sheets to help fulfill financial and paperwork requirements
- Need to know what Medicare and other insurance will pay for.
- Nutritional meal services for caregivers. Sometimes there is no time to get groceries and cook
- Need training for emergency medical procedures
- Need to learn your rights to speak up in a nursing home or with physicians

Emotional and Social Support

- Need emotional support to let go of the guilt of placing a loved one in a facility
- Support groups to discuss issues of caring for family members with disease
- Need interaction with other people who have done long term care – not necessarily a consultant
- Need help in recognizing that the caretaker has to take care of themselves, too, or they won't be able to continue providing care for the loved one. An example is a caretaker support group or it could be counseling
- Need respite places for loved ones so the caretaker can get away and take a "vacation". Some caretakers have been in caretaking mode for years. There are many times when they feel like they are losing their sanity. Therefore, BASCC should have a list of what is available in this area.

This meeting was held in an extremely wrenching emotional atmosphere. The pressures on a family caretaker, particularly in caring for a spouse, can be huge. The caretakers in these situations can need an enormous amount of support as the Needs listed above indicate. The group support and information offered by experienced caretakers to those in need of support was very helpful and appreciated in the focus group.

Note: Detroit Executive Service Corps comments are italicized.

DESC
DETROIT EXECUTIVE SERVICE CORPS
KNOW-HOW TO MAKE A DIFFERENCE

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Summary and Other Observations

In summary, the Detroit Executive Service Corps has identified several key themes/issues based on the input received during the focus group sessions in direct response to the questions asked as well as other opinions expressed during associated discussions:

- People tend to view a senior center as a activities center providing a broad range of things to do including, but not limited to:
    - Intellectual stimulation
    - Physical activities
    - Games
    - Trips
    - Social interaction (a place to get out of the house and see other people).
- Those using the senior center tend to use it for a very specific purpose (tennis, bridge, lectures, etc.), but do not necessarily use it for multiple purposes. They also feel the services they do use are being provided very well.
- People want a resource center (web based and at a center) for information and referrals including, but not limited to:
    - Central website for offerings of interest in the area
    - Senior services that are available throughout the area
    - Changes in the law regarding health, taxes, estate planning
    - Issues impacting seniors
    - Exercise that maintains and improves function and mobility.
- There is a perception that the senior center is underutilized in the sense that a large percentage of the senior population (much less the communities in general) is unaware of the center's existence and the range of services it provides. The corollary to this is the fear that if more people start using the center it will not have the capacity to handle them and the center will lose its "ambiance". People did feel the center should do a better job of marketing itself, although they did not offer many suggestions as to how this should be done.
- Accessibility, transportation and mobility: Comment suggested in all ages groups said a center should be accessible. The Midvale location was appreciated for that reason. Transportation availability in a variety of forms was mentioned several times.
- Marketing and Publicity: As mentioned above, all focus groups, despite information in municipal and school publications, indicated little or no awareness of what BASCC does or who it serves.

DESC
DETROIT EXECUTIVE SERVICE CORPS
KNOW-HOW TO MAKE A DIFFERENCE

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Summary and Other Observations

- Observations were mixed as to the current facility. Many feel it is outdated, the entrance is dark and uninviting and it does not have the capacity for many types of activities (particularly related to gym equipment, a swimming pool and as a place to just sit around and socialize or hold discussions after movies or lectures). Some commented that it "looked like an old grade school". Others liked the facility and wouldn't change much other than the entrance.
- A senior center needs to be welcoming to seniors of all ages. The senior center will need to broaden its appeal to all seniors (through programming, facilities and hours) who are active and intelligent. Current actual usage is perceived to be by "older" seniors. The perception people have of the center is extremely important.
- Seniors tend to resent the term "senior". While they want to be identifiable and have services designated specifically for their use, they do not feel they identify themselves as "senior". There is always someone older who fits that terminology. Several debates occurred regarding the use of the term in all ages and groups. The "seniors" almost universally recognized that they were intelligent, active and vibrant and, while they had needs or wants, the implication of being opposite of intelligent, active and vibrant was an anathema.
    - In one group a discussion also took place regarding the use of "BASCC" and whether it was appropriately descriptive and meaningful.
- Many groups mentioned partnerships and collaborations with schools, universities, the Y, health clubs, Birmingham Bloomfield Art Council, Baldwin Public Library, hospitals and churches as important to a senior center. Several people indicated concern about duplicated services.
- Most groups, other than the caretakers did not mention the need for services for those with disabilities (other than mobility issues). The discussion in the caretaker focus group indicated that needs for caretaker as well as for the person with disabilities is not being adequately served in the Birmingham school area. The focus groups provided no information on the amount of need in this area.
- In discussion related to the role of a senior center in the community several issues were identified:
    - Should a facility be a senior center or a community center? Do seniors need/want a separate facility (Bloomfield Township/Rochester) or a community center that has a senior focus within (Troy)?\
    - Should a senior center provide all the various "services" required by seniors, just act as a referral service so people can get those services from other

Birmingham Area Seniors Coordinating Council
Joint Senior Services Committee

Focus Group Results

Summary and Other Observations

community resources (businesses, religious institutions, government agencies, etc.) or some combination of the two? What criteria would be used to determine which services to supply versus which to "outsource"?

- o Should the municipal governments support a senior center, and if so, monetarily, by encouraging usage, by referring questions received by the municipalities regarding seniors to a senior center?
- o Is a senior center a key element to making a municipality a "good place to live" and therefore a selling point for future growth?
- There were many opinions regarding the willingness of people to pay for a millage to support and new or expanded senior services. Much depended on what was meant by senior services, publicity and marketing, and the strategy of implementation of a millage.
- One of our observations was that during the two hours of the focus groups, some people's perceptions for the importance of senior services changed positively.

One final reminder
Focus group data is **qualitative** and is representative of general "feelings" of the participants. Focus group results may be skewed by the selection of the participants and other factors such as group dynamics. Care should be taken in projecting results across a total population, some of whom may not have been represented by the participants or who were represented, but whose voice may have been not heard as loudly as others.

Focus group participants across all groups were "active" seniors with lots of interests and varied activities (BASCC and otherwise) in which they participated. All seemed well educated and participated actively and cogently in the focus groups. We have some concerns regarding their being a truly representative sample of the senior population of the four municipalities, specifically those who are inactive, possibly less intelligent and possibly less affluent. Additional research may be warranted to determine if a significant percentage of the senior population meets these criteria and were not represented in these focus groups, and if so, should their opinions be obtained

IMPACT REPORT

Next — Your Place to Stay Active & Connected

2017/2018 Impact Report, Celebrating 40 Years!

Enriching Lives:

26% increase in new members
...Welcome new members!

13% increase in membership renewals
...Great retention!

15% increase in total membership dollars
...The word is spreading!

41% increase in weekly visits to Next
...More ways to connect!

23% increase in program revenue
...More participation in travel, more fitness, more creative arts, more social engagement!

41% increase in fund development
...Sponsors, donations, fundraising & grants!

Next · 2121 Midvale Street, Birmingham, MI 48009
www.BirminghamNext.org · (248) 203-5270

Supporting Independence:

3,642 times clients were served

7,272 hot meals delivered

6,750 van rides given

723 pieces of home medical equipment loaned

More Unique Programs:

- Outdoor FitPark installed!

- 2018 Golf Classic - most successful yet!

- 450 people attended Boomer Summit

- Pickleball takes over the Birmingham Ice Rink

- Octoberfest fun at Beverly Park

- New cycling groups and softball teams

- More intergenerational opportunities

Donate today!
The expansion of our programs and services depends largely on the support and generosity of our donors.

Financial Report

TOTAL REVENUES: $931,399

- 33% In-kind
- 15% Municipal
- 4% Sponsorship
- 11% Transportation
- 10% Fundraisers
- 10% Program Fees
- 7% Membership Dues
- 6% Grants
- 3% Outreach
- 1% Misc.

TOTAL EXPENSES: $893,658

A non-profit organization enriching the lives of the 50+ population of Birm Farms, Beverly Hills, Franklin and surrounding areas since 1978.

Next
ur Place to Stay Active & Connected

OCTOBER 2018 278 EVENTS

| TUESDAY	WEDNESDAY ①	THURSDAY ②
9–10am **Limber Up**	12–1:45pm **Ask the Attorney**	9–10am **Limber Up**
10–10:50am **Advanced Beginner Line Dancing**	9–10am **Agebusters Workout**	9–11am **Men's Breakfast**
10–12pm **Beginning Bridge**	9:30–12pm **Painting with Acrylics and Oils**	9:30–11:30am **Bridge Lessons**
10–12pm **Knitting**	10:30–12pm **TAI CHI**	10–12pm **Advanced Bike Group**
10:30–12:30pm **Mah Jongg**	12:30–3pm **Chess at Next**	10–2pm **Quilting**
12:15–3:15pm **Duplicate Bridge**	1–2:05pm **Slow Flow Yoga - New!**	10:15–1:30am **Charles H. Wright Museum of Africar**
12:30 pm **Pickleball**	1–3pm **Pinochle- Drop in**	12–3pm **Wednesday Bridge**
1–3pm **Pinochle- Drop in**	2:30–5:30pm **Tuesday Evening Partners Bridge**	1–3pm **Pinochle- Drop in**
1:30–2:30pm **Chair Yoga**	4:30–5:30pm **Mat Yoga**	1:30–2:30pm **Chair Yoga**
4:30–8pm **Pickleball**	4:30–8pm **Pickleball**	2:30–4pm **Tennis League – Mixed Doubles**
6:30–8:30am **Strong, Healthy Back: Injury Prevention, Treatment & Self Care**	5:30–7:30pm **Slow Roll Bike Group**	4:30–8pm **Pickleball**
	7–9pm **Stamp Club**	5:30–7:30pm **Wednesday Night @ The Movies**

On an average month, Next hosts between 250 and 275 classes, programs and events.

Next resides at Midvale, a Birmingham School building. We utilize 10,000 square feet of the building (5 rooms and the gym) and share the gym with the Early Childhood Center. We have 9 hours per week of daytime access to the gym.

With 5 dedicated rooms M-F from 9:00 am – 8:00 pm, Next has 275 hours of available programming time. Currently we fill 210 of those hours with classes and programs. An additional 25 hours between the 4:00 pm – 5:00 pm are difficult to fill as that hour is not a desirable class time for our members. (5 rooms/5 days/week)
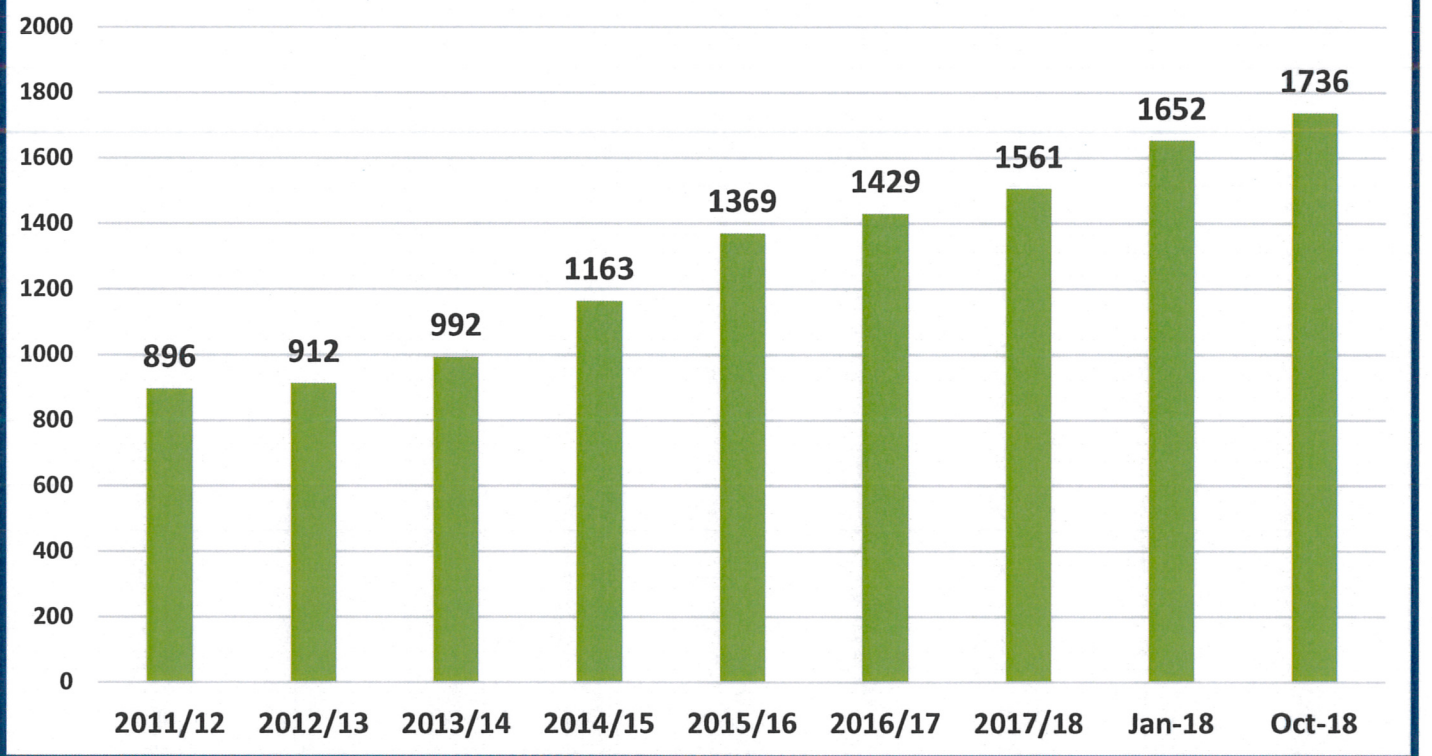
210 hours + 25 hours = 235 hours/week of program space used of the 275 hours currently available, or 85% of the time/space is occupied on an average week.

Next Program Attendance for a Typical Week 2011-2018

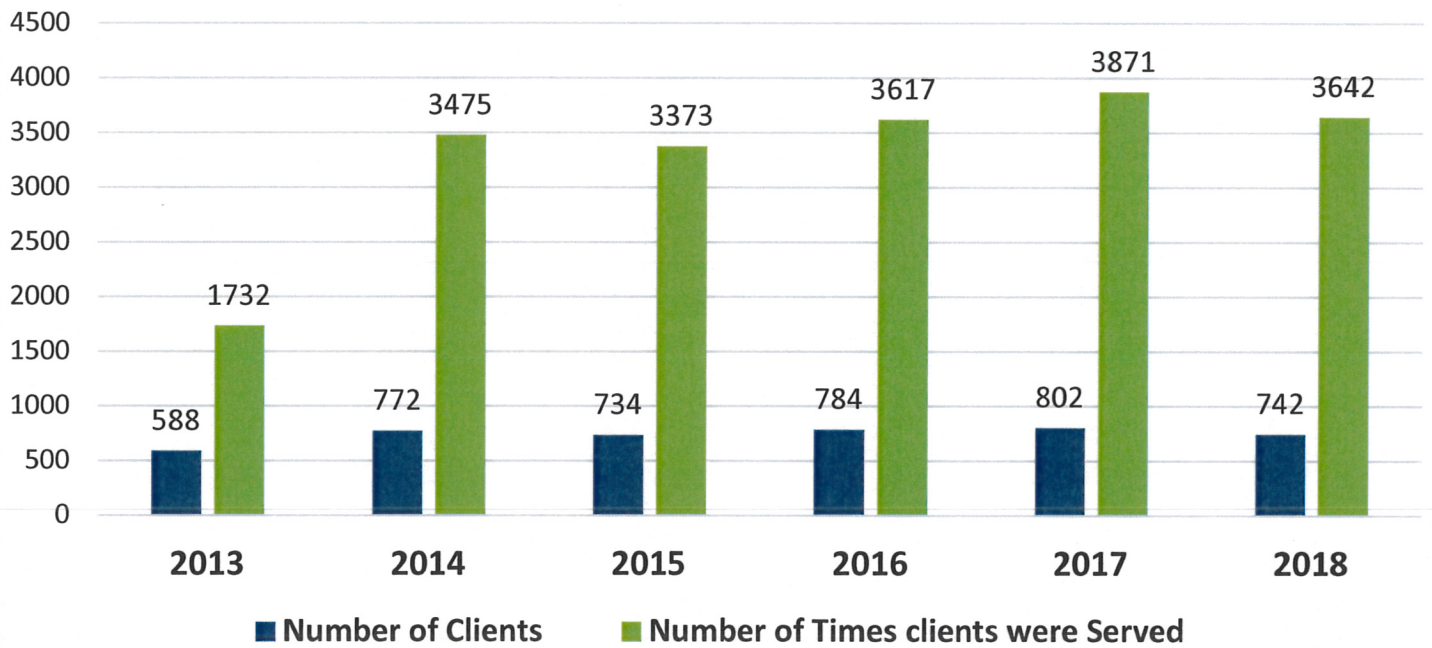| Year	Attendance
2011	270
2012	328
2013	348
2014	415
2015	601
2016	1185
2017	1402
2018	1452
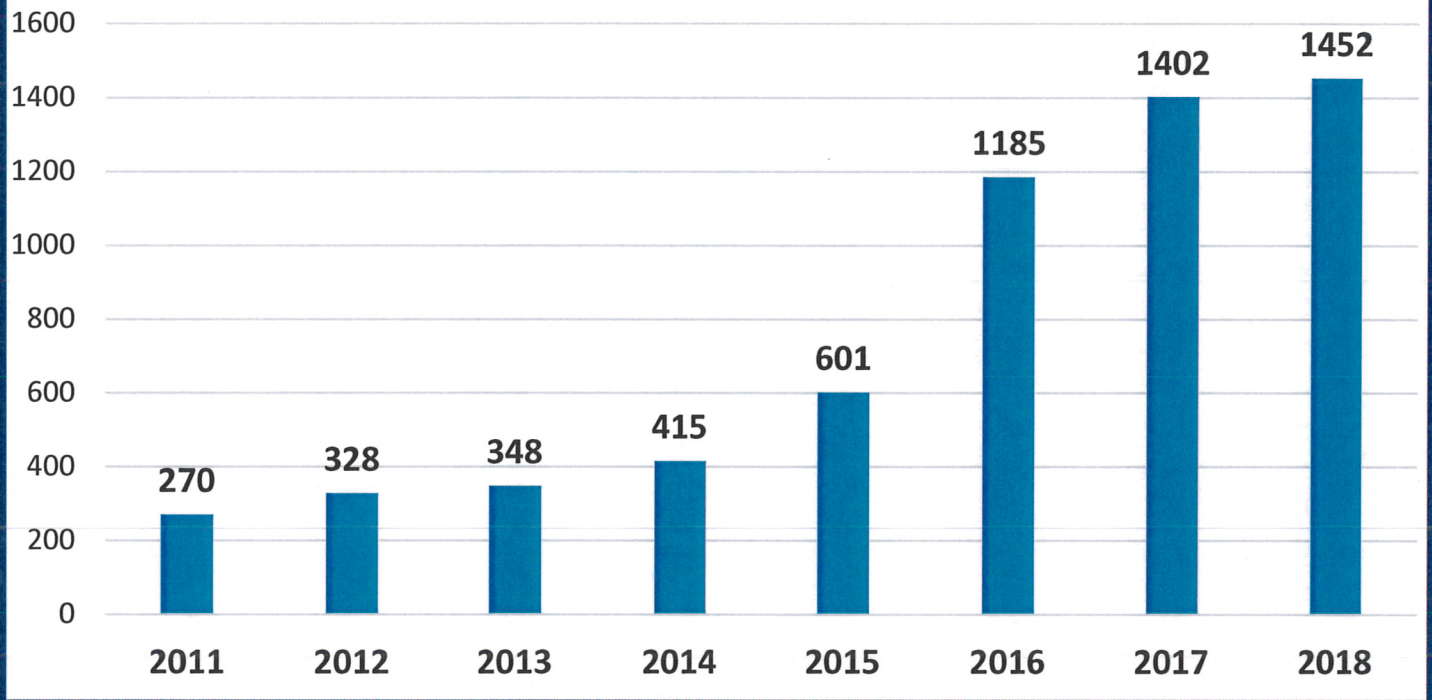
Attendance and participation has almost quadrupled since 2014 because of the greater depth and variety of programs introduced the past few years, up more than 250%. Hours of operation have increased from 43 hours per week in 2014, to 62 hours per week currently.
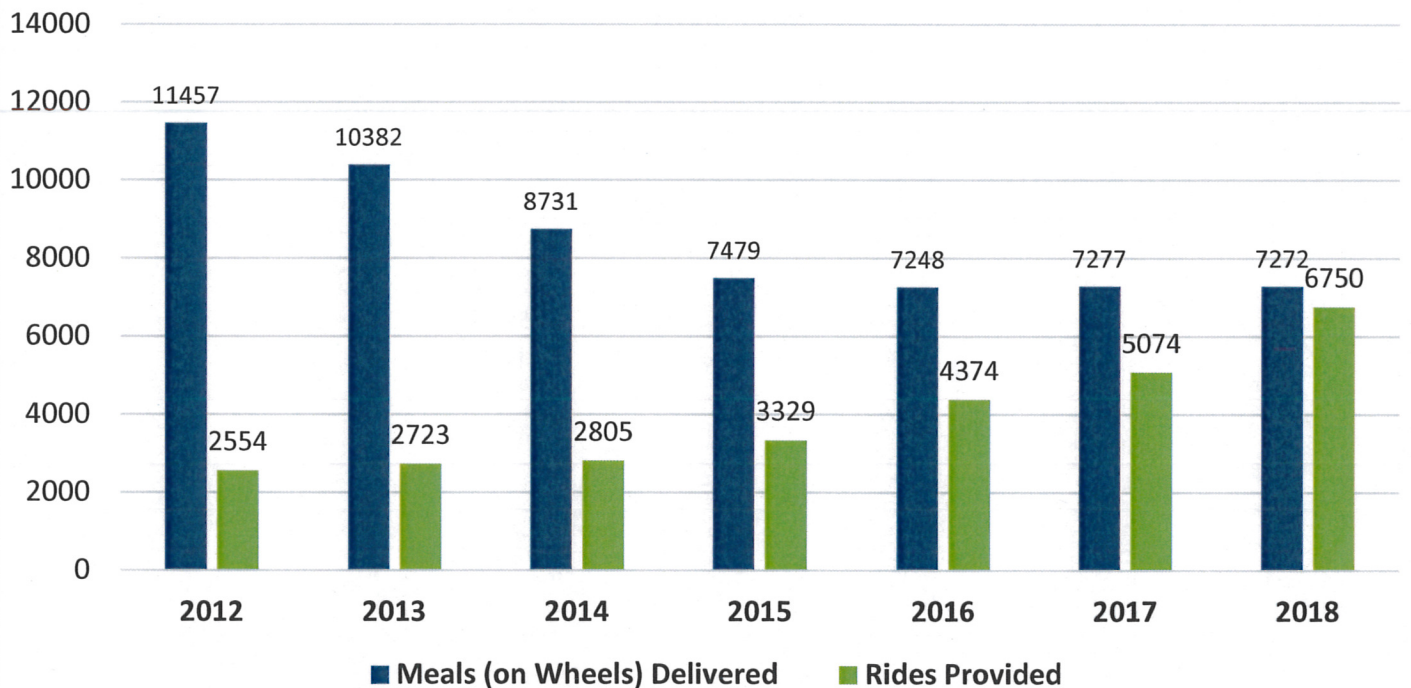
Next Membership 2011-Oct 2018

Period	Membership
2011/12	896
2012/13	912
2013/14	992
2014/15	1163
2015/16	1369
2016/17	1429
2017/18	1561
Jan-18	1652
Oct-18	1736

With a renewed energy at Next, membership continues to grow, up 75% since 2014. A statistic worth noting, for every 2 new members that join, 1 member is lost primarily due to relocation or mobility.

Next Support Services 2011-2018

Year	Number of Clients	Number of Times clients were Served
2013	588	1732
2014	772	3475
2015	734	3373
2016	784	3617
2017	802	3871
2018	742	3642

As the aging population continues to increase, so do the needs for additional support and assistance. In 2017, 3,871 separate times Next offered a variety of support to local residents.
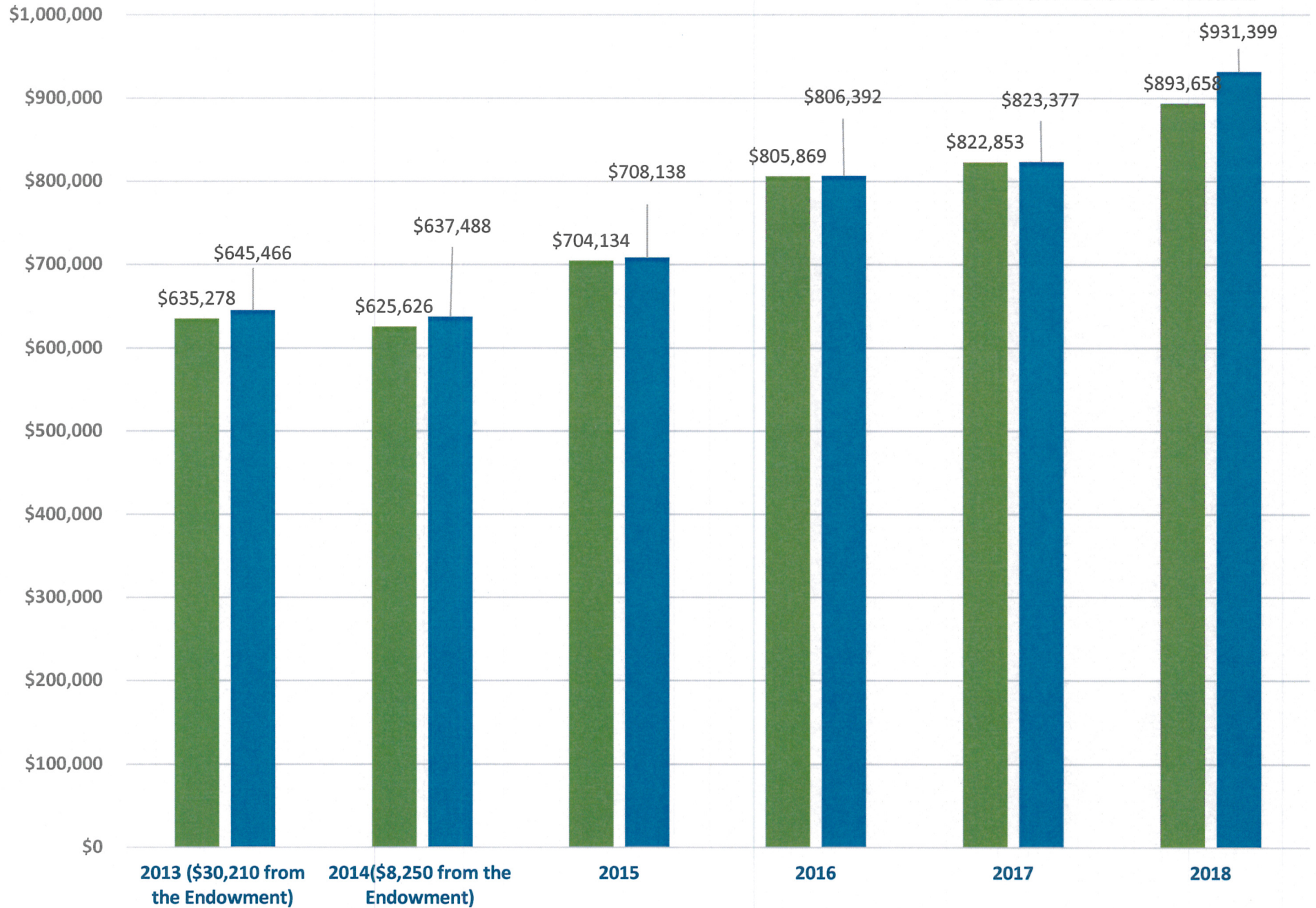
Next-Meals Delivered/Transportation Services 2012-2018

Year	Meals (on Wheels) Delivered	Rides Provided
2012	11457	2554
2013	10382	2723
2014	8731	2805
2015	7479	3329
2016	7248	4374
2017	7277	5074
2018	7272	6750

Meals on Wheels have declined due to tougher government restrictions for applicants. Transportation continues to be an increasing need for older seniors. * Transportation income has remained stagnate or declined over the past 6 years (SMART grant, state & local community credits).

Next Revenue/Expense- Actuals

■ Next Expenses - Actuals
■ Next Revenue - Actuals

Year	Next Expenses - Actuals	Next Revenue - Actuals
2013 ($30,210 from the Endowment)	$635,278	$645,466
2014 ($8,250 from the Endowment)	$625,626	$637,488
2015	$704,134	$708,138
2016	$805,869	$806,392
2017	$822,853	$823,377
2018	$893,658	$931,399

SAMPLE INTERLOCAL AGREEMENTS

INTERLOCAL AGREEMENT
OF THE BIRMINGHAM AREA CABLE BOARD

THIS INTERLOCAL AGREEMENT is by and between certain local governmental units located in the County of Oakland, State of Michigan, which collectively shall be referred to as the Birmingham Area Cable Board ("Authority").

RECITALS

Article VII, Section 28 of the Michigan Constitution of 1963 provides, in part, that two or more counties, townships, cities, villages, or districts, or any combination thereof, may, among other things, enter into contractual undertakings or agreements with one another for the joint administration of any of the functions or powers which each would have the power to perform separately; and

The Urban Cooperation Act of 1967, MCLA §124.501 et seq.; MSA §5.4088 et seq. provides that a public agency (defined to mean a political subdivision of this state including, but not limited to, a county, city, village, township, or charter township) may exercise jointly with any other public agency of the state any power, privilege or authority which such agencies share in common and which each might exercise separately; and

Each local governmental unit has decided that it is in the best interests of such local governmental unit to become a Member of the Authority for the purpose, among other purposes, to negotiate cable communication franchise renewals on behalf of the Authority's Members, to evaluate proposals for cable communication franchises, to recommend the award of cable franchise renewal agreements, to monitor and enforce the cable franchises between such cable operator and the Authority's Members, as well as to exercise such additional powers, functions, duties, and responsibilities granted to the Authority and imposed upon it by this Agreement; and

Each local governmental unit is interested in entering into cable franchise agreement renewal negotiations with the successor of such Member's original cable franchisee; and

There have been significant changes in applicable law, technology, and other matters relevant to cable communications and the Members endeavor to realize and benefit from each Member's accumulated expertise in matters relating to cable communications and recognize substantial savings in time, effort, and expense to each individual Member by being a Member of the Authority; and

In consideration of the foregoing, the parties agree to the InterLocal Agreement as set forth below.

I. **Purpose of the Authority.** The purpose of the Authority shall be to obtain for the citizens of the parties, and to thereafter maintain for those citizens, the highest quality of cable communication service at the lowest reasonable cost. The Authority shall attempt to realize such purpose through its exercise of the powers, functions, duties, and responsibilities granted to it and imposed upon it by this Agreement. The Authority's jurisdiction shall extend to all existing and future cable communications franchises awarded or contemplated by all or a majority of the Authority's Members. The Authority may also exercise its powers, functions, duties, and responsibilities on behalf of any one or more Members constituting less than a majority regarding any future cable communications franchise; but only if (1) the Authority is requested to do so by any one or more minority Members; and (2) the Authority grants such request, in which case the Authority may condition such grant on the requirement that the incremental cost of its undertaking be paid by the minority Member or Members which have made the request.

II. **Organization.** The Authority shall be composed, organized, and internally operated in accordance with the following:

A. **Composition.** Each local governmental unit to this InterLocal Agreement shall be a Member of the Authority. No person or entity not a party to this InterLocal Agreement shall be a Member.

B. **Representatives.** Each Member shall be represented by one representative and one alternate representative. Each Member shall appoint its representatives in accordance with its own rules and procedures. In the absence of the representative, the alternate representative shall be entitled to cast the vote for the Member. A Member's representatives, or either of them, may, but need not be, an elected or appointed official of such Member. No person having any ownership or financial interest, direct or indirect, in any cable communications company shall be eligible to be a representative or alternate representative, unless such interest is in the stock of a publicly traded company or mutual fund in which the representative or alternate representative does not have any power or influence to direct the investments of such fund and such interest is less than one percent (1%) of the voting stock of such company or mutual fund. All representatives shall serve without compensation. Each Member's representative or alternate representative may be removed by the Member's governing body at will. In the event of the resignation or removal of a representative, that Member shall promptly designate a successor to fill the unexpired term.

C. **Voting.** The Authority shall be governed by a thirteen (13) person representative body, as provided by the InterLocal Agreement and the ordinances of the member communities: seven (7) representatives shall be appointed by the City of Birmingham; four (4) representatives shall be appointed by the Village of Beverly Hills; one (1) representative shall be appointed by the Village of Franklin; and one (1) representative shall be appointed by the Village of Bingham Farms. Each representative of the Authority shall have one (1) vote. Voting shall be by a representative or alternate actually present at a meeting of the Authority and voting by proxy or in absentia shall not be permitted.

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D. **Officers.** The Authority shall select annually, from among the representatives, a Chairman, a Vice Chairman, a Treasurer, a Secretary, and such other officers as may be required or permitted by the Authority's by-laws. All such officers shall constitute the Executive Committee.

E. **Committees.** The Authority may appoint such standing committees, special committees, and task forces as the Authority may deem necessary or appropriate to aid it in the performance of its functions and duties.

F. **Transaction of Business.** A majority of the Member's representatives, or alternate representatives, shall constitute a quorum. A majority of the votes capable of being cast by a quorum shall be necessary and sufficient for the Authority to take any action.

G. **By-Laws.** The Authority shall adopt by-laws by a majority of the votes available to its entire Membership. By-laws may be amended in the same manner as originally adopted. The by-laws shall contain no provision which conflicts with any provision of this InterLocal Agreement and shall contain provisions relating to:

(1) holding of regular and special open meetings;

(2) preparation of an agenda for all meetings;

(3) adoption of rules of order for all meetings;

(4) preparation of minutes of all meetings and mailing copies of minutes to all Members;

(5) description of required and permitted officers and procedure for selection; and

(6) such other matters as the Authority may deem necessary or appropriate for the efficient administration of its affairs and successful discharge of its responsibilities.

III. **Powers and Responsibilities of the Authority.** The Authority shall have the following powers, functions, and responsibilities, all of which shall be delegated to it by the parties (it being understood and agreed that the Authority shall engage in no activities except those expressly provided for or necessarily implied herein):

A. **Franchise Instruments.** To prepare and disseminate to all Members (along with advice and recommendations) drafts of materials necessary or appropriate to the award, extension, renewal or transfer of a franchise, or transfer of control of a franchisee, including, without limitation, cable regulatory ordinances, forms of franchise agreements, and requests for proposals regarding any of the foregoing or any other matter relating or relevant to the Authority's responsibilities.

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B. **Receipt and Evaluate Proposals.** To receive, review and evaluate proposals, act upon those proposals within the purview of the Authority's powers, and make recommendations to its Members regarding proposals which may only be acted upon by the Members.

C. **Evaluation Hearings.** To conduct review and evaluation hearings in accordance with applicable provisions of a franchise; to adopt findings pursuant to such hearings, reduce such findings to written form, and furnish copies to all Members.

D. **Mediation.** To mediate serious disagreements between and among a franchisee, subscribers, and other public and private users of a system in accordance with procedures provided for in a franchise.

E. **Access Channels.** To review the use of cable access channels and prepare reports as may be appropriate describing the utilization of such channels.

F. **Interconnection.** To help supervise and coordinate interconnection of a franchisee's system with other cable communications systems.

G. **Franchisee's Records.** To receive, review and maintain, on behalf of its Members, all records and reports required to be submitted by a franchisee under the terms and provisions of a franchise.

H. **Rates.** To render advice and recommendations to all Members regarding rates to the extent regulation of rates is permitted by law.

I. **Revocation of Franchise.** To furnish advice and recommendations to all Members regarding revocation by them of a franchise for breach or default by a franchisee under the provisions of a franchise.

J. **Performance.** To apply for and receive payment of, on behalf and for the account of Members, any payment due such Members under the terms of a franchise awarded by them from a performance bond and/or letter of credit required to be furnished to the Authority by a franchisee under a franchise.

K. **Transfer of Franchise.** To furnish advice and recommendations to all Members regarding approval by them of any transfer of ownership of a franchisee's system, or ownership of a franchisee, pursuant to the requirement of such approval as set forth in a franchise or as otherwise permitted or required by law.

L. **Franchise Renewal.** To furnish advice and recommendations to all Members regarding the renewal of a franchise in accordance with applicable provisions of such franchise or pursuant to law.

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M. **Contracts.** To proscribe the manner in which purchases shall be made and contracts entered into.

N. **Acquire Property.** To acquire, own, have custody, operate, maintain, lease or sell real or personal property.

O. **Return of Surplus Money.** To proscribe the manner in which, after the completion of the purpose of the Interlocal Agreement, any surplus money shall be returned.

P. **Accept Gifts.** To accept gifts, grants, assistance, funds, or bequests and the manner in which those gifts, grants, assistance, funds, or bequests may be used for the purpose set forth in the Interlocal Agreement.

Q. **Federal/State Aid.** To make claims for federal or state aid payable to the individual or several participants on account of the execution of the Interlocal Agreement.

R. **Insurance.** To proscribe the manner of responding to any liabilities that might be incurred through performance of the Interlocal Agreement and insuring against any such liability.

S. **Investments.** To proscribe the manner of investing surplus funds or proceeds of grants, gifts, or bequests to the parties to the Interlocal Agreement under the control of the Authority.

T. **Reports.** To prepare an annual report of its activities and to furnish copies of the same to all Members promptly after the completion thereof.

U. **Additional Powers and Duties.** To accept such additional powers and discharge such additional responsibilities as may properly and lawfully be delegated to it by the parties.

IV. **Responsibilities of Members.** Each Member agrees to cooperate with the Authority and with each other in the pursuit of their common purpose and specifically undertakes to:

A. **Adoption of Franchise Documents.** Adopt franchise documents and instruments of the kind referred to in Article III, Section A. in substantially the form and content recommended by the Authority.

B. **Payments to Authority.** Pay to the Authority its proportionate share of such amount, if any, as may be required by the Authority to meet its operating costs and expenses.

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C. **Information and Assistance.** Furnish such information and render such other reasonable assistance to the Authority as may reasonably be requested by the Authority in connection with the Authority's discharge of its duties.

D. **Legal Action.** Join with the Authority and other Members in any legal action against a franchisee or any other defendant deemed by the Authority to be necessary or appropriate to enforce the terms and provisions of a franchise.

E. **Designation of Representatives.** Promptly appoint a representative or alternate representative whenever a vacancy occurs in either of those positions.

F. **Implementing Action.** Take all other actions as may be necessary or appropriate to implement this InterLocal Agreement and any final decisions of the Authority made or taken in accordance with this InterLocal Agreement.

Nothing in this InterLocal Agreement shall be deemed to prohibit any Member from appointing its own local committee to deal either with local issues, or any other issues, arising out of a franchise; provided, however, no such local committee shall deprive the Authority of any of the powers, duties, or responsibilities provided for under this Intergovernmental Agreement.

V. **Financial Matters.** The parties agree to the provisions set forth regarding certain financial matters:

A. **Members' Proportionate Shares.** For purposes of this InterLocal Agreement a Member's "proportionate share" of all payments required to be paid to or received from such Member shall be equal to the ratio which such Member bears to the total number of Members in the Authority.

B. **Application Fees and Acceptance Fees.** Application fees and acceptance fees required to be paid by a prospective franchisee or a franchisee receiving the award of a franchise shall be paid directly to the Authority's Members.
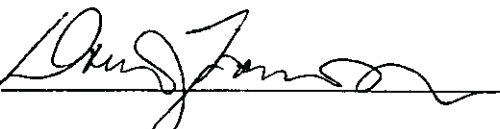
C. **Other Payments.** Continuing periodic franchise fees shall also be paid directly to the Authority's Members. Grant funds and other moneys designated for public, educational and governmental access purposes shall be paid either directly to the Authority's Members or to the Authority, whichever recipient is specified in the applicable franchise agreement.

D. **Professional Services.** The Authority is hereby authorized to engage the services of such attorneys, accountants, consultants and other advisors as it may deem necessary or appropriate to the exercise of its powers and the discharge of its responsibilities and to pay the reasonable costs of such services.

X. **Effective Date.** This InterLocal Agreement shall be effective after approval by each local governmental unit's governing body, execution by its appropriate officer and after the filing of this InterLocal Agreement with the Oakland County Clerk and the Secretary of State.

IN WITNESS WHEREOF, this InterLocal Agreement has been signed on the date indicated.

CITY OF BIRMINGHAM

By: _____

Dated: _____   Its: _MAYOR_____

VILLAGE OF BEVERLY HILLS

By: _____

Dated: _____   Its: _____

VILLAGE OF FRANKLIN

By: _____

Dated: _____   Its: _____

VILLAGE OF BINGHAM FARMS

By: _____

Dated: _____   Its: _____

RESOLUTION

WHEREAS, the Village of Beverly Hills, the Village of Bingham Farms, the City of Birmingham and the Village of Franklin are the member communities of the Birmingham Area Cable Board; and,

WHEREAS, there has been substantial changes with respect to cable television in recent years that necessitates an expansion of the authority of the Birmingham Area Cable Board to conduct its day to day operations; and,

WHEREAS, the Birmingham Area Cable Board has unanimously recommended to its member communities the adoption of the revised Interlocal Agreement of the Birmingham Area Cable; and,

WHEREAS, the City of Birmingham is interested in entering into the Interlocal Agreement as authorized by the Michigan Constitution of 1963 and the Urban Cooperation Act of 1967 to assist the local governmental unit in the day to day operations of its cable franchise.

NOW, THEREFORE, BE IT RESOLVED that the City of Birmingham does hereby approve the Interlocal Agreement of the Birmingham Area Cable Board and authorizes the Mayor and Clerk to execute the submitted Interlocal Agreement.

IT IS FURTHER RESOLVED that the Clerk of the City of Birmingham is instructed to make a copy of the executed Interlocal Agreement and forward the

original along with a copy of this Resolution to Beier Howlett, P.C. for coordination with the other local government units, which have executed the Interlocal Agreement.

AYES: _____ SEVEN _____

_____

NAYES: _____ NONE _____

_____

PRESENT: _____ SEVEN _____

_____

ABSENT: _____ NONE _____

_____

Nancy M Weiss
Clerk

2017 AMENDED AND RESTATED
INTERLOCAL AGREEMENT
ROCHESTER HILLS-OAKLAND-ROCHESTER
<u>OLDER PERSONS COMMISSION</u>

This 2017 Amended and Restated Interlocal Agreement is entered into as of January 8, 2018, by and among the City of Rochester Hills, a Michigan municipal corporation, of 1000 Rochester Hills Drive, Rochester Hills, Michigan 48309, the City of Rochester, a Michigan municipal corporation, of 400 6th Street, Rochester, Michigan 48307, and the Charter Township of Oakland, a Michigan municipal corporation, of 4393 Collins Road, Rochester, Michigan 48306.

WHEREAS, through this 2017 Amended and Restated Interlocal Agreement, the parties intend to replace, supersede and consolidate into this single, updated document their prior agreements comprised of the Amended and Restated Interlocal Agreement dated January 20, 1983, as amended by a First Amendment, dated January 20, 1988, and Second Amendment Dated October 16, 1995; and

WHEREAS, this 2017 Amended and Restated Interlocal Agreement is for the governmental units which are parties hereto to join together to establish an Older Persons' Commission for the purposes set forth herein pursuant to and under the authority of the Urban Cooperation Act of 1967, Act 7 of the Public Acts of 1967, as amended; the Activities or Services for Older Persons Act, Act 39 of the Public Acts of 1976, as amended; the Intergovernmental Contracts Between Municipal Corporations Act, Act 35 of the Public Acts of 1951, as amended, and the Joint Public Buildings Act, Act 150 of the Public Acts of 1923, as amended.

IT IS AGREED AS FOLLOWS:

<u>ARTICLE I – PURPOSE</u>

The purpose of this Interlocal Agreement is to establish an Older Persons' Commission to provide activities and services for older persons, defined as those individuals fifty (50) years of age or older residing in the governmental units which are parties to this Agreement. The activities and services to be provided shall include, but are not limited to, the joint ownership and operation of an older persons' activity center, transportation and actions directed toward the improvement of the social, legal, health, housing, educational, emotional, nutritional, recreational, and mobility status of older persons.

<u>ARTICLE II – OLDER PERSONS' ACTIVITY CENTER</u>

The parties hereto have set aside and used certain Community Block Grant funds to

acquire or and construct an Older Persons' Activities Center now located in the City of Rochester. Funds set aside and used for this purpose were as follows:

City of Rochester Hills	$343,800.00
City of Rochester	$101,500.00
Oakland Township	$ 26,800.00

ARTICLE III – OLDER PERSONS' COMMISSION

SECTION I.   CREATION OF AN OLDER PERSONS' COMMISSION

Upon the signing of this Agreement by the parties hereto and the filing of it with the Oakland County Clerk, the Older Persons' Commission was created and is established as a separate public corporation pursuant to the statutory authority cited herein, with the powers, functions and duties provided in this Agreement and by law.

SECTION 2.   NAME

The name of the Older Persons' Commission shall be the Rochester Hills-Oakland-Rochester Older Persons' Commission. The Commission may recommend a new name. Upon approval of a new name, the parties hereto shall enter into a written Amendment of this Agreement and file it with the Oakland County Clerk, which filing shall have the effect of changing the name.

SECTION 3.   MEMBERSHIP OF COMMISSION

A.   The Commission shall be composed of eight (8) members, except as otherwise provided in Article IV, as follows:

1)   Two elected members of the City Council of the City of Rochester Hills.

2)   One elected member of the City Council of the City of Rochester.

3)   One elected member of the Oakland Township Board.

4)   Two older persons residing in the City of Rochester Hills appointed by the City Council of the City of Rochester Hills.

5)   One older person residing in the City of Rochester appointed by the City Council of the City of Rochester.

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6) One older person residing in Oakland Township appointed by the Oakland Township Board.

B. The Township Board and City Councils shall, by Resolution, appoint their Commissioner(s) who shall serve at the pleasure of their respective Township Board or City Councils and may be removed by resolution of the Township Board or City Councils at any time, with or without cause. Commissioners who are members of the Township Board or City Councils shall not serve beyond their term on the Board or Councils unless specifically appointed as a citizen-at-large.

C. Commissioners appointed as citizens-at-large shall serve for a term of three (3) years commencing January 1, 1983. In the case of the two (2) Commissioners appointed as citizens-at-large from the City of Rochester Hills, the first appointment shall be for a three (3) year term and the second for a one (1) year term expiring December 31, 1983.

D. Any vacancy on the Commission arising for any reason shall be filled by appointment within thirty (30) days of the vacancy, for the remainder of the unexpired term.

E. Members of the Commission shall not be paid for attending meetings of the Commission.

SECTION 4. OFFICERS

A. The Commission shall elect at its first meeting of each year, from its membership, a Chairperson, Vice Chairperson, Treasurer, and Secretary, who shall hold office for terms of one (1) year, and until a successor is elected, or until a resignation or removal.

B. Vacancies in any office shall be filled by the Commission within thirty (30) days of the vacancy, for the remainder of the unexpired term.

C. The Chairperson shall preside at all meetings of the Commission and shall have all privileges and duties of a Commissioner. The Vice Chairperson shall preside at all meetings of the Commission at which the Chairperson is absent. The Treasurer shall have those powers and duties set forth in Article V, Section 3 and 4 hereof. The Secretary shall keep or cause to be made, all non-financial records, reports and minutes required by this Agreement.

SECTION 5. MEETINGS

A. The Commission shall meet at least once every two months and shall at its first meeting of each year establish a regular meeting schedule which shall be posted at the offices of the parties hereto in similar form and within similar times as required by law for governmental meeting schedules.

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B.   Special meetings of the Commission may be called by the Chairperson, or in the absence of the Chairperson, by the Vice Chairperson.

C.   Each Commissioner shall receive five (5) days written notice of all regular meetings and two (2) days written notice of all special meetings. All notices of all meetings shall be posted as required by the Michigan Open Meetings Act.

D.   All meetings of the Commission shall in every respect, conform with the requirements of the Open Meetings Act, Act 267 of 1976, as amended.

SECTION 6.   QUORUM

In order to conduct business, a quorum must be present which shall consist of a majority of the Commission.

SECTION 7.   VOTING

A majority of the Commission shall be necessary for the Commission to take any official action at a regular or special meeting.

SECTION 8.   MINUTES

Complete written minutes of all Commission meetings shall be kept in compliance with the applicable provisions of the Michigan Open Meetings Act, copies of which shall be sent to all Commissioners and the Clerk of each of the parties hereto as soon as reasonably possible following a Commission meeting.

SECTION 9.   RULES

Robert's Rules of Orders, when not in conflict with this Agreement or any rules the Commission may adopt, shall govern all meetings.

SECTION 10.   REGISTERED OFFICE

The registered office of the Commission shall be the office of the Older Persons' Commission, 650 Letica Drive, Rochester Michigan 48307. The Commission may designate another location as the registered office.

SECTION 11.   PRIVILEGES AND IMMUNITY FROM LIABILITY

All of the privileges and immunities from liability, and exemptions from law, ordinances and rules, which apply to the activity of officers, representatives, members, agents and employees of the parties hereto shall apply to the same degree and extent to the performance of such functions and duties of such officers, representatives, members, agents and employees of the Commission under this Agreement.

ARTICLE IV – POWERS

SECTION 1.   GENERAL POWERS

The Commission shall have the following powers, authority and obligations:

A.   Subject to the approval of the governing bodies of each of the parties hereto, purchase, lease, construct, own, receive, exercise right of dominion over and hold in its own name, property, including land, buildings and appurtenances for the express purpose of an older persons' activity center.

B.   Subject to the approval of the governing bodies of each of the parties hereto, contract with any other governmental units, public agencies, or private persons or organizations, as appropriate, to carry out Commission functions or fulfill Commission obligations. Approval of the governing bodies of the parties hereto shall not be required for a contract with private persons or organizations when the contract involves less than $3,000.00 in expenditures, or is an employment contract or for a purchase authorized in an approved budget, as provided herein.

C.   Hire and employ a director and such other personnel as may be determined necessary, who shall serve at the pleasure of the Commission, subject to applicable law.

D.   Accept funds, grants, voluntary work, or other assistance, to carry out Commission functions and obligations, from any source, public or private, including, but not limited to, local governmental funding of specific projects, state and federal grants and private donations. Any application for grants or other public funding shall be communicated to the parties hereto.

E.   Operate and establish policy and rules governing the use of an Older Persons' Activity Center not inconsistent with State or local law.

F.   Conduct in its own name a transportation program for older persons and handicapped persons in the governmental units which are parties hereto.

G.   Conduct and carry out any program, activity or function which advances and directly relates to the purposes expressed in Article I.

SECTION 2. LIMITATIONS ON AUTHORITY

A. Annually, by August 1 of each year, the Commission shall submit a budget to each of the parties participating in the program, which shall outline the programs to be carried on for the ensuing year, together with the costs projected for those programs. Upon the approval of a budget, the Commission shall be bound to carry on only such programs and expend such funds as approved in the budget for the ensuing year by the parties hereto who are participating in the program.

B. The Commission shall have no power or authority to levy any type of tax within the governmental units which are parties hereto or to issue any type of bond in its name, or in any way indebt any of the parties hereto.

SECTION 3. INSURANCE

The Commission shall obtain policies of insurance, as a part of its budget, for comprehensive liability and property damage, worker's compensation, the construction and operation of an Older Persons' Activity Center, and other appropriate and necessary purposes. The Commission shall have the parties hereto named as "named insureds", on the comprehensive liability and property damage insurance policy.

ARTICLE V – FINANCE

SECTION 1. FISCAL YEAR

The fiscal year of the Commission shall be determined by majority vote of the Commission.

SECTION 2. ANNUAL BUDGET

A. The Commission shall each year develop an annual budget in such detail as required by Act 2 of the Public Acts of 1968 of the State of Michigan, which shall include all sums necessary to carry on the programs authorized herein for older persons, including transportation, an Older Persons' Activity Center, etc. The budget shall be submitted to the Clerk of each of the parties hereto by August 1 of each year. The governing bodies of each of the parties hereto shall review and either approve as presented or as modified, an identical budget, no later than October 1 of each year.

B. The parties hereto shall participate in the on-going funding of the Commission and its programs and activities, on a pro-rata basis, based upon a percentage determined on the total assessed valuation of all properties subject to taxation in the City of Rochester Hills, the City of Rochester and Oakland Township.

SECTION 3.   TREASURER

The Treasurer of the Older Persons' Commission shall have the responsibility of custody and control of all funds of the Commission. The Treasurer shall make or cause to be made, a full and complete financial report to the Commission and to the governing bodies of each of the parties hereto, of the Commission's financial transactions at the end of each fiscal year. Such report shall include a complete audit by a Certified Public Accountant, according to the audit requirements which may be applicable to a City.

SECTION 4.   ADMINISTRATION

A.   The Treasurer shall administer the financial aspects of the Commission. All expenditures shall be approved by the Commission pursuant to the budget approved by the parties hereto, and paid by the Treasurer according to the methods and procedures established by the Commission.

B.   The Older Persons' Commission is established herein as an independent corporate entity, separate and distinct from the parties hereto. It shall have its own employees, who shall not be employees of any of the parties hereto. Any acts done by any of the parties hereto in assistance or in cooperation with the Commission shall not have any effect upon, nor change the status of the Older Persons' Commission, nor create any legal responsibility by any of the parties hereto for acts or obligations of the Commission.

C.   Each of the parties hereto shall pay their share of the funding for the Older Persons' Commission as taxes are collected according to the schedule established by the County for deposit of taxes collected for public schools.

ARTICLE VI – ON-GOING RESPONSIBILITIES & DISSOLUTION

SECTION 1.   PARTICIPATION

The parties hereto agree that they will participate in the activities and programs and provide funds on an on-going basis unless or until terminated in accordance with this Agreement, consistent with propositions approved by the electors in each of the governmental units, to finance transportation, activities and services for older persons and to operate, equip and maintain an Older Persons' Activity Center to the extent of a levy up to one-quarter mill on each dollar of State Equalized Valuation of all taxable property in the Township and the Cities.

SECTION 2.   TERMINATION OF PARTICIPATION

The parties hereto may terminate their membership only by giving ninety (90) days written notice to the Commission and the governing bodies of the parties hereto, no later than May 1 of any year in which such termination shall be effective. If notice of termination is given, that party shall remain liable for all obligations incurred by it pursuant to this Agreement, prior to the actual termination and according to the budget approved for that fiscal year.

SECTION 3.   DISSOLUTION

Upon any of the parties hereto terminating participation in this Agreement, the termination shall cause a dissolution of the Commission and distribution of any and all assets of the Commission. Any such assets shall be distributed to the City of Rochester Hills, City of Rochester and Oakland Township, according to a percentage determined by their initial contributions for the acquisition of land and construction of a building as set forth in Article II. As to any assets which may not be, so divided or distributed, the parties hereto shall cause an appraisal to be conducted and the assets sold at a value at or above the appraised value. Upon the sale, the funds derived shall be distributed to the parties hereto according to their percentage interest as is established in Article II.

ARTICLE VII – MISCELLANEOUS PROVISIONS

SECTION 1.   AMENDMENTS

This Agreement may be amended in whole or in any part by written agreement of all of the parties who are parties to the Agreement at the time of any Amendment.

SECTION 2.   APPLICABLE LAWS

The Commission shall fully comply in all activities with applicable local, state and federal laws, regulations, grant conditions and contract provisions.

SECTION 3.   STATE APPROVAL

As soon as reasonably practicable after the effective date of this Agreement, this Agreement shall be officially submitted to the office of the Governor for approval pursuant to the Urban Cooperation Act of 1967.

SECTION 4.   EFFECTIVE DATE

This Agreement shall be in full force and effect and the Commission shall be considered as established as an operating public corporation on the date this Agreement was signed by all

parties and a copy was filed with the Oakland County Clerk. This same provision shall apply to this Amended and Restated Agreement.

SECTION 5.   DURATION

This Agreement shall remain in effect and continue on an indefinite basis and shall only be terminated according to the terms hereof.

SECTION 6.   EFFECT OF AGREEMENT
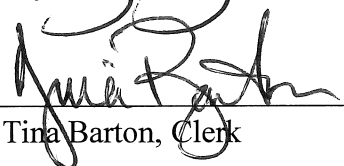
This Agreement shall be binding upon and inure to the benefit of the parties hereto and the residents of each of the governmental units hereof, and shall supersede all prior agreements and understandings among the parties relative to the subject matter.

SECTION 7.   SEVERABILITY
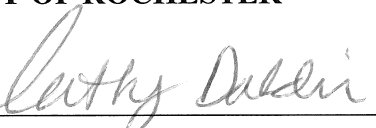
Should any section or part of this Agreement be held by a court of competent jurisdiction to be invalid, illegal or unconstitutional, such holding shall not be construed as affecting or invalidating the remaining sections or parts of this Agreement.

CITY OF ROCHESTER HILLS

By: _____
     Bryan K. Barnett, Mayor
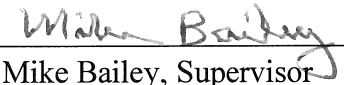
By: _____
     Tina Barton, Clerk
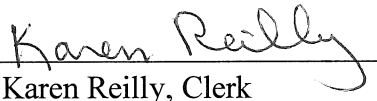
CITY OF ROCHESTER

By: _____
     Cathy Daldin, Mayor

By: _____
     Lee Ann O'Connor, Clerk

CHARTER TOWNSHIP OF OAKLAND

By: _____
     Mike Bailey, Supervisor

By: _____
     Karen Reilly, Clerk

PROPOSED MEETING DATES FOR OPC VISIT

Tiffany Gu

Joe,

I'm in the office if you want to give me a call. I have a meeting at 2:00 pm.

Here are the following days I have available to meet with the Joint Senior Services Committee – November 5, 9, 12, 15, 19, 20. Mornings or early afternoons are good.

Thanks,

Renee

COMMUNICATIONS

B   **Business**

Rebranding the senior center: Cities and towns embrace boomers, multigenerational programs

BARRY CHIN/GLOBE STAFF

Plymouth residents Paul MacDonald, Bruce Goodwin, Stuart Hudson, and John Justice took part in Uechi-Ryu Karate class at the town's Center for Active Living.

By Robert Weisman

GLOBE STAFF   FEBRUARY 26, 2018

At some senior centers across the state, you can find yoga and Zumba, free-form drumming, and Chinese martial arts — almost everything except the word "senior."

That's fine with Beth Webber, 61, who last month started visiting Plymouth's newly renamed Center for Active Living, which was simply called the Senior Center when it opened in 2012. After sweating through a cardio-plus-weights dance class on a recent morning with two dozen others ranging in age from their 50s to 80s, Webber said her initial reservations about coming to the center had been put to rest.

"I was reluctant to join," Webber said. "I imagined it would be chair dancing."

Downstairs in the spacious neocolonial-style building, about a dozen mostly older women sat around a large table knitting and talking. They were enthusiastic about the rebranding. "We like it," said 81-year-old Juanita Ward. " 'Senior' makes it sound too old, and we're not old."

As America grays, community run senior centers are in transition — and the changes go far beyond a mere name change to evoke robust living.

Many of the roughly 225 municipal senior centers in Massachusetts are adding more "intergenerational" activities — from social media lessons taught by millennials to recitals by elementary-school musicians. Some are organizing marshland hikes and canoe trips or offering investment classes to draw baby boomers who have little interest in playing cards or bingo for hours on end.

"There is a stigma for some people about going into a senior center," said Teresa Arnold, executive director of the council on aging in Salem, which later this year plans to open a new 20,000-square-foot Community Life Center. "The idea is to create a hub of activity not just for seniors but for all ages. The hope is to bring in younger older people."

Such efforts are still in their early stages but are likely to accelerate as the share of older residents grows. More than 1.6 million Massachusetts residents — 21 percent of the total population — are over 60, according to data from the University of Massachusetts Donahue Institute. By 2030, that demographic is projected to top 2 million, about 28 percent of the state's population.

Because the changes are bubbling up locally rather than being imposed by the state, they vary widely among cities and towns. Some are aggressively reinventing their aging programs while others, at least for now, continue to emphasize traditional programs ranging from adult day care and Meals on Wheels to health clinics and rides to medical appointments.

"Communities are thinking about their resources in new ways," said Alice Bonner, the Massachusetts secretary of elder affairs. "Local leadership has to ask the question and decide how to meet their needs. If some centers can be intergenerational, that's a good thing."

There's also a shift away from passive meeting places for eating and board games to more vibrant venues for lectures and the arts. It's all the better if new senior centers can be located near schools, and high school or middle school drama students can rehearse their productions at the center.

Plymouth's center, for example, is on the campus of the five-year-old Plymouth North High School.

"It can energize the place," said Len Fishman, director of the Gerontology Institute at the University of Massachusetts Boston. "The newer cohort of seniors are used to Starbucks as a meeting place, so you need to have a buzz at the senior center. That can create tensions because many people who are using it now are satisfied with the way things are. But inviting other generations in, especially kids, doesn't mean you're going to change the whole focus."

While many already refer to Plymouth's senior center as the Center for Active Living, the name change must be formally adopted by Town Meeting in April. But it's likely to face little opposition, according to a town survey showing that most residents favor the new name.

Construction of the 18,000-square-foot center off Nook Road followed nearly a decade of lobbying and political wrangling. The nearly $10 million building project ultimately was funded as part of a $199 million package town voters approved in 2006 that covered the cost of two new schools, including Plymouth North, in addition to the center. The plan was backed by a coalition of parents of school-age children, and older residents with grown children who might have been less inclined to pay for schools unless they could also benefit from the spending.

Residents over age 60 now make up about one-quarter of Plymouth's population of nearly 60,000, said Jennifer Young, the town's director of elder affairs. And though they have different needs and abilities, the desire to stay active is a common denominator.

"The way I think of it, you're either actively living or you're passively aging," said Young, an advocate of the name change. "People are living about 20 years in retirement now, with at least 60 percent of that being healthy."

BARRY CHIN/GLOBE STAFF

Dance Instructor J Michael Winward, of "Steps In Time," center rear, led a "Naughty Nookers" dance class at Plymouth senior center.

A similar model of bundling appropriations for a senior center and a school was used earlier in the decade in Natick, where roughly one-third of residents are at least 60 years old. In 2010, voters there approved two, 20-year bond projects that raised taxes a total of $55.8 million to finance a senior center and high school. Natick has stopped short of ditching the word senior, but did rechristen the new facility as the Natick-Community Senior Center.

Some older Massachusetts residents don't mind being labeled. "I know people my age who wouldn't go in because it's a senior center," said Wendy Davis, 67, a retired office manger from Haverhill. "But I don't understand the stigma. When you're over 65, you're a senior. We should be proud of what we are. We've lived a long life and we have experience. Why should we try to hide it?"

In New Bedford, where more than one in five residents are over age 60, there are three senior centers across the city, including one geared to Portugese speakers who gather to play dominos and board games. It also runs a social day program — adult day care for older residents with mild forms of dementia.

At the city's Buttonwood Senior Center, located in a former warming house next to a skating pond in Buttonwood Park, about 40 residents were engaged in spirited games of bingo on a recent afternoon. "Bingo's fun here," said Debra Lee, director of New Bedford's council on aging. "They're out for blood." Many of the Buttonwood regulars would welcome some younger players, she said, "as long as they don't take their seats. They're kind of territorial."

Lee led a two-year initiative to get New Bedford certified by the AARP and the World Health Organization as one of the state's first "age-friendly" communities, drawing up a comprehensive plan that encompassed everything from walkable streets to programs aimed at combating depression.

The next step is starting more intergenerational programs. One idea is to establish pen pal relationships between older residents and school-age children. Lee said she's open to eventually changing the names of the centers to be more inclusive. But she notes that "our funding comes because we're meeting the needs of seniors."

Many of the services offered in New Bedford are specific to a community where some have fallen on hard times. Boxes of nonperishable food, such as canned soups and vegetables, donated by the Greater Boston Food Bank, are stacked in a back room at the Buttonwood center.

"We try to make sure what we offer is what people are looking for," Lee said.

What some are looking for in more affluent Plymouth are instructions in Qi Gong — a holistic system of coordinated body posture, breathing, and meditation — and pickleball, a hybrid paddle sport imported from the West Coast that incorporates elements of tennis, ping pong, and badminton.

The active living center in Plymouth is "a hidden gem," said Terry Mucci, 72, who gravitated there after retiring last year as a logistics manager for a women's apparel company.

"People think a senior center is people sitting in overstuffed chairs," said Mucci, who takes exercise classes and volunteers in the kitchen. "But this place is vibrant."

Robert Weisman can be reached at robert.weisman@globe.com. *Follow him on Twitter* [@GlobeRobW](https://twitter.com/GlobeRobW).

f 𝕏 in ✉ 🖨

Why the OPC is The Place To Be

The minimum age for membership in the Michigan-based Older Persons' Commission (and its hockey and other teams) is 50. People are eager to join

by Where We Live, **AARP Livable Communities (/livable-communities/)**

PHOTO COURTESY OLDER PERSON'S COMMISSION

The OPC hockey team after winning bronze at a 2017 tournament. Other off-site OPC team sports include golf, softball and Nordic walking.

The acronym OPC stands for the **Older Persons' Commission (https://www.opcseniorcenter.org/)**, which sounds as if it's, well, a commission. While there is an OPC "governing board" of eight appointed commissioners, when residents of Rochester (http://www.ci.rochester.mi.us/), Rochester Hills (https://www.rochesterhills.org/) and Oakland Township (http://www.oaklandtownship.org/) in Michigan refer to the OPC, they typically mean the 90,000-square-foot community center that's used daily by hundreds of the area's residents who are age-50 or over.

The center has a full-size gymnasium, an indoor walking track, a lap pool, a therapy pool for exercise classes (water temperature 92°F), cycling classes, circuit training, yoga, tai chi, Pilates, ballet, Zumba and more. There's a woodshop, computer lab, pottery studio, auditorium, stage and performance arts group. OPC Leisure Travel offers local, overnight and extended trips in the U.S. and overseas.

"It's a beautiful facility, a safe facility, a great amenity for the community," says Rochester Hills Mayor Bryan Barnett (https://www.rochesterhills.org/index.aspx?nid=230), adding that developers and companies tell him, "It's the reason they're here."

Volleyball at the Older Persons' Commission fitness center in Rochester, Minnesota
PHOTO COURTESY OLDER PERSONS' COMMISSION

Volleyball is an on-site team sport offered at OPC, as is pickleball, table tennis, badminton and basketball.

Barnett jokes that the OPC's roster of activities is so full it reminds him of a cruise ship's activities schedule. "We recognize the value of aging in place," he says. "It's one of the most important trends we can invest in."

Membership is free for age-eligible residents of the OPC's three home communities. People 50-plus from the surrounding area can join for $175 a year or $225 per married couple.

The OPC's community services include Meals on Wheels, an adult day care center and a minibus that provides more than 50,000 door- to-door rides per year. That service is so revered by voters that they adopted a special property- tax assessment to pay for the transportation program.

Credit for the Older Persons' Commission goes to community activist Marye Miller, its founder and retired executive director. As a driver for a transportation program that shuttled passengers between nursing homes and activity centers, Miller saw firsthand how the needs of the area's older adults were not being met.

In the mid-1980s, through dogged advocacy and fundraising work, Miller was able to pur- chase and convert a vacant school building into a senior center. The current building opened in 2003.

As Barnett explains, "Marye Miller took the OPC from a small program to a community within a community."

Did You Know People Over 50 Are...

- The most affluent of any age segment.
- Acquire 41% of all new cars.
- Purchase 25% of all toys.
- Account for 80% of all luxury travel.
- Eat out locally on an average of three times per week.
- Highest percentage of voters than any other age group.
- Civically minded, more serving on local governments.
- Spend $7 billion online annually.
- Adults 50+ control a household net worth of $19 trillion.
- Own more than three-fourths of the nation's financial wealth.
- Own 70% of all money market accounts and certificates of deposit assets.
- Have an income per capita that is 26% higher than the national average.
- Spend more than one trillion dollars on goods and services.
- Spends more on groceries, O-T-C products, travel and leisure than any other age group.
- Mature vacationers travel more frequently than any other age group and stay longer.
- 55+ households are the fastest growing user segment to embrace computer technology.

Source: AARP – www.onmagazine.com

Photo courtesy Brickhouse Design Group

Courtesy of Concrete Change

HOME ACCESSIBILITY
MEANS *a Place to Age*

Courtesy of USDA

By Steve Wright and Heidi Johnson-Wright

When you were an up-and-coming young professional, you bought a house. Not just any house — your dream house. You lovingly decorated it and put your mark on it. Later, you married and raised your children in this house. Twenty years later, you owned it outright.

Now you and your spouse are in your 60s, and you have every intention of living the rest of your days here. Then life happens. You're diagnosed with a health condition which requires you to use a wheelchair for mobility. Suddenly, your house full of memories — where you feel safe, around which you've built a loving network of friends and neighbors — is no longer a home.

Nearly 90 percent of people over age 65 want to age in place.

You cannot get to your master bedroom and its ensuite bathroom. Your home has no bedrooms on the first floor and only a half bath. All first floor doorways are too narrow for passage of a wheelchair. And the four steps at the main entrance mean you can no longer enter and exit when you please. You and your spouse will have to move elsewhere, simply because your home is lacking a few design tweaks that could have avoided having to leave it all behind.

According to a 2011 survey by AARP, nearly 90 percent of people over age 65 want to age in place. Eighty percent believe their current residence is where they will always live.

"I think the aging-in-place movement is an important force that is re-shaping people's perception of home design," said Michael Saunders, a home accessibility consultant from the Toronto, Canada area.

Looking for a forever home

"A growing number of young homeowners are citing aging in place as a motivation behind renovation decisions. I think young homeowners are seeing the difficulties older generations are encountering in adapting their homes to work long-term and are sincerely interested in correcting these issues now. This could really open a door for universal design to become a mainstream trend, even possibly become a new standard for how houses are designed," Saunders said.

So why does the above scenario play out again and again in the United States?

The Americans with Disabilities Act and the Fair Housing Act protect the rights of people with disabilities. However, neither of these federal laws requires any accessible features in single-family homes built by private developers. Approximately 67 percent of U.S. housing units are single-family homes.

Out of this inequity and the frustration of disabled folks and their families, the visitability movement was born. In the 1980s, grass roots disability advocate, Eleanor

Photo courtesy Brickhouse Design Group

Photo courtesy Brickhouse Design Group

A growing number of young homeowners are citing aging in place as a motivation behind renovation decisions.

Smith, founded an organization called Concrete Change. Its mission was to advocate for a few basic changes to homebuilding. These changes would provide people with disabilities not only accessible homes to live in, but also would allow them to visit homes of friends and family. The term, visitability, was adopted to emphasize that the goal is not simply more homes for folks with disabilities, but rather minor yet significant across-the-board changes to home design. Thus, houses are accessible to both residents and visitors.

"When someone builds a home, they're not just building it for themselves — that home's going to be around for 100 years," said Smith, in a 2002 New York Times interview.

Designing for the future

So what does a visitable home look like? The path from the driveway through the front door is lightly sloped or level and without steps. Once inside, all doorways and hallways are wide enough to comfortably accommodate a wheelchair. The first floor will have at least a half bath. While more accessible features such as a roll-under kitchen sink and a zero-step back door would benefit people with disabilities, visitability proponents typically limit the focus to these elements so as not to alienate home builders and buyers. Asking for too much could mean getting nothing at all.

This basic shell of access allows formerly non-disabled people and families with disabled children or grandparents to remain in their homes. When these design features are incorporated from the outset they add little, if any, cost. They avoid expensive renovations, relocating to a different house, living in a home with barriers which endanger health and safety, or moving to a nursing home.

"Designing from scratch is such an advantage to the homeowner and is a crucial opportunity to plan ahead for a whole array of possibilities," said Saunders.

Saunders named key things that homeowners and designers should consider:

- Zero-step entries are preferable throughout the house, but priority should be given to the home's main entrance. Retrofits can make a side or rear entry accessible later on, but having everyone use the same main entrance regardless of ability promotes inclusion.

- The main floor layout should include some extra room in spaces like bathrooms. A flexible layout can make future renovations much easier. This includes keeping electrical, structural and HVAC elements out of a particular wall that may need to be eliminated or relocated later, or including stacked closets with knock-out floors between for a future elevator rough-in.

- Kitchen cabinets, counters and appliances should be able to be used by all. Many kitchen companies offer clever products that fit the bill. Adequate maneuvering room is essential, so avoid filling the space with things like over-sized islands.

"Planning for persons with disabilities and seniors always starts with who the design is for and what type of durable

Photo courtesy Brickhouse

Designing from scratch is a crucial opportunity to plan ahead for a whole array of possibilities.

medical equipment they are using, said Todd Brickhouse of Brickhouse Design Group. His company has provided architectural and design services for over 35 years to clients so they can live an independent, empowered life.

The other crucial question is: "What areas are most important and can (the client) function without assistance or is there a caregiver?"

"The cost for a home that's new as compared to a retrofit would be less expensive since demolition and removal is not required when building new. As an example, if you were constructing a new doorway …, you would install a larger doorway, which will require less studs and sheetrock, so you're saving money there and making an interior doorway easier for a person using a wheelchair," said Brickhouse.

"You should also recess the door saddle so there isn't a bump to travel over. This would apply to constructing a new front entrance. Berming the walk using the landscaping to the entrance of the home using flat stone, pavers, or just concrete will make the slope up from the driveway or sidewalk nicer and it will eliminate a ramp. The design now looks like anyone's home while making the home accessible," he said.

Photos courtesy of Fairfax County, Va.

Photos courtesy of Fairfax County, Va.
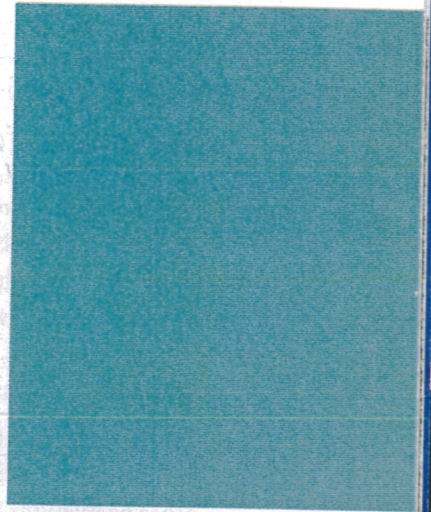
Bathroom access is always critical, and roll-in showers can provide the most function and "bang for the buck." But it's not just about function. Aesthetics matter as well.

"Most of our clients are looking for a good-looking space with tile in the shower and good-looking fixtures that provide both a hand-held shower and a rain shower. Towel and medicine storage with good access into the space is very important. The shower design will provide for a 5 feet x 5 feet turnaround in most cases. But in retrofits, it's not always …possible since space is premium," said Brickhouse.

Brickhouse said that, when retrofitting existing homes, some people with disabilities want to stay on the second floor and preserve the space on the ground level, which often requires installing an elevator. For those who find this cost-prohibitive, it may be easier and more affordable to renovate part of the first floor into a bedroom/ bathroom suite.

"Opening a bathroom wall to a hallway or to an adjoining bedroom with the use of a multi-sliding door system — or two, 36-inch swing doors creates an oversized bathroom entrance allowing better access for whatever your maneuvering with," he said.

A number of jurisdictions have passed visitability laws which vary in elements required and housing type affected. In 2014, the city of Austin, Texas, passed a visitability
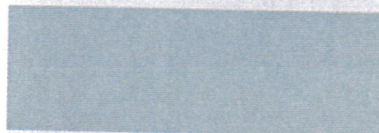
Bathroom access is always critical, and roll-in showers can provide the most function.

Photo courtesy Brickhouse Design Group

Photo courtesy Brickhouse Design Group

Photo courtesy Brickhouse Design Group
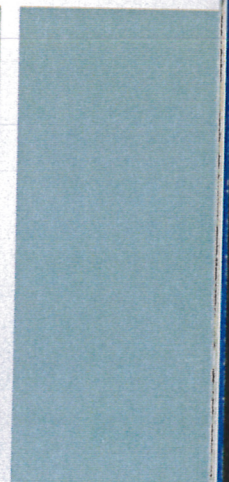
REALTORS® can help clients find homes that can be easily retrofitted for access.

ordinance which requires all newly constructed homes to have 1) 30-inch minimum width door clearance to allow passage of wheelchairs; 2) a bath or half bath on the first floor; 3) doors with easy-open lever handles; and 4) light switches and thermostats mounted at a maximum height of 48 inches.

"These things hurt nobody," Eleanor Smith said of visitability ordinances, in 2002. "And they help a lot of other people."

Retrofits made easy

In most jurisdictions, there are no visitability building code requirements. Yet Michael Saunders believes that REALTORS® can still help clients find homes that can be easily retrofitted for access.

Photos courtesy https://accessorydwellings.org/

"The key areas I'd encourage REALTORS® to focus on are entrances, bathrooms, and kitchens, as well as thinking about the ground floor layout and how dependence on a second story can be minimized," Saunders said.

"When it comes to entrances, it's very unlikely that you'll find a flush front entry. However, a home with six steps up to the front door is going to require a bigger modification than one with two or three. Likewise, a wood porch is easier and cheaper to modify in an attractive way than a concrete porch."

The ground floor bathroom can be a sticking point, so Saunders encourages REALTORS® to look for size.

"The layout of a properly sized bathroom can be tweaked to work, but keep in mind that it's much easier to relocate a sink than it is a toilet," said Saunders.

Ground floor master bedrooms are very rare. But it's not uncommon to see libraries, dens or home offices, on the ground floor. Saunders points out that these spaces and oversized rooms can offer an opportunity to carve out a workable ground floor bedroom.

Todd Brickhouse recommends looking for a home that is low to the ground and not up a sloped driveway or hill.

"Finding a home with larger rooms and wider hallways makes modification easier. If you need a home with two bedrooms and you find one with an extra bedroom that adjoins a bathroom that needs to be enlarged, then buying that home will make your design project easier to do and will give you more options," Brickhouse said.

ADUs aid aging in place

People with disabilities also are unlocking the potential of Accessory Dwelling Units (ADUs), which are smaller granny flats, carriage houses, converted garages and other habitable units separate from the main house but on the same lot.

"Communities find that allowing accessory dwelling units is advantageous in many ways. In addition to providing practical housing options for the elderly, disabled, empty nesters, and young workers, ADUs can provide additional rental income for homeowners," said a Case Study prepared for the U.S. Department of Housing and Urban Development by Sage Computing.

Many older urban neighborhoods have informal ADUs that — if upgraded to meet local building codes as safe

> **A person with a disability could rent an ADU at below market rates to a health care professional in return for providing personal care services.**

dwellings — can add to the affordable housing stock in a community. Juan Mullerat, founding principal of Miami-based PlusUrbia Design, lives in the historic Little Havana neighborhood and is a strong advocate for zoning that allows safe, habitable ADUs.

"ADUs have many positives such as supplementing the income of the homeowner occupying the main house by renting out the accessory unit. For a person with a disability, that rental income can help cover the staggeringly high cost of adaptations to their home — ramps, elevators, accessible bathrooms, or even durable medical equipment such as a power wheelchair or van adapted to transport a wheelchair user," said Mullerat, whose Urban Design firm has teamed with the National Trust for Historic Preservation to create a master plan for Little Havana in Miami. "Understanding the inherent advantages of legacy buildings and its ADUs provides a ready-made solution for affordable homeownership".

The Little Havana "Me Importa" Master Plan is an action plan whose goal is to benefit tens of thousands of people who live in the heart of city — by providing a framework for development, open space, mobility and identity for Miami's cultural enclave that includes world-famous Calle Ocho. PlusUrbia's context-sensitive design advocates for historic preservation, adaptive re-use, ADUs and other tools to reinvigorate and sustain older neighborhoods. The boutique studio's revitalization work in Miami's Wynwood arts district has received multiple awards including the American Planning Association's National Planning Achievement Award for Economic Development Planning — Gold, in 2017.

"It is a win-win situation all around: rents average lower than regular units, ADU renters, in turn, bridge the demographic gap in these older communities which creates a much-needed infusion of young talent in the inner city." Many major markets are virtually pricing students, even young professionals out of their housing markets.

ADUs provide an affordable/attainable addition within the already available housing stock," said Mullerat, whose firm dedicates thousands of hours to community-based pro bono work each year.

Mullerat said a person with a disability could rent, at significantly below market rates to a nursing, physical therapy, occupational therapy or medical student/young professional in return for providing personal care attendant and related services. The medical student/professional gets practical training working with their on-site homeowner, the homeowner gets care, the renter gets affordable housing and the community benefits from having bright young people in the neighborhood helping longtime homeowners remain in their home. ●

Steve Wright is an award-winning journalist and the communications leader for PlusUrbia Design, a Miami-based urban design firm that incorporates Universal Design and Inclusive Mobility into its work. Heidi Johnson-Wright is an attorney specializing in ADA issues. She has used a wheelchair for mobility for more than 40 years and frequently lectures on the intrinsic value of universal design and inclusive mobility.

Photos courtesy https://accessorydwellings.org/

AARP®
Real Possibilities
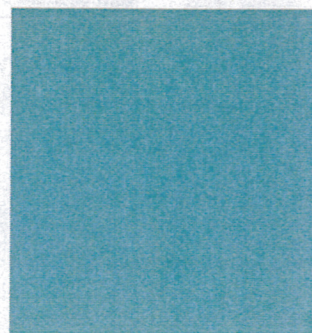
OXFORD ECONOMICS

September 2016

THE LONGEVITY ECONOMY

How People Over 50 Are Driving Economic and Social Value in the US

OXFORD ECONOMICS

Oxford Economics was founded in 1981 as a commercial venture with Oxford University's business college to provide economic forecasting and modelling to UK companies and financial institutions expanding abroad. Since then, we have become one of the world's foremost independent global advisory firms, providing reports, forecasts and analytical tools on 200 countries, 100 industrial sectors and over 3,000 cities. Our best-of-class global economic and industry models and analytical tools give us an unparalleled ability to forecast external market trends and assess their economic, social and business impact.

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CONTENTS

1. INTRODUCTION

## $7.6 trillion

Size of US Longevity Economy

Productivity and spending by Americans 50 and older drive an outsized contribution to US GDP.

By 2015, there were more than 1.6 billion people in the world who were part of the 50-plus cohort. By 2050, this number is projected to double to nearly 3.2 billion people. Throughout the world the growth of this age group is having a transformative impact, economically and socially. The US alone is home to 111 million in the 50-plus cohort; they represent a powerful force that is driving economic growth and value. The contributions of this age group are collectively known as the Longevity Economy. It is the sum of all economic activity driven by the needs of Americans aged 50 and older, including both the products and services they purchase directly and the further economic activity this spending generates. The difference it makes is substantial; in 2015, the Longevity Economy fostered $7.6 trillion in economic activity.

Participants in the Longevity Economy are as diverse as the population as a whole, comprising people from all regions, races, professions and pursuits, united only by their age. Collectively, they are very active in the workplace—staying employed for longer, earning wages, spending more money, generating tax revenue, and producing economic value for an extended period of time. They are also critical in driving entrepreneurship and investment, and as enthusiastic consumers of leisure activities. Beyond these economic contributions, people over 50 also account for the majority of volunteering, philanthropy, and donation activities in the US. Gazing into the future, the size of the 50-plus cohort that propels the Longevity Economy will continue to increase, fueling more growth and more value for several decades. Fig. 1, on the next page, depicts the projected growth of the 50-plus population and its increasing share in the US.

As its scale and impact grows, the Longevity Economy is busting myths about how aging affects the economy, and the country as a whole. This is most clearly seen in the way in which older people are continuing to participate in the labor market: By working longer, and continuing to earn and spend wages, older people are contributing more than ever to economic activity and helping to fuel economic growth long past what used to be the traditional retirement age. They are doing this, however, in ways that complement rather than compete with the contribution of their younger counterparts. Older people are not only extending their work lives but also working in new ways, and through their changing demands are helping to form and transform markets for goods and services. In

Fig. 1. Projected growth of the US population, 2015-2050
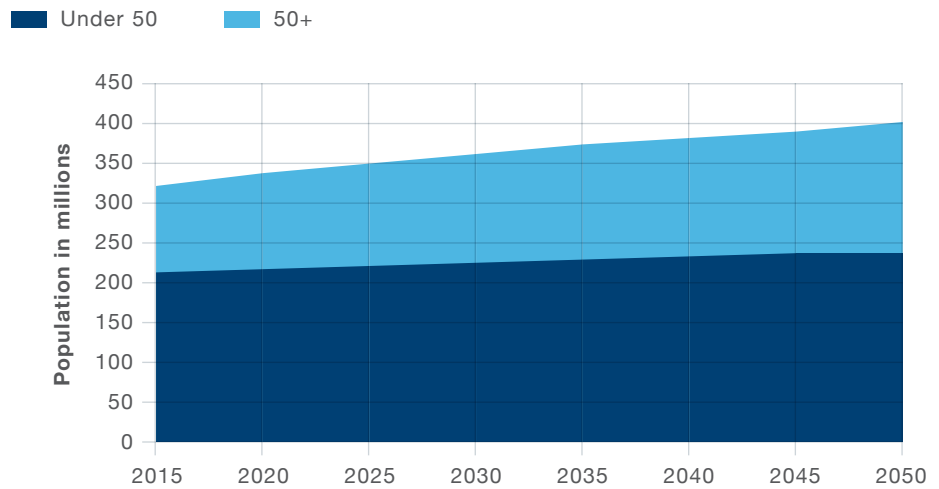
Source: Oxford Economics, US Census

this regard, the Longevity Economy is distinct in its consumer profile. Perhaps counter to the stereotype, people in the Longevity Economy are driving demand for and funding a multitude of new products and services, especially ones that adopt technological innovations.

The Longevity Economy is poised to become the driving force not only in the US, but in the rest of the world. As emerging economies develop and age they will look to the US and its Longevity Economy as a model for economic prosperity and innovation. In the spring of 2016, AARP commissioned Oxford Economics to update an economic contribution analysis of the Longevity Economy in the US, originally completed in 2013. This paper seeks to explore and explain these economic contributions and to highlight some important economic and social attributes of the 50-plus population.

2. UNDERSTANDING THE LONGEVITY ECONOMY

35%

Share of the US population made up of the 50-plus cohort.

This share is projected to increase to 40% by 2050.

Understanding the Longevity Economy begins with identifying the various attributes that comprise the 50-plus cohort, which provides critical insight into current and future expectations. The attributes covered in this section include demographics, wealth, and spending patterns—each an element of an economic and social mosaic. As lifespans increase in the US, the Longevity Economy's size and complexity will become more central to economic and social policies.

2.1 CONSUMERS IN THE LONGEVITY ECONOMY

The growth of the Longevity Economy is stark. The 50-plus cohort comprised approximately 35 percent of the US population in 2015 and it crossed four generations:

- The GI Generation, born between 1901 and 1926

- The Silent Generation, born between 1927 and 1945

- Baby Boomers, born between 1946 and 1964, and

- Generation X (Gen X), born between 1965 and 1980—the youngest of whom turned 50 years old in 2015
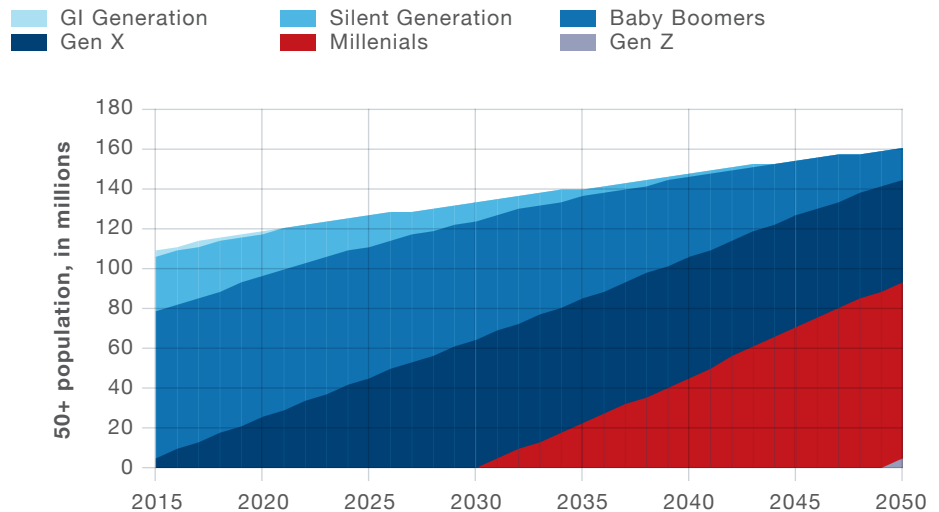
THE GENERATIONS

Generally accepted definitions of beginning and ending years of generations referenced in this report include:

- **GI Generation:** Born 1901–1926
- **Silent Generation:** Born 1927–1945
- **Baby Boomers:** Born 1946–1964
- **Generation X (Gen X):** Born 1965–1980
- **Millennials (Gen Y):** Born 1981–1999
- **Generation Z (Gen Z):** Born 2000–current

By 2050, Gen Xers and Millennials will become part of the 50-plus cohort, driving the Longevity Economy. The 50-plus cohort is projected to grow by 45 percent between 2015 and 2050, while the under-50 population expands by just 13 percent. As a result, the older cohort's share of the total population will reach 40 percent. As the size and productivity of this cohort increases over time, so will the economic returns.

Fig. 2. Changing generations in the Longevity population, 2015-2050

Source: Oxford Economics, US Census

**Fig. 3. Changes in generational share of household wealth, 2015-2030**
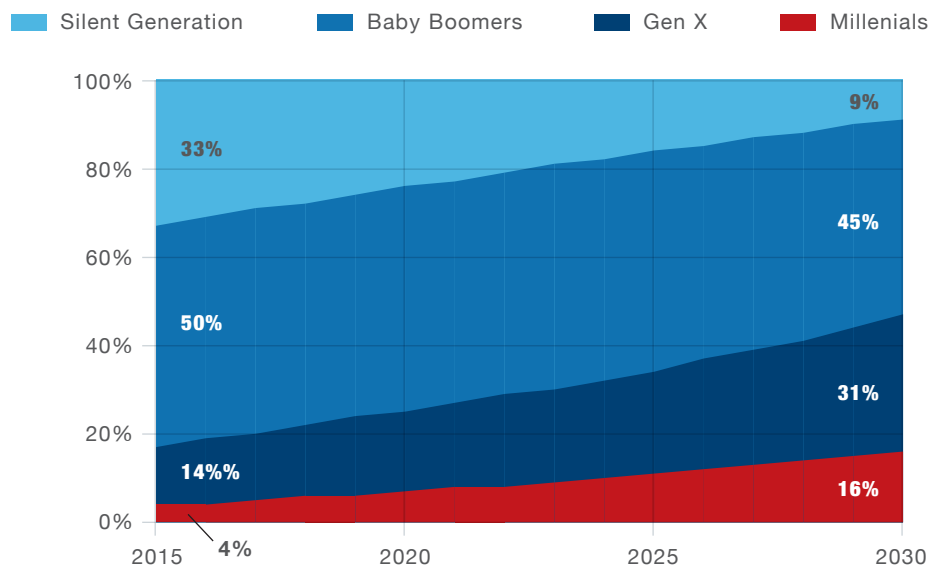
Source: Deloitte Center for Financial Services

The outsized economic value of the 50-plus year old group is largely powered by their share of wealth: 83 percent of US household wealth is held by people over 50. Access to credit and assets allows the group to spend more on goods, services and investments than their younger counterparts. As shown in Fig. 3 on the previous page, this relative strength in terms of household wealth is set to shift as the different generations age through 2030, with implications for wealth transfer, future spending and consumption patterns among the 50-plus contingent.

In terms of ethnic composition, it is noticeable that at present white people comprise the majority of those in the Longevity cohort, as shown in Fig. 4. However, shifting immigration and birth rates by race/ethnicity will redraw this picture over time. According to the US Census Bureau, by 2043, the majority of the US population will not be made up of people who identify as white. According to Pew Research, shifting demographics will alter the country's birth patterns, raise education levels in the foreign-born population and change electoral politics. The interaction between ethnicity and gender will also affect the Longevity Economy's demographic structure. By 2050, Black, Hispanic, Asian, and other non-white groups will make up 45 percent of the 50-plus cohort, compared with 26 percent in 2015. This changing composition will influence the types of goods and services that the 50-plus population consumes as well as investment and entrepreneurship activities that emerge from the Longevity Economy.

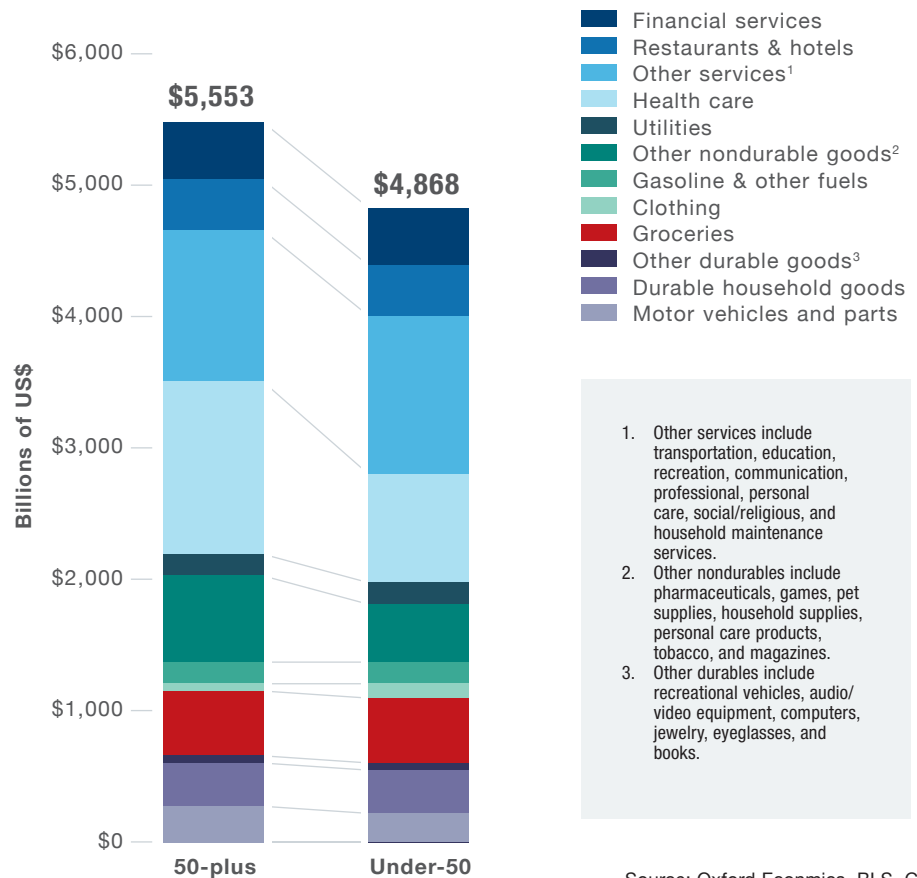**Fig. 4. Changing shares of race/ethnicity in the Longevity population, 2015-2050**
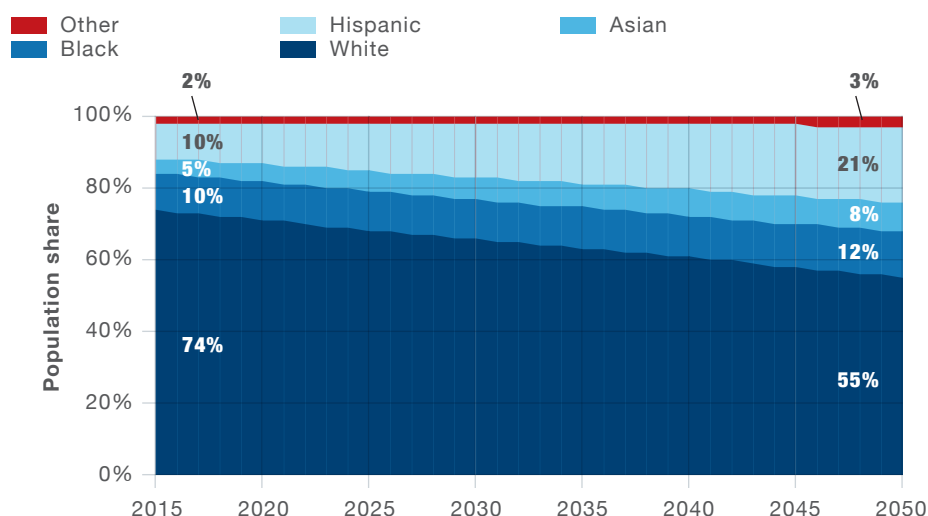
Source: Oxford Economics, US Census

2.2 HOW LONGEVITY IS DRIVING ECONOMIC VALUE

The economic impact of the 50-plus cohort is sizable and burgeoning. Over time, as its members live longer and grow in number, they will continue to fuel economic activity for far longer than previous generations. Our research shows that direct spending on consumer goods and services, including health care, by those aged 50 and over amounted to $5.6 trillion in 2015. The under-50 population spent $4.9 trillion during the same period.

Fig. 5. Spending patterns by age group, 2015

Legend:
- Financial services
- Restaurants & hotels
- Other services[1]
- Health care
- Utilities
- Other nondurable goods[2]
- Gasoline & other fuels
- Clothing
- Groceries
- Other durable goods[3]
- Durable household goods
- Motor vehicles and parts

1. Other services include transportation, education, recreation, communication, professional, personal care, social/religious, and household maintenance services.
2. Other nondurables include pharmaceuticals, games, pet supplies, household supplies, personal care products, tobacco, and magazines.
3. Other durables include recreational vehicles, audio/video equipment, computers, jewelry, eyeglasses, and books.

Source: Oxford Econmics, BLS, CMS

Not only do those in the 50-plus cohort spend more overall than their under-50 counterparts, the 50-plus cohort accounts for a majority of the spending in several categories of goods and services, including: healthcare, nondurable goods, durable goods, utilities, motor vehicles and parts, financial services and household goods.
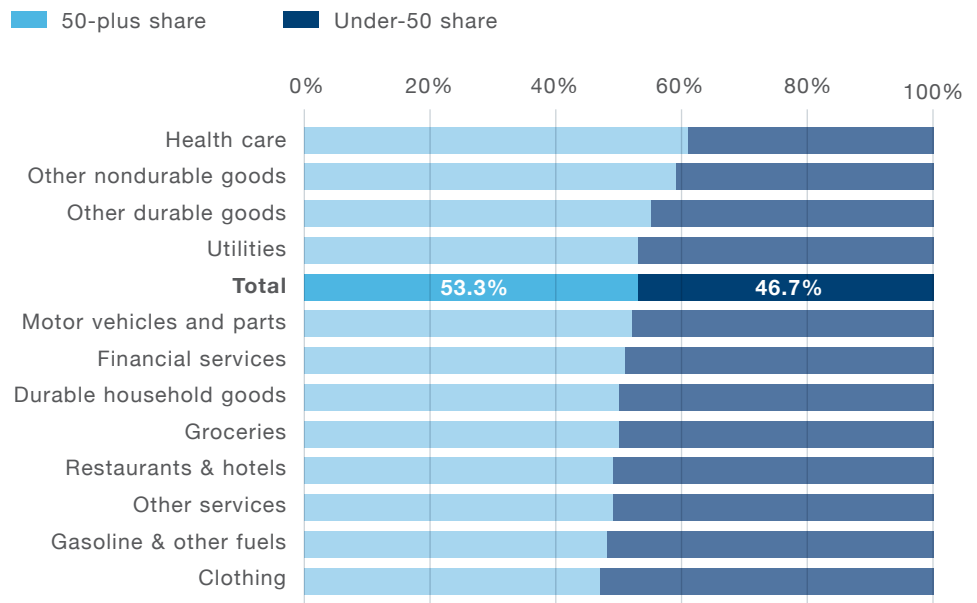
Fig. 6. Share of consumer spending by the 50-plus vs. under-50 population, 2015

■ 50-plus share   ■ Under-50 share

Health care
Other nondurable goods
Other durable goods
Utilities
Total — 53.3% | 46.7%
Motor vehicles and parts
Financial services
Durable household goods
Groceries
Restaurants & hotels
Other services
Gasoline & other fuels
Clothing

Source: Oxford Econmics, BLS

With so much consumption and spending by the 50-plus cohort, it is no surprise that companies are investing in technologies that cater to the 50-plus demographic. For example, the 50-plus population is highly motivated by a desire to maintain independence and stay active while aging, and so savvy businesses and investors have been quick to develop new products and services to meet demand.

New technologies such as remote monitoring, smart homes, ambient computing and GPS tracking are just the tip of the iceberg. Increasingly, appliances, gadgets, software programs and sensors are connected via the Internet of Things. New technology that benefits all consumers often finds new uses among the 50-plus population. For example, smart phone apps remind people when to take medications as well as allow them to connect to loved ones.

With a good baseline understanding of the 50-plus population, we can begin to explore their economic footprint.

THE INTERNET OF THINGS AND LONGEVITY

By 2050, the US population aged 65 and over is expected to double its current size. The entrance of Gen X and Millennials reaching retirement age, increasing immigration and lengthening life expectancy will add more than 40 million people to this age group.[1] Its growth has spurred concerns about the provision and cost of healthcare going forward, at a time when healthcare spending, currently about 17 percent of US GDP, is the highest of any country in the world.[2] Enter the Internet of Things (IoT)—the network of connected, electronic devices able to transmit data in real time—and its transformative potential, offering a new market opportunity, social benefits and cost savings.

Seen in the context of IoT, the challenge of providing high-quality healthcare at lower cost becomes a major market opportunity, with venture capitalists reportedly investing $18 billion in start-up healthcare businesses in 2015—a 350 percent increase from 2010.[3] Such investments are broadly spread across the healthcare arena, from coordinating care services and improving clinical workflows to healthcare on the go (mobile health), smart homes, ambient assisted living (AAL) and the use of Big Data analytics.

The great interest in finding ways to help people stay healthy and live independently as they age has implications for the Longevity Economy. Not only do people want to remain in their own homes and communities, or minimizing moves to other living arrangements, but doing so has a major impact on wealth, since the cost of residential care can be prohibitively

expensive.[4] Semico Research and Consulting found that median household wealth among the elderly is more than 1,000 percent greater for those who avoid staying in nursing homes than for those who stay in nursing homes for more than 180 days.[5] This combination of a growing market, keen motivation to live at home and substantial wealth is creating a fertile investment landscape for companies and entrepreneurs looking to provide innovative ways to enable people to remain independent. In turn, this innovation brings both consumer and societal benefits.

In particular, IoT technologies are expected to bring considerable cost savings to the US healthcare system. Goldman Sachs projects over $300 billion in annual healthcare system savings for chronic illnesses over the long run—the majority coming from remote healthcare monitoring that enables healthcare professionals to monitor patients at home, whether for chronic illnesses or post-surgical recovery.[6] For example, new technologies such as Hexoskin, a shirt with sensors integrated into the fabric, permit remote biometric monitoring (e.g. cardiac, breathing, movement/cadence, etc.) through Bluetooth and a phone app. At present, information collected from the sensors is uploaded into a system that allows individuals to track physiological performance; however, early experiments also indicate that Hexoskin may facilitate remote monitoring/telehealth—in uses ranging from ambient assisted living (AAL) to sleep health.[7] This reduces both public and individual healthcare costs, and is minimally intrusive for patients. Voice-activated, internet-connected technologies are also making significant headway in improving independence and ambient assisted living. Amazon's Echo, an internet-connected, voice-activated ambient computer, for example, connects day-to-day home activities and communication with the outside world. Currently, Echo allows caregivers to stay connected with those at home, while also assisting the latter with daily routines (e.g. giving medication reminders, compiling shopping lists, providing cooking instructions, playing audio

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1   U.S. Census
2   Data from the World Bank
3   Amy Baxter, "CVCs Investing in Next Wave of Senior Care Solutions," *Senior Housing News.* 13 April 2016.

4   An AARP survey found that 80% of seniors believe their current residence is where they will always live. AARP. *Aging in Place: A state survey of live-ability policies and practices.* December 2011.
5   Semico Research & Consulting. *Aging in Place: The Internet of Things for the Golden Years.* July 2013.
6   Goldman Sachs. *The Digital Revolution Comes to U.S. Healthcare.* June 29, 2015.
7   Tanvi Banerjee, P. A. (2015). *Evaluating a Potential Commercial Tool for Healthcare Application for People with Dementia.* Dayton: Kno.e.sis Center, Department of Computer Science and Engineering, Wright State University.

books, etc.). Echo can also do research and answer a multitude of questions, which has proved particularly useful in assisting dementia patients—as the system never tires. Echo's software is learning new "skills" every day, including integration with smart home technologies such as Nest (thermostat) and Hue (Philips "smart lights").[8] Though the technology is still new, additional applications for voice-activated computer systems like Echo continue to be developed, and future adoption rates look promising.

However, it is not just in healthcare systems that strides are made to enhance healthy, independent living. Smart, integrated systems within the home are also increasing independence and safety, and reducing myriad costs (including energy, health, food, travel, communication, etc.). Take the smart refrigerator, for example—Samsung, LG and other brands have already rolled out sensor- and internet-connected fridges that communicate information about food to smart phones, so people and their caregivers can monitor shopping lists—or even order and pay for groceries.[9] Advanced appliances can remind residents that items need replacing and even monitor eating habits and provide nutritional reminders—imagine getting a text alert from your fridge telling you to restock the eggs and milk.

IoT has even extended into the bathroom. While smart toilets have existed for some time in Japan, adoption in the US has been relatively slow. IoT may change that. Sensors embedded in toilets can measure sugar levels in urine, blood pressure, heart rate, body fat and weight. The results can be sent to a doctor through the internet, enabling long-distance monitoring and charting of a person's well-being. In fact, a 2013 survey conducted in eight countries found that 70 percent of people would be willing to have a smart toilet share their personal data if it meant lower healthcare costs.[10] In a household of interconnected devices, one can even envisage your toilet communicating with your fridge, providing a feedback loop of nutritional adjustments and suggestions.

Although the Internet of Things remains relatively new, these examples demonstrate how its emergent technologies can spur investment. IoT has the potential to become a driver of value for the healthcare system, the taxpayers who fund it, and ultimately the patients who will be able to enjoy greater independence and mobility in their later years.

8   "Amazon Echo." Wikipedia: The Free Encyclopedia. Wikimedia Foundation, Inc. Last updated (06 July 2016). Web. Date accessed (06 July 2016). https://en.wikipedia.org/wiki/Amazon_Echo.
9   http://www.gizmag.com/samsung-family-hub-smart-fridge/41192/ and http://www.cnet.com/news/touchscreen-refrigerators-and-talking-everything-at-ces-2016/

10   Intel Healthcare Innovation Barometer conducted by Penn Schoen Berland: https://newsroom.intel.com/wp-content/uploads/sites/11/2016/01/infographic_barometer.pdf

3. THE ECONOMIC IMPACTS OF THE LONGEVITY ECONOMY

The spending of the 50-plus cohort reverberates through the economy, creating ripple effects that generate further economic activity. For example, as people in the 50-plus cohort make purchases at grocery stores, retail outlets, restaurants, healthcare centers, and so on, money ripples through these providers' supply chains. And the longer people remain in the labor market, the more they earn and have to spend. Some money leaks out of the economy to foreign producers, while some money is used to buy inputs for production, pay wages to workers and remit taxes to governments. Oxford Economics quantified this economic contribution nationally using an economic impact analysis, as described in the following box:

AN INTRODUCTION TO ECONOMIC IMPACT ANALYSIS

A standard economic impact assessment identifies three channels of impact that stem from an activity:

- **Direct effect.** Measures the economic benefit of the 50-plus cohort's spending and activities in the US.

- **Indirect effect.** Encapsulates the activity driven by the supply chain as a result of the procurement of goods and services from other businesses to support those providing goods and services to the 50-plus cohort.

- **Induced effect.** Captures the impact of workers spending their wages on domestically produced goods and services. This supports activity across the spectrum of consumer goods and services, and their supply chains.

In accordance with standard economic impact assessments, the impact of the Longevity Economy is measured using three key metrics:

- **GVA:** The gross value added (GVA) contribution to GDP,

- **Employment:** Employment (generally measure in terms of worker headcount), and

- **Income:** Wages and salaries earned by Longevity Economy workers supported by the spending of the 50-plus cohort.

All monetary impacts in this report are presented in current (i.e. non-inflation-adjusted) US dollars.
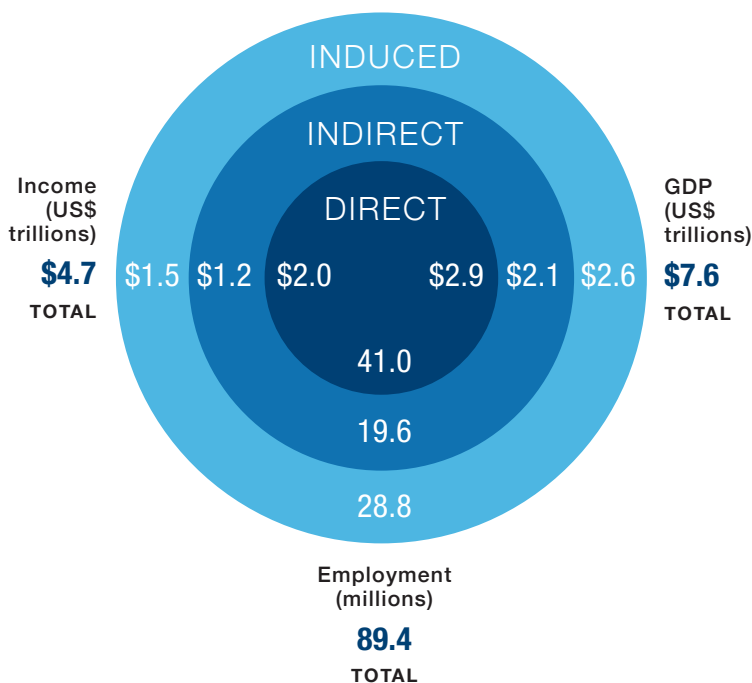
While spending by the 50-plus population amounted to $5.6 trillion in 2015, the cohort's economic impact is broader than this. The contribution to GDP amounts to $7.6 trillion when we add the economic effects of this direct spending as it circulates through the economy. It includes the economic value generated all along the supply chain and in the wider consumer economy as earned wages are spent. Overall, spending by people aged 50 and over in the US in 2015 supported more than 89.4 million jobs and over $4.7 trillion in labor income. Some 61 percent of all US jobs and 43 percent of labor income was related to spending by the 50-plus cohort.

Fig. 7 illustrates how the $5.6 trillion in spending rippled through the economy in 2015. The combination of direct, indirect and induced effects creates a continuous cycle of money rippling through the US economy.
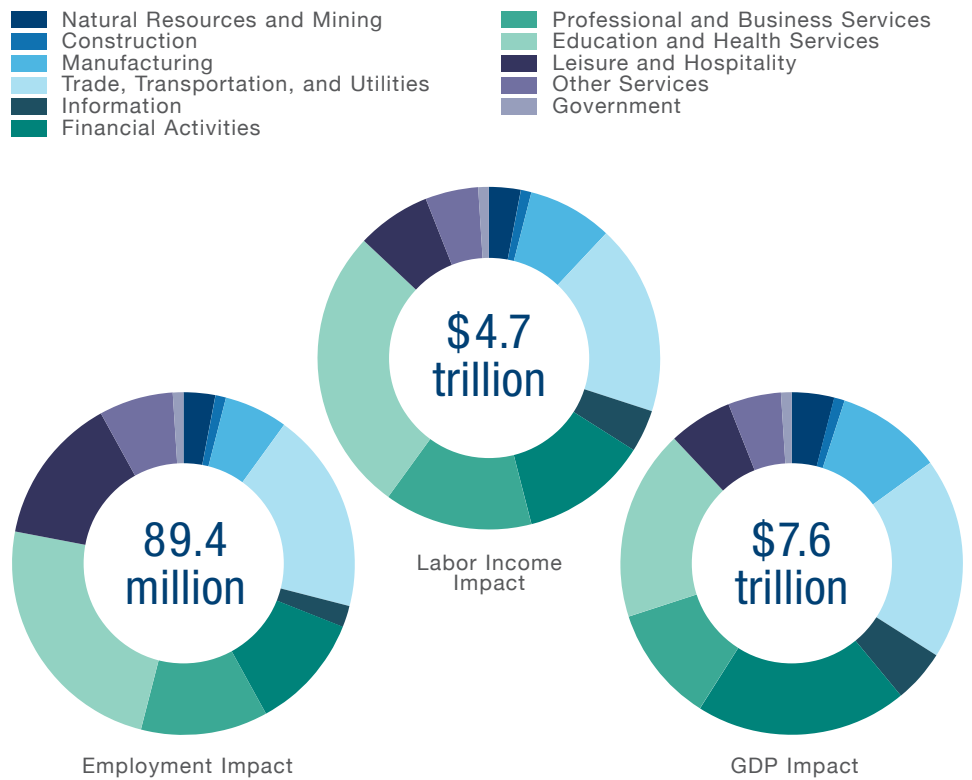
Fig. 7: Breakout of Longevity Economy ripple effects from spending, 2015

INDUCED

INDIRECT

DIRECT

Income (US$ trillions)
$4.7
TOTAL

$1.5 $1.2 $2.0 $2.9 $2.1 $2.6

GDP (US$ trillions)
$7.6
TOTAL

41.0

19.6

28.8

Employment (millions)
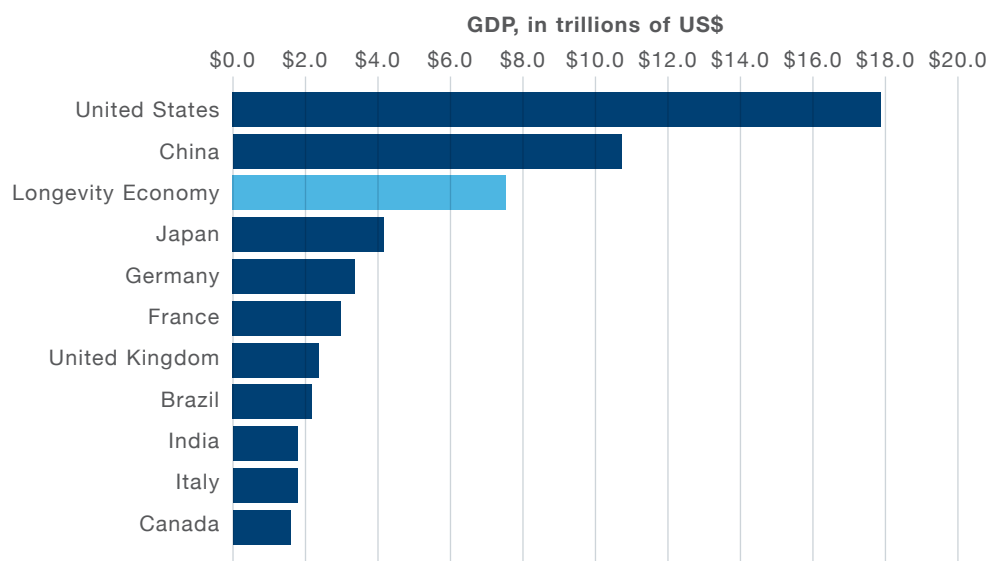**89.4**
TOTAL

Source: Oxford Economics, IMPLAN

The impact of spending by those in the Longevity Economy is felt in a wide range of industries all across the US. Disproportionately, it affects education and health services; financial activities; and trade, transportation, and utilities. The impact on jobs is more concentrated in high-employment sectors, including leisure and hospitality. This reflects the lower productivity and salaries generally prevalent in these industries. Therefore, wage expenditures by the 50-plus cohort support relatively more jobs.

Fig. 8. Longevity impacts by sector, 2015

Legend:
- Natural Resources and Mining
- Construction
- Manufacturing
- Trade, Transportation, and Utilities
- Information
- Financial Activities
- Professional and Business Services
- Education and Health Services
- Leisure and Hospitality
- Other Services
- Government

89.4 million — Employment Impact

$4.7 trillion — Labor Income Impact

$7.6 trillion — GDP Impact

Source: Oxford Economics, IMPLAN

Fig. 9. The Longevity Economy on a global scale, 2015*

GDP, in trillions of US$

United States
China
Longevity Economy
Japan
Germany
France
United Kingdom
Brazil
India
Italy
Canada

* Nominal (non-inflation-adjusted) GDP
Source: Oxford Economics

Fig. 8 breaks out the economic value, jobs and income that accrue to various sectors within the US economy. The leisure and hospitality sector, for example, accounts for just over six percent of the GDP impact, but for nearly 14 percent of the jobs impact.

The amount of value driven by the 50-plus cohort in the US is huge, even viewed on a global scale. If the US Longevity Economy were to stand alone, it would, in GDP terms, be the third largest economy in the world—behind only the US and China and nearly $3.5 trillion larger than Japan.

3.1 THE LONGEVITY ECONOMY'S TAX CONTRIBUTION

All the economic activity described in this study (quantified as GDP) and all the employment related to the Longevity Economy generate not just income, jobs and wealth but also taxes. These include taxes on consumer and supply-chain purchases of goods and services; employment taxes on salaries of workers employed directly or indirectly as part of the Longevity Economy; and taxes on the corporate profits of companies serving and run by the 50-plus cohort.

When summed together, approximately $1.8 trillion in federal, state and local taxes were attributable to the Longevity Economy in 2015—about 34 percent of federal tax revenue and 41 percent of state and local tax revenue collected in the US.[11] Fig. 10 summarizes the taxes generated by the Longevity Economy.

Fig. 10. Longevity tax contributions, 2015
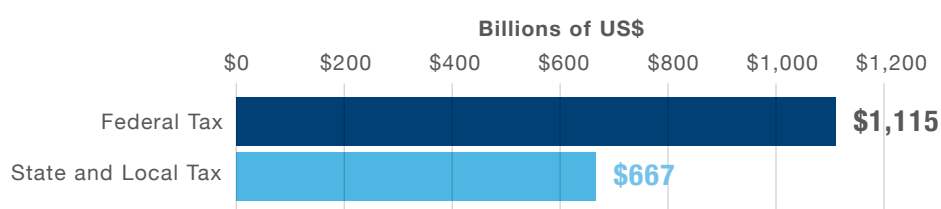
Source: Oxford Economics, IMPLAN

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11   Calculated taxes *do not* include estate taxes. The calculation is derived from Longevity Economy's spending on goods and services within the US and subsequent income taxes collected on wages/salaries.

4. LONGEVITY IN THE WORKPLACE

This section takes a closer look at employed 50-plus workers, specifically revealing labor force participation rates, which occupations older workers hold and their education levels.

Individuals 50 and older are still very actively engaged in the workplace. Those who haven't retired show lower unemployment rates—at less than 4 percent—than any other age cohort. Furthermore, the growth of the 50-plus population suggests that an increasing number of older adults will remain in the workplace, producing goods and services, earning and spending their income and fueling further economic activity as a result.

There's a long-held myth about increasing age and decreasing productivity—that perhaps older workers are not as quick, agile or capable as their younger counterparts. While this may hold true in a few specific occupations, data suggest that the worker productivity does not diminish with age. In many cases, productivity may actually increase—even at advanced ages. The reason: Older workers tend to be active in industries that are more knowledge-intensive and less physically demanding. Workers who remain in the labor force in such roles and sectors therefore tend to be more highly educated and productive than their younger counterparts.

A study by the Brookings Institution, for example, found that wages—a common measurement of productivity—for advanced-aged workers have not diminished, but rather increased over time.[12] It also found that workers between 60 and 74 years old earned a higher hourly wage than workers aged 25 to 59.[13] As stated in the report, the false impression of diminishing productivity "may

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12   Burtless, Gary. The Impact of Population Aging and Delayed Retirement on Workforce Productivity. Center for Retirement Research at Boston College. Working Paper. May 2013.
13   Ibid

be fueled by the perception that the aged are less healthy, less educated, less up-to-date in their knowledge, and more fragile than the young. While all these images are accurate to some degree, they do not necessarily describe the people who choose to remain employed at older ages."[14]

4.1 THE LONGEVITY LABOR FORCE

In 2015, about 52 million people in the 50-plus cohort were participating in the US labor force. Although the 50-plus population has a lower unemployment rate than the under-50 population, the labor force participation rate for the 50-plus population is also relatively low, indicating that many older workers drop out of the workforce if employment opportunities don't arise. Fig. 11 shows labor force participation rates for both cohorts, along with each group's unemployment rate.

Fig. 11. Labor force participation and unemployment rates, 2015
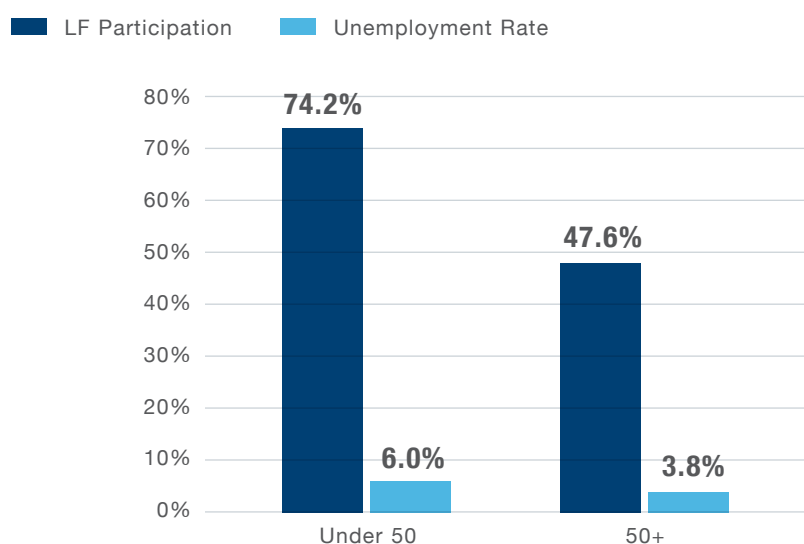
Source: Oxford Economics, BLS

While declining labor force participation overall has been a recent concern in the US, the Bureau of Labor Statistics projects that participation rates among the over-50 population will rise over the next several years. Numerous studies suggest labor force participation by those over 50 will increase as more older workers find they either are not financially prepared for retirement or simply

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14   Ibid

want to keep working. Though individuals over 50 may have various reasons for working longer, collectively they make a pronounced difference, and the overall evidence is clear that their extended engagement with work leads to gains in national productivity and growth. In fact, as labor force participation declines among younger people—who are enrolling in post-secondary education in increasing numbers and doing less part-time while in school—older workers have helped cushion a potential labor shortage that might otherwise have threatened business productivity.

A common perception is that older workers are squeezing out younger workers within the labor market, forcing younger workers into careers with little upward mobility—the aptly named "lump of labor fallacy." Fortunately for everyone, the evidence says otherwise. Evidence from BLS is pronounced: Long-tenured older workers who lose their jobs have difficulty securing employment that allows them to save for retirement in the post-recession economy. In January 2016, the re-employment rate was 60 percent for workers aged 55 to 64 and only 27 percent for those over 65, compared with 73 percent for workers 25 to 54.[15]

Further evidence from the Federal Reserve Bank of St. Louis suggests that older workers face higher rates of long-term unemployment than younger cohorts. Researchers found that long-term unemployment among workers aged 50 to 64 increased from 26 percent in 2006–2007 to 50 percent 65 and older, long-term unemployment rates rose from 19 percent to 49 percent during the period, the largest percentage point increase of all age cohorts.[16] These statistics are not consistent with a picture in which older workers are crowding out younger ones.

On the contrary, older workers add value to the economy, boosting growth and creating jobs rather than taking them. A recent study in the UK for the Department of Work and Pensions found that real GDP would increase by 3.25 percent per year if older workers remained active in the workforce for an extra three years. The report also found that higher employment rates among older workers actually benefited younger generations, as older workers had more money to spend—thus creating more jobs.[17]

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15   http://www.bls.gov/news.release/disp.t01.htm
16   Monge-Naranjo, Alexander and Sohail, Faisal. (2015). Age and Gender Differences in Long-Term Unemployment: Before and After the Great Recession. St. Louis: Federal Reserve Bank of St. Louis.
17   Altman, Ros CBE. A New Vision for Older Workers: Retain, Retrain, Recruit. Report to Government. March 2015.

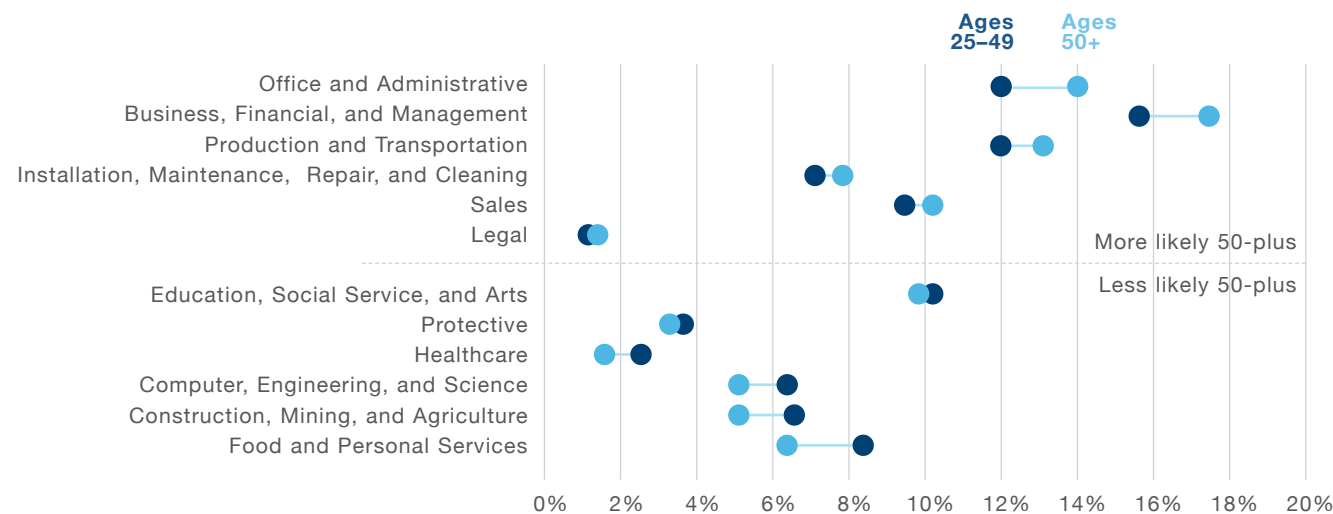**Fig. 12. Projected change in labor force participation rates by age group, 2015 to 2024**
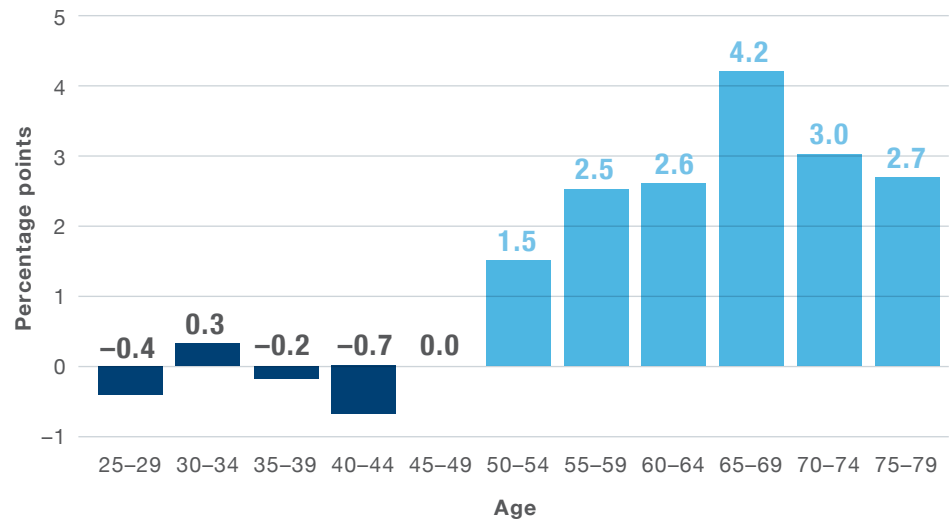
4.2 THE MANY OCCUPATIONS OF THE LONGEVITY WORKFORCE

Although older people are increasingly working longer, those who do so exhibit different employment patterns from their younger counterparts. Overall, younger and older workers are generally working in similar occupation categories— in sectors such as education and social services—but there are also some notable differences. For example, workers aged 25 to 49 are more likely than older workers to be employed in food and personal-service occupations, as well as construction, mining and agriculture. In the main, this is because of the physical demands of these types of jobs; for people who have formed careers in those industries it is simply often not a practical option to continue long past traditional retirement age. By contrast, workers in office and administrative occupations, as well as sales, business, finance, and management are more likely to continue to work when they are 50 and older.

Unsurprisingly, research shows that older Americans who work past traditional retirement age in the kinds of knowledge-intensive occupations mentioned above tend to be more highly educated, thereby maintaining higher levels of productivity. Our analysis shows that older workers, especially those over 65, are much more likely to have a graduate degree (i.e. master's or greater)
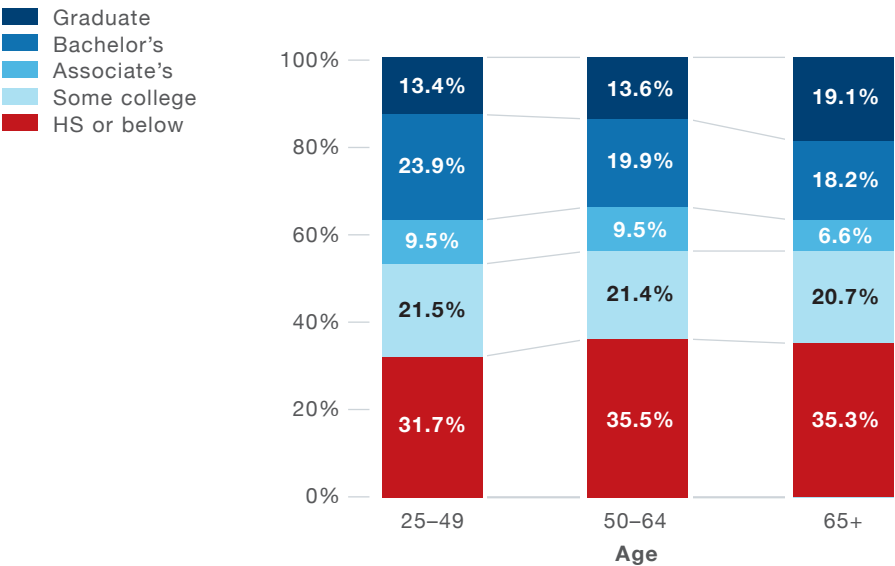
Fig. 13. Distribution of worker occupations by age, 2014

Ages 25–49   Ages 50+

Office and Administrative
Business, Financial, and Management
Production and Transportation
Installation, Maintenance, Repair, and Cleaning
Sales
Legal

More likely 50-plus
Less likely 50-plus

Education, Social Service, and Arts
Protective
Healthcare
Computer, Engineering, and Science
Construction, Mining, and Agriculture
Food and Personal Services

0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%

Source: Oxford Economics, American Community Survey

than workers 25 to 64 years old. About 19 percent of employed workers over 65 have a graduate degree, compared with about 13.5 percent of employed workers under 65. Combined with the less physically demanding nature of their occupations, this allows older workers to remain in the labor force longer.

Fig. 14. Educational attainment of employed workers by age, 2014

- Graduate
- Bachelor's
- Associate's
- Some college
- HS or below

Education	25–49	50–64	65+
Graduate	13.4%	13.6%	19.1%
Bachelor's	23.9%	19.9%	18.2%
Associate's	9.5%	9.5%	6.6%
Some college	21.5%	21.4%	20.7%
HS or below	31.7%	35.5%	35.3%

Age

Source: Oxford Economics, American Community Survey

HOW PATTERNS OF WORK ARE CHANGING WITH LONGEVITY

The US and the world are entering a unique period in history where demographic shifts indicate that the workforce will begin to shrink. Keeping older workers productive may be a way to offset the declines in labor supply that are soon expected to hit. Headlines about the increasing age of the workforce frequently paint a picture of impending doom, with messages like "Shortages Loom as Most-In-Demand Group of Workers Ages,"[18] "Labor Report: Worker Shortage Begins as Baby Boomers Retire,"[19] "Concerns Grow over Workforce Retirements and Skills Gaps."[20] However, with the oldest Baby Boomers slated to turn 70 this year, the fast-approaching workforce cliff increasingly appears to be a slope. This is because Baby Boomers do not seem to be sticking steadfastly to a "retire at 65" mentality, but rather are choosing to remain in the labor force for longer. This unprecedented shift raises important issues for US businesses and the economy as a whole.

First is the question of whether this prolonged workforce engagement adds value. In this context, it is salient that those who remain in the workforce after 65 tend to be better educated on average than the prime working-age population (25-54 years old). This implies that workers who stay in the workforce past the age of 65 tend to be highly skilled, which has important and positive implications in terms of meeting the needs of the "knowledge economy."

Further evidence suggests that productivity does not typically diminish with age, even for those who stay engaged in the workforce past standard retirement ages.[21] In part, this reflects the educational levels of those working past the age of 65, as discussed above, which means they are more likely to be in knowledge-intensive rather than manual jobs. This is further supported by the Brookings Institute study mentioned earlier in this section, wherein workers aged 60 and 74 years old have higher wages than younger workers.[22]

Second is the oft-asked question of whether prolonged workforce engagement among older workers simply takes jobs from Millennials. By staying in the workforce are older citizens "blocking" access to jobs for younger workers? The evidence suggests that as the US emerges from the Great Recession, longer workforce engagement does not appear to be crowding out jobs for younger people.[23] The number of jobs is not remaining static. At the same time, some Boomers are of course retiring, thereby creating demand for replacement workers. The unemployment rate among young workers in the first quarter of 2016 shows that youth unemployment is near its pre-Great Recession low,[24] suggesting that intergenerational employment is not a zero-sum game. Indeed, 10-year projections indicate about 3.5 million new jobs and replacements will be created annually.[25] As the US economy expands and some Baby Boomers retire, entry-level job opportunities are therefore opening up for Millennials as current job holders move up through the ranks.

A related challenge, on the contrary, seems to be how to address reduced labor force participation and increased turnover among young workers, who often delay entrance into the workforce in pursuit of higher education, thereby making it harder for employers to find qualified candidates.[26] For example, a Society for Human Resource Managers (SHRM) Foundation report notes that "the population of younger workers with the education and skills to replace Baby Boomers is not large enough—or growing fast enough—to make up

18 Wright, J. (2013, Mar 7). *America's Skilled Trades Dilemma: Shortages Loom As Most-In-Demand Group Of Workers Ages.* Retrieved Jul 15, 2015, from Forbes: http://www.forbes.com/sites/emsi/2013/03/07/americas-skilled-trades-dilemma-shortages-loom-as-most-in-demand-group-of-workers-ages/#32f48f004545

19 Baumann, L. (2015, Aug 31). *Labor report: Worker Shortage Begins as Baby Boomers Retire.* Retrieved Jul 15, 2016, from The Washington Times: http://www.washingtontimes.com/news/2015/aug/31/labor-report-worker-shortage-beings-as-baby-boomer/

20 Minton-Eversole, T. (2012, Aug 9). *Concerns Grow over Workforce Retirements and Skills Gaps.* Retrieved Jul 15, 2016, from SHRM: https://www.shrm.org/ResourcesAndTools/hr-topics/talent-acquisition/Pages/WorkforceRetirementandSkillGaps.aspx.

21 Gobel, Christian and Zwick, Thomas. *Age and Productivity: Sector Differences.* De Economist. March 2012, Volume 160, Issue 1, pp 35-57

22 Burtless, Gary. *Is an Aging Workforce Less Productive?* Brookings Institution. June 10, 2013. http://www.brookings.edu/blogs/up-front/posts/2013/06/10-aging-workforce-less-productive-burtless.

23 Munnell, A.H. and Wu, A.Y. *Are Aging Baby Boomers Squeezing Young Workers out of Jobs?* Center for Retirement Research at Boston College. October 2012. Number 12-18.

24 U.S. Bureau of Labor Statistics – Current Population Survey (Labor Force Statistics Q12006-Q12016, 20-24 years old cohort

25 U.S. Bureau of Labor Statistics 2014-2024 Occupation Employment Projections

26 U.S. Bureau of Labor Statistics – Current Population Survey (Labor Force Statistics Q12006-Q12016, 20-34 years old cohort).

for the older generation's departure.[27] This raises the issue of generational knowledge transfer—the communication and imparting of experience and information to younger workers who will eventually replace outgoing older workers. A survey of nearly 370 general managers and C-level executives (an average age of 52 years old) conducted by the American Management Association emphasized the substantial knowledge gap that older employees leave behind, which cannot be replaced by simply hiring a couple of additional college grads.[28] This is further complicated because the short duration of Gen Xers and Millennials' average tenure in a job (about 5 years for Xers and 2 years for Millennials)[29] often does not provide a long enough period for institutional knowledge transfer.

To help combat generational knowledge gaps, some companies have implemented programs such as mentorships. IBM, for instance, gives all employees a "connection coach" before their first day, and once an employee has been in a role for a while, he or she is assigned a formal mentor.[30] Likewise, younger employees at Xerox are matched with those higher up to learn about possibilities for growth and development within the firm, and to learn from someone who has been in an entry-level function before.[31] An employer survey by SHRM further evidenced that about 54 percent of respondents had implemented training and/or cross-training programs to facilitate knowledge transfer between older and younger workers—33 percent implemented mentoring programs and 26 percent had job shadowing.[32] In this context, older workers staying on longer might be part of the solution to ensure knowledge-transfer occurs even if their younger counterparts don't come on stream until a little later than might formerly have been the case. Therefore, the younger generation does not appear to be losing out to older workers, and might instead benefit from their prolonged workforce engagement in the long term.

There are other ways in which the 50-plus workforce is changing. For example, in order to continue earning income later in life, older workers are taking increased advantage of alternative working arrangements and the opportunities for enhanced flexibility that new technologies have opened up for workers all across the economy.

Often this is called the "gig economy"—a contractor-style arrangement wherein workers are not permanently employed by a single employer, but operate more like entrepreneurs and receive earnings from contract work. Still, they do, in the main, tend to stick with fairly traditional roles within this new arrangement. In 2015 Uber indicated that approximately 25 percent of their drivers were aged 50 or over, while approximately a quarter of Airbnb's hosts were also aged 50 plus. Recent research suggests that the probability of 55–75-year-olds engaging in alternative work arrangements has increased to nearly 24 percent—up from 14.4 percent 10 years ago.[33]

Other spillover benefits also accrue as a result of longer 50-plus cohort labor force participation. A recent study from Oregon State University suggested that working longer may lead to a longer life. Data indicate that healthy adults who work one year past 65 have an 11 percent lower risk of death—irrespective of demographics or lifestyle.[34] A study of French workers by the US National Library of Medicine-National Institutes of Health found that working longer improved health and delayed the onset of dementia.[35] In the US, where dementia is expected to cost the nation $236 billion in 2016—with Medicare and Medicaid covering nearly 70 percent of the payments[36]—longer engagement in work activities might lead to substantial public health savings, in addition to enhancing economic productivity.

Ultimately then, as the US and global economies transform and demographics shift over the next several decades, our view of the aging workforce will also change. This view should not be negative. The evidence strongly points to the benefits of older workers remaining in the workforce, especially with regard to economic productivity and health.

28   SHRM Foundation's Effective Practice Guidelines Series. *The Aging Workforce: Leveraging the Talents of Mature Employees.* 2014.

29   American Management Association. *Strategies for Dealing with the Challenges and Opportunities of America's Aging Workforce.* http://www.amanet.org/training/articles/Strategies-for-Dealing-with-the-Challenges-and-Opportunities-of-Americas-Aging-Workforce.aspx.

30   US Bureau of Labor Statistics – Employee Tenure

31   Galagan, Pat. *Association for Talent Development.* IBM makes mentoring accessible, simple and pervasive across its global enterprise. May 26, 2010

32   Kovary, Giselle and Buahene, Adwoa. Canadian HR Reporter. *Formal mentorship programs connect baby boomers, gen-Y employees: Xerox initiative engages different generations, gains momentum across division.* March 26, 2012.

33   SHRM Research Department. (2015). *Preparing for an Aging Workforce.* Society for Human Resource Management.

34   Katz, Lawrence F and Krueger, Alan B. *The Rise and Nature of Alternative Work Arrangements in the United States, 1995-2015.*

35   Wu, Chenkai et. al. *Association of Retirement Age with Mortality: a population-based longitudinal study among older adults in the USA.* Journal of Epidemiology & Community Health. March 2016

36   Dufouil, C et. al. *Older Age at Retirement is Associated with Decreased Risk of Dementia.* Neuroepidemiology. May 2014.

37   Alzheimer's Association. *2016 Alzheimer's Disease Facts and Figures.* 2016. http://www.alz.org/documents_custom/2016-facts-and-figures.pdf.

5. LONGEVITY AND SOCIETAL BENEFITS

Other key aspects of the Longevity Economy are lifting the US economy, specifically through increased entrepreneurship, philanthropy and charity, wealth transfers and contributions to government coffers.

5.1 OLDER PEOPLE AS ENTREPRENEURS

Entrepreneurs have always been a diverse group of individuals, but as demographic structures change, those who are driving entrepreneurship are looking different. Entrepreneurs are often stereotyped as twenty-something, tech-savvy individuals working out of Silicon Valley. While young entrepreneurs certainly do exist and create value and opportunity, the reality of entrepreneurship in the US is far from the cultural image, especially when it comes to age.

A study by the Kauffman Foundation that surveyed more than 650 US-born CEOs and heads of product development found that, even in the tech space, there were twice as many 50-plus tech founders than there were people under 25—debunking a common misperception that tech entrepreneurism is driven by ambitious young folks in the Bay Area.[38] Another analysis using BLS self-employment data found a large shift in patterns of entrepreneurship toward older demographics, specifically those 55 and older.[39] In fact those aged 55-64 have had the highest rate of entrepreneurial activity in the US over the last 10 years and one in three businesses in the US in that timeframe was started by an entrepreneur aged 50 or older.[40] These findings are illustrated in Fig. 15.

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38   Wadhwa, Vivek et. al. Education and Tech Entrepreneurship. Kauffman Foundation. May 2008
39   Bureau of Labor Statistics. Current Population Survey. http://www.bls.gov/spotlight/2016/self-employment-in-the-united-states/home.htm.
40   Easy Life Cover. Why Running a Company is the New Retirement, An Infographic. March 18, 2015. https://www.easylifecover.ie/2015/03/older-entrepreneurs-and-their-success-why-running-a-company-is-the-new-retirement/.
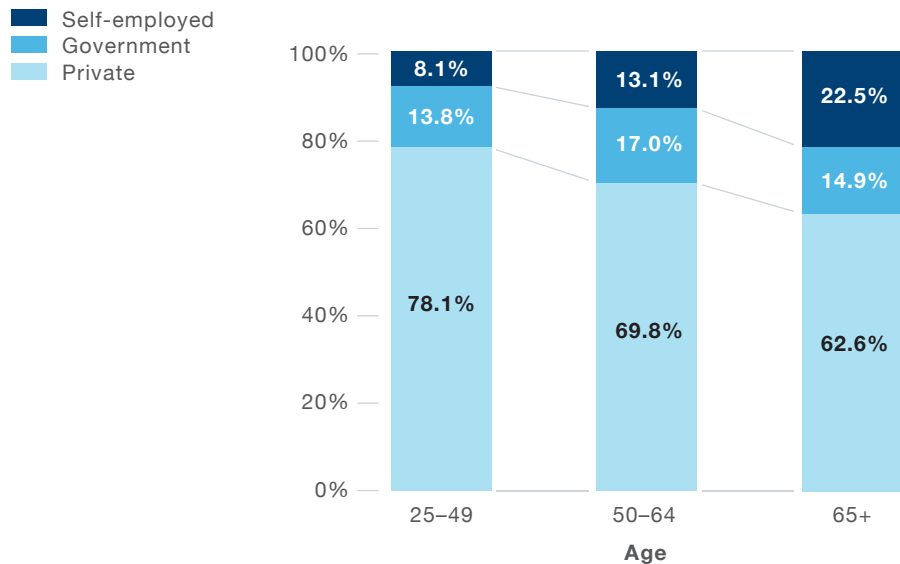
Fig. 15. Changes in composition of new entrepreneurs by age
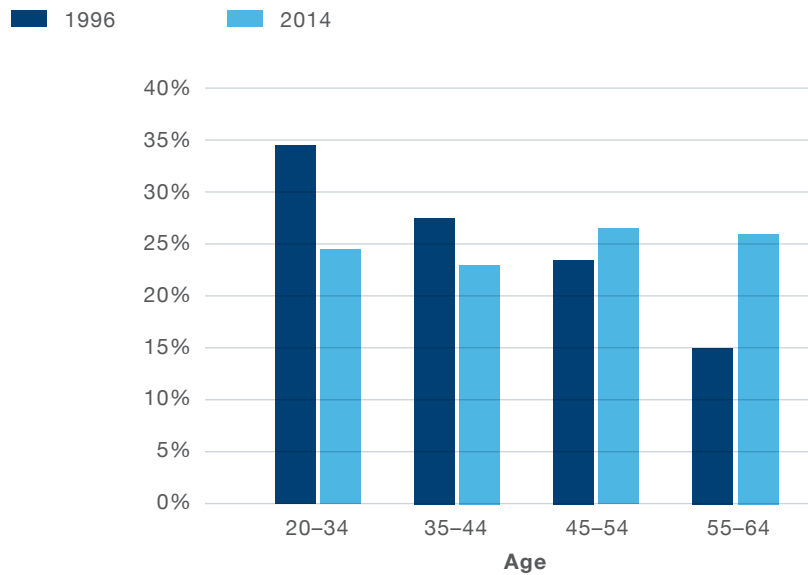
Source: Kauffman Foundation

A closer assessment of data from US Census Bureau, shown in Fig. 16, reveals that of the working population, about 1 in 5 workers over 65 years old are self-employed, compared with 1 in 10 workers aged 25 to 49 years.

Fig. 16. Distribution of the type of employment by age, 2014

Source: Oxford Economics, American Community Survey

Moreover, entrepreneurship later in life appears to correlate with higher success rates. A study by the Founder Institute found that entrepreneurs aged over 40 proved more successful than those under 40. This reflects that, as the study makes clear, older individuals have "generally completed more complex projects—from buying a house to raising a family [and] developed greater vocational skills than their younger counterparts."[41] While those in the 40-to-49 cohort are not part of the Longevity population, this may partly explain why entrepreneurs over 50 are experiencing business success. Other factors that may contribute to the success of older entrepreneurs relative to their younger counterparts include better access to capital, higher and more established credit ratings, and stronger networks and connections to advisors.

5.2 LONGEVITY PHILANTHROPY AND GIVING

Baby Boomers and the 50-plus cohort also make a huge philanthropic, charitable and volunteer contribution to US society, an area of spill-over value that is often overlooked. Those over 65, for example, are found to give the largest amount, averaging $1,672 over 12 months.[42] A study by Merrill Lynch on retirement, in partnership with Age Wave, argued that "as Baby Boomers retire, they will create an $8 trillion surge—[representing] the total value of retirees' giving and volunteering."[43] Considered the "Longevity Bonus," this value is broken into approximately $6.6 trillion in giving and $1.4 trillion in value of time (approximately 58 billion hours) over the next two decades. As the number of Baby Boomers reaching retirement increases, this amount looks set also to rise.

Not only do older people tend to donate at higher rates than younger cohorts, they also tend to give more in monetary terms when they do donate. The same study found that 80 percent of those aged 65+ had given to charity in the previous 12 months, compared with 58 percent of those aged 25-34. Surprisingly, people aged 35 to 44 were the most likely to volunteer—30 percent, compared with 24 percent for 65+ years old. However, older individuals were found to spend significantly more time volunteering, on average—128 hours over the previous year for people 55-64 years old and 133 hours for 65+, compared with only 58 hours for those 35-44 years old. In total, retirees account for 42 percent of donations given and 45 percent of volunteer hours, even though they account for only 31 percent of the population.[44]

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41   Ressi, Adeo. Is there a peak age for entrepreneurship? Tech Crunch. May 28, 2011. https://techcrunch.com/2011/05/28/peak-age-entrepreneurship/.
42   Giving in Retirement: America's Longevity Bonus. Merrill Lynch and Age Wave. 2015. https://mlaem.fs.ml.com/content/dam/ML/Articles/pdf/ML_AgeWave_Giving_in_Retirement_Report.pdf
43   Ibid
44   Ibid.

Volunteering also has hidden economic value in terms of benefits for the volunteers. Numerous studies have shown that giving and volunteering are associated with lower rates of depression, blood pressure and mortality—a win-win for all involved.

Fig. 17. Average amount given to charities annually by age, 2015
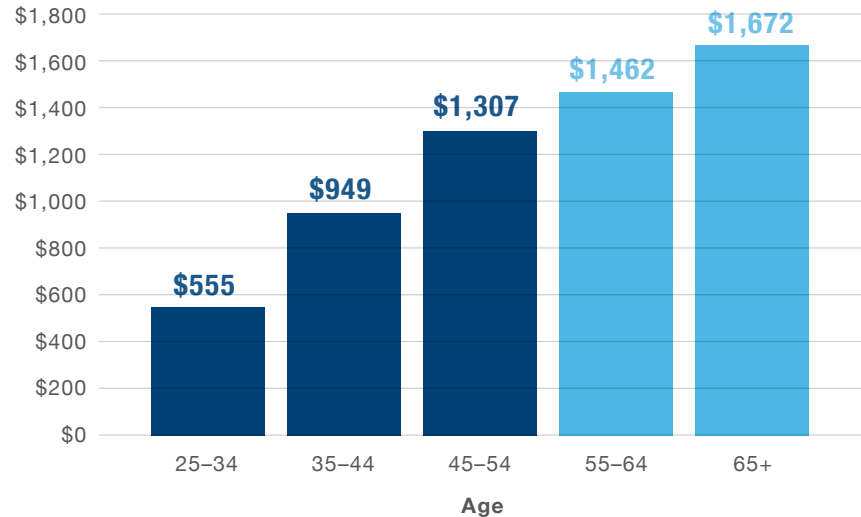
5.3 LONGEVITY AND WEALTH TRANSFER

As discussed earlier, the majority (83 percent) of household wealth in the US is held by people over 50. What is not donated during retirement years is generally transferred to descendants when people pass away. The Center on Wealth and Philanthropy at Boston College constructed a Wealth Transfer Microsimulation Model based on a number of federal datasets to estimate the wealth transfer to descendants and charity over a 20-year and 55-year timeframe. Overall, researchers forecast $58.1 trillion in transfers between 2007 and 2061, which they term "the largest wealth transfer in American history." Lifetime transfers account for 17% percent of the estimate, while final estate transfers account for 83 percent. In terms of the latter, the distribution of the wealth transfer is approximately $36.0 trillion to heirs, $5.6 trillion to estate taxes, $6.3 trillion to charity and $1.1 trillion to estate clearing costs.

6. CONCLUSION

The Longevity Economy is redrawing economic lines, changing the face of the workforce, advancing technology and innovations, and busting perceptions of what it means to age.

This study demonstrates that the Longevity Economy is a critical driver of the US economy. Through their work, investment activities, consumption and charitable contributions, Americans over 50 are reshaping the landscape of America and driving economic prosperity.

As the economy continues to evolve, meeting the needs of the Longevity population will require dynamic approaches in understanding and delivering the types of goods and services demanded. This report has explored the implications for some of the following:

- Acknowledging the spending patterns of the 50-plus cohort. As the group with the largest spending power, the Longevity cohort will influence market demand.

- Identifying and responding to trends in the labor market to maximize the productivity of workers over 50. Accommodating the need for longer working lives as people increasingly work in encore careers will be the key to maximizing productivity levels in the future.

- Staying informed of trends in health care and strategies to increase the quality of life for the Longevity population and accommodate their preference for aging in place.

- Innovating and adopting new technologies that can help and improve the lives of people 50 years and over.

- Understanding how longevity is good for society in terms of charitable giving and taxes.

As the world transitions to a greater reliance on the contributions of the Longevity Economy, it will become an increasingly valuable asset in terms of economic growth and opportunity.

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The 7 Incredible Facts About Boomers' Spending Power

Mark Bradbury, Contributor
Senior Director, Insights and Integrated Marketing at AARP Media Sale

03/17/2015 12:58 pm ET **Updated** Dec 06, 2017

Think you know the 50+ demographic? Think again, because the statistics will surprise you. The 50+ demo is wealthy, vast, and growing, and marketers would be smart to take notice.
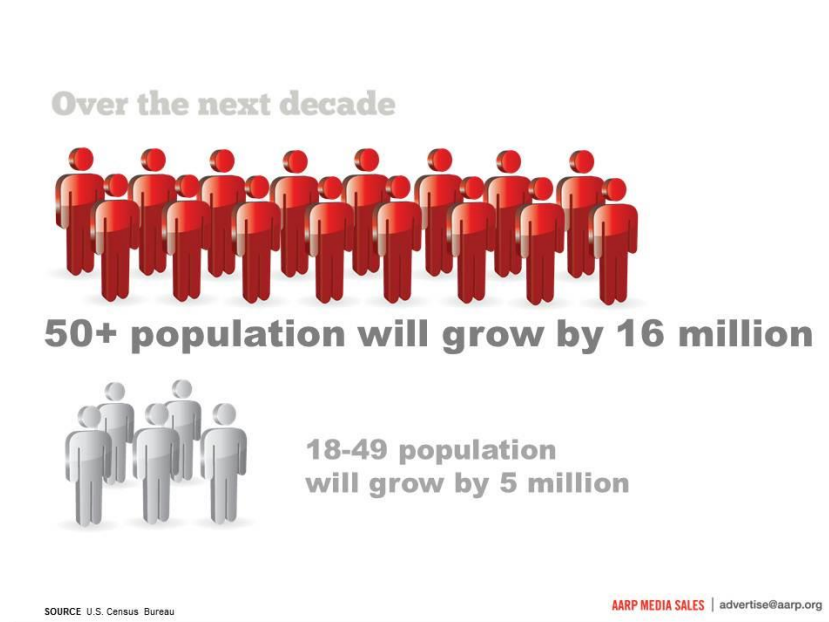
Here are 7 surprising facts about Boomers' spending power:
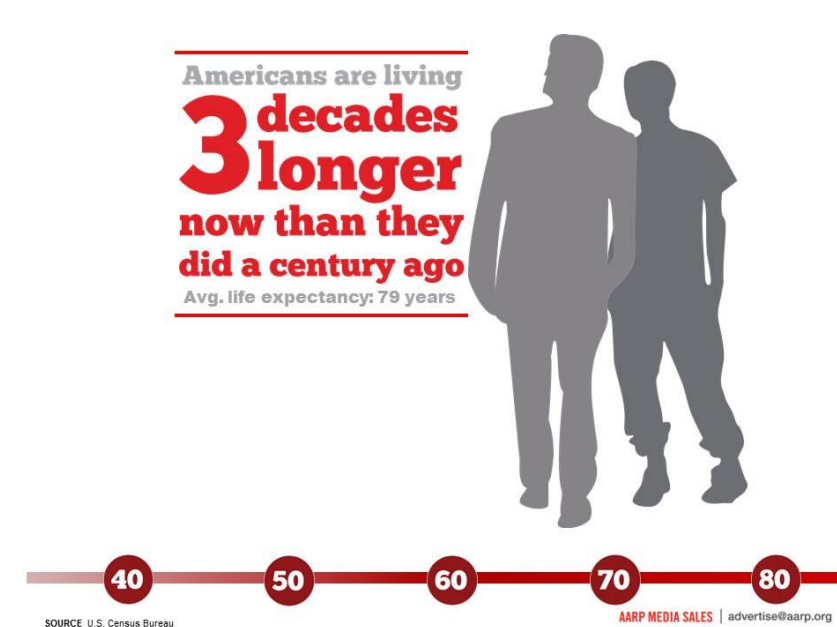
1. The 50+ Demographic is #1
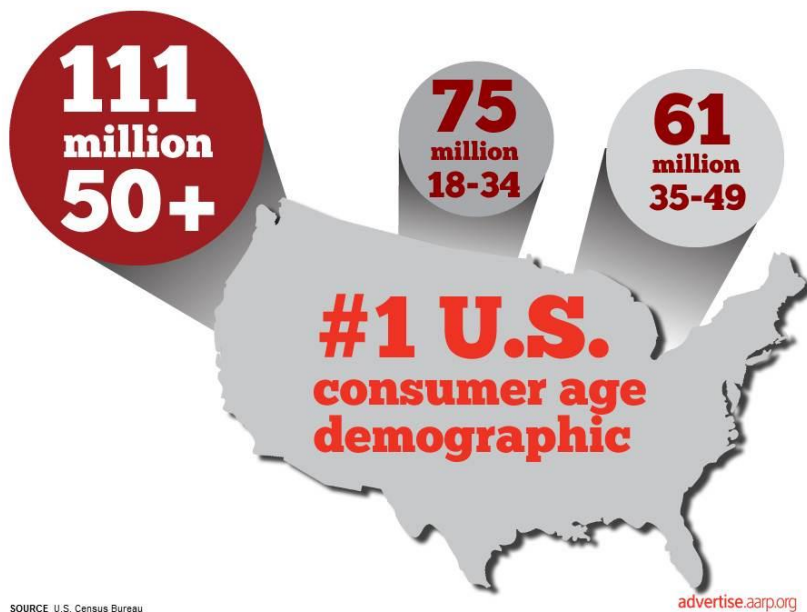
If there is strength in numbers, the 50+ demographic is mighty. At 111 million strong, the 50+ demographic is the #1 consumer-age demographic in the United States, far exceeding Gen X's 61 million and Millennials' 75 million.

2. The 50+ Demo Is Growing Fast

Over the next decade

50+ population will grow by 16 million

18-49 population will grow by 5 million

SOURCE: U.S. Census Bureau

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Not only is the 50+ demo the largest age group in the United States, it is also its fastest growing. This sizeable group will increase by 16 million over the next decade, more than triple the pace of younger demographics.

3. Boomers are Living Longer

Americans are living 3 decades longer now than they did a century ago

Avg. life expectancy: 79 years

40   50   60   70   80

SOURCE: U.S. Census Bureau

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Boomers are drinking the proverbial "fountain of youth" and living longer than ever before. In fact, Americans are living three decades longer now than they did a century ago. Boomers are not just living longer, they are living better, feeling more youthful than their predecessors and remaining engaged, active, and fulfilled.

4. Boomers Own a Majority of U.S. Financial Assets
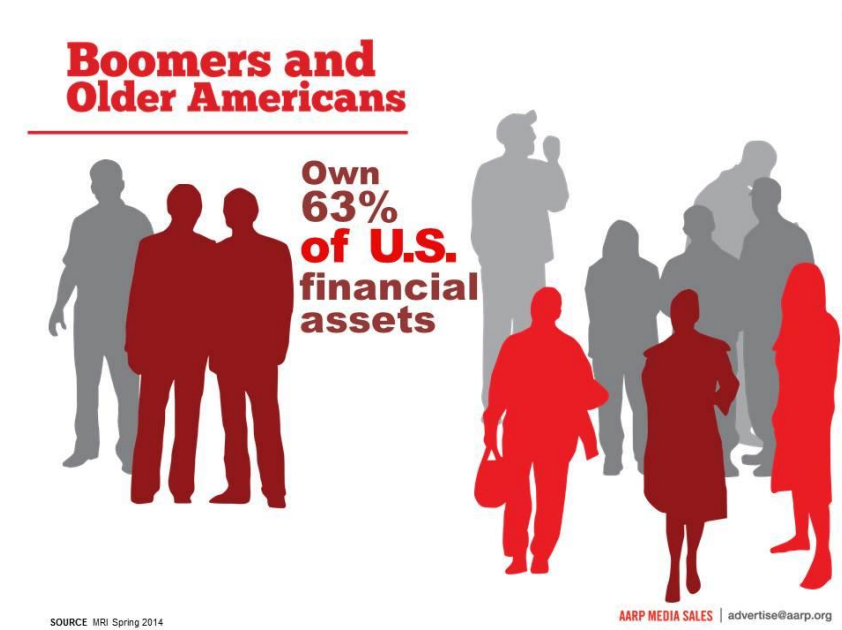
In a serious show of wealth and spending power, Boomers own a large majority of U.S. financial assets. Boomers and older Americans own 63 percent of all American financial assets, making them a serious economic force to be reckoned with and a highly coveted group for marketers looking to have a serious impact.

5. 50+ Are More Likely to Have Financial Investments

Boomers also far exceed their younger counterparts when it comes to financial investments. In fact, the 50+ demographic is 51 percent more likely to own financial investments than people ages 18-49 - and those investments hold an incredible 197 percent greater value.

6. They Outspend the GDP of Several Major Nations

Boomers also far exceed their younger counterparts when it comes to financial investments. In fact, the 50+ demographic is 51 percent more likely to own financial investments than people ages 18-49 - and those investments hold an incredible 197 percent greater value.

6. They Outspend the GDP of Several Major Nations

Want to put into perspective the vastness of the 50+ demo's spending power? The U.S. 50+ population spends $3.2 trillion annually. That is a total greater than the GDP of nations such as Italy, Russia, the United Kingdom, Brazil and France.

7. 50+ Demo Represents a Major Marketing Opportunity

50+ accounts for 50% of all consumer expenditures

Yet just 10% of marketing dollars are targeted toward 50+

Providing a huge opportunity to impact their purchase decisions

SOURCE U.S. Census Bureau 2013 Consumer Expenditure Survey; Agency Five-O

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The 50+ demo accounts for half of all consumer expenditures — yet a shockingly small 10 percent of marketing dollars are targeted toward 50+. Clearly, the numbers don't add up, and overlooking the 50+ demographic is a major marketing mistake. Targeting the 50+ demo, marketers will see serious payoff when it comes to benefitting their bottom line.

YOU TALKING TO ME?

The 50+ Say Marketers Have Them All Wrong

influent50
AN AARP SERVICES AGENCY

8/10 Baby Boomers say marketers are making mistakes when trying to appeal to them.

40% Think marketers don't know what's important to them.

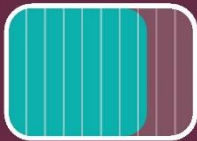**47%** Say stereotypes of their generation are inaccurate.

WHAT WE KNOW: THEY ARE SPENDING

52% Are ready to splurge—spending more than in their younger years.

1/3 Are willing to upgrade to the latest model – even when their current model is running just fine.

82% Are open to new brands.

THEY LOOK FOR QUALITY AND EXCEPTIONAL SERVICE

3/4 Pay a little extra for both quality and convenience.

76% Would consider trying a new brand that offers higher quality.
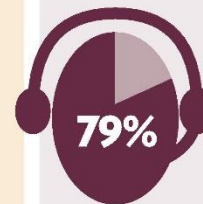
79% Consider customer service and not just price.

Learn more at
influent50.com

This survey was commissioned by Influent50 using ORC International's Generational Online CARAVAN Omnibus. The survey was conducted among a sample of 1,000 baby boomers between the ages of 50 and 69. This survey was live on May 13-18, 2015.

Aging in Place

A TOOLKIT FOR LOCAL GOVERNMENTS

BY M. SCOTT BALL

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.

Contents

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 communities[1]. 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

T RADITIONALLY 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.

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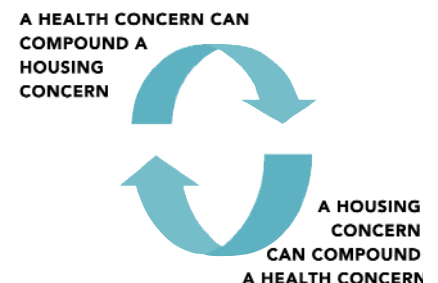, and housing concerns can create or compound health problems for aging individuals. When a living environment is affordable and appropriate, an aging individual is more likely to remain healthy and independent. When an individual maintains good health, he or she is better able to maintain his or her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

Most older adults in the Atlanta region[2] 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.

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

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.

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.

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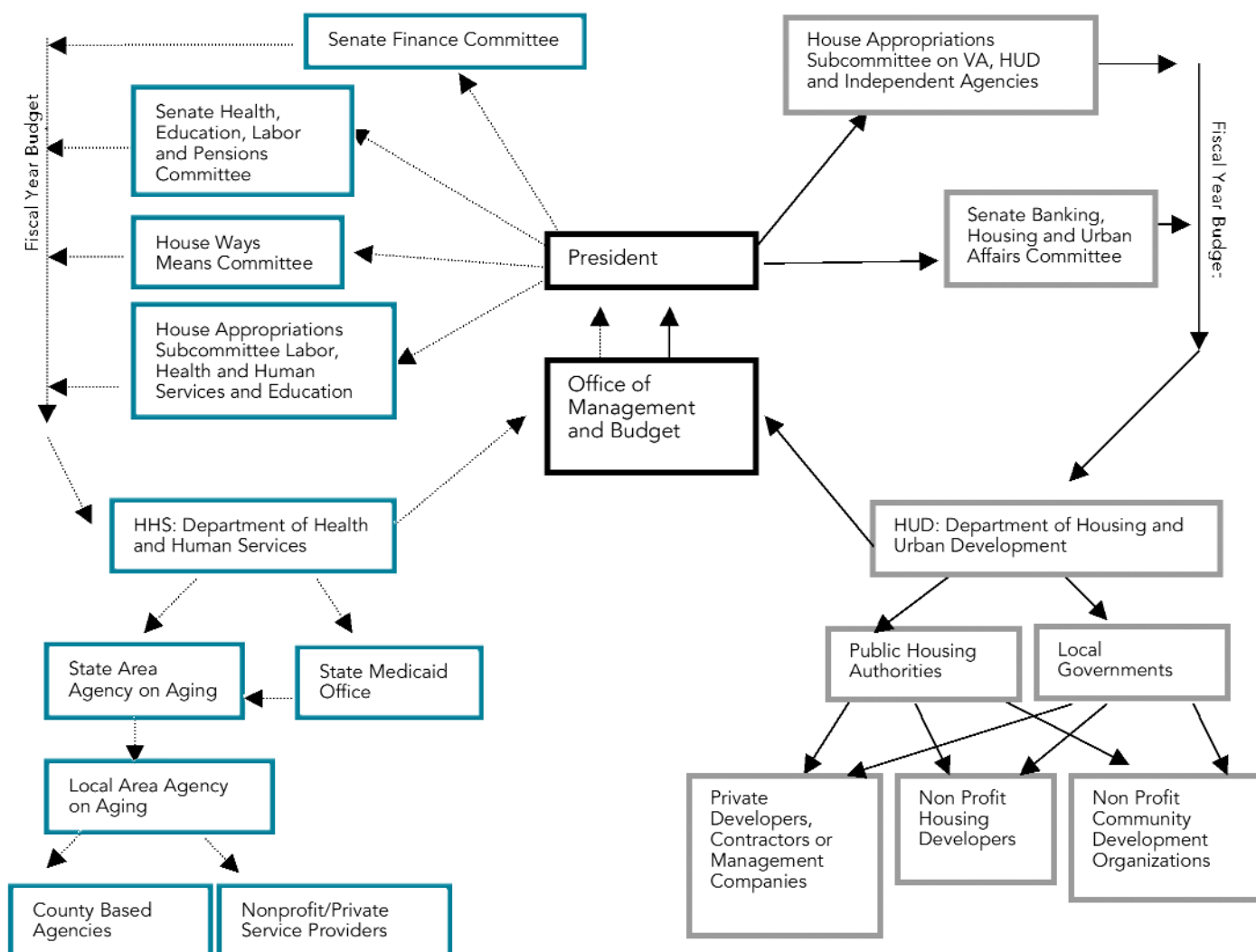
Services delivered through the Aging Services Network are available to any adult over the age of 60, regardless of income. For more information about the Aging Services Network or the type of services available through the network, please see www.agewiseconnection.com

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

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:

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[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

Senate Finance Committee

House Appropriations Subcommittee on VA, HUD and Independent Agencies

Senate Health, Education, Labor and Pensions Committee

House Ways Means Committee

House Appropriations Subcommittee Labor, Health and Human Services and Education

President

Senate Banking, Housing and Urban Affairs Committee

Office of Management and Budget

HHS: Department of Health and Human Services

HUD: Department of Housing and Urban Development

State Area Agency on Aging

State Medicaid Office

Public Housing Authorities

Local Governments

Local Area Agency on Aging

County Based Agencies

Nonprofit/Private Service Providers

Private Developers, Contractors or Management Companies

Non Profit Housing Developers

Non Profit Community Development Organizations

Fiscal Year Budget

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 demonstrations 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 over come 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-

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

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, housekeeping, 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.

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 person's property result from the property's location and not improvements in its condition. Seven states have adopted property tax caps that may offer model legislation: Maryland, California, Iowa, Arizona, Florida, Washington, and Texas (please see Appendix E for details).

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.

R8 HOMESTEAD EXEMPTIONS

Property tax exemptions free homeowners who fit certain criteria from having to pay some or all of their property taxes. Elderly Homestead Exemptions may be added 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 assessments 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. Walkablilty 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.
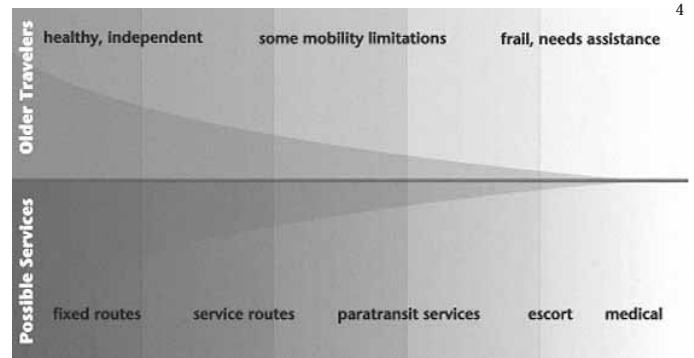
Exploring Public Transportation Issues

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 "lifecycle communities." Lifecycle 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 lifecycle 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.

"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.

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

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

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 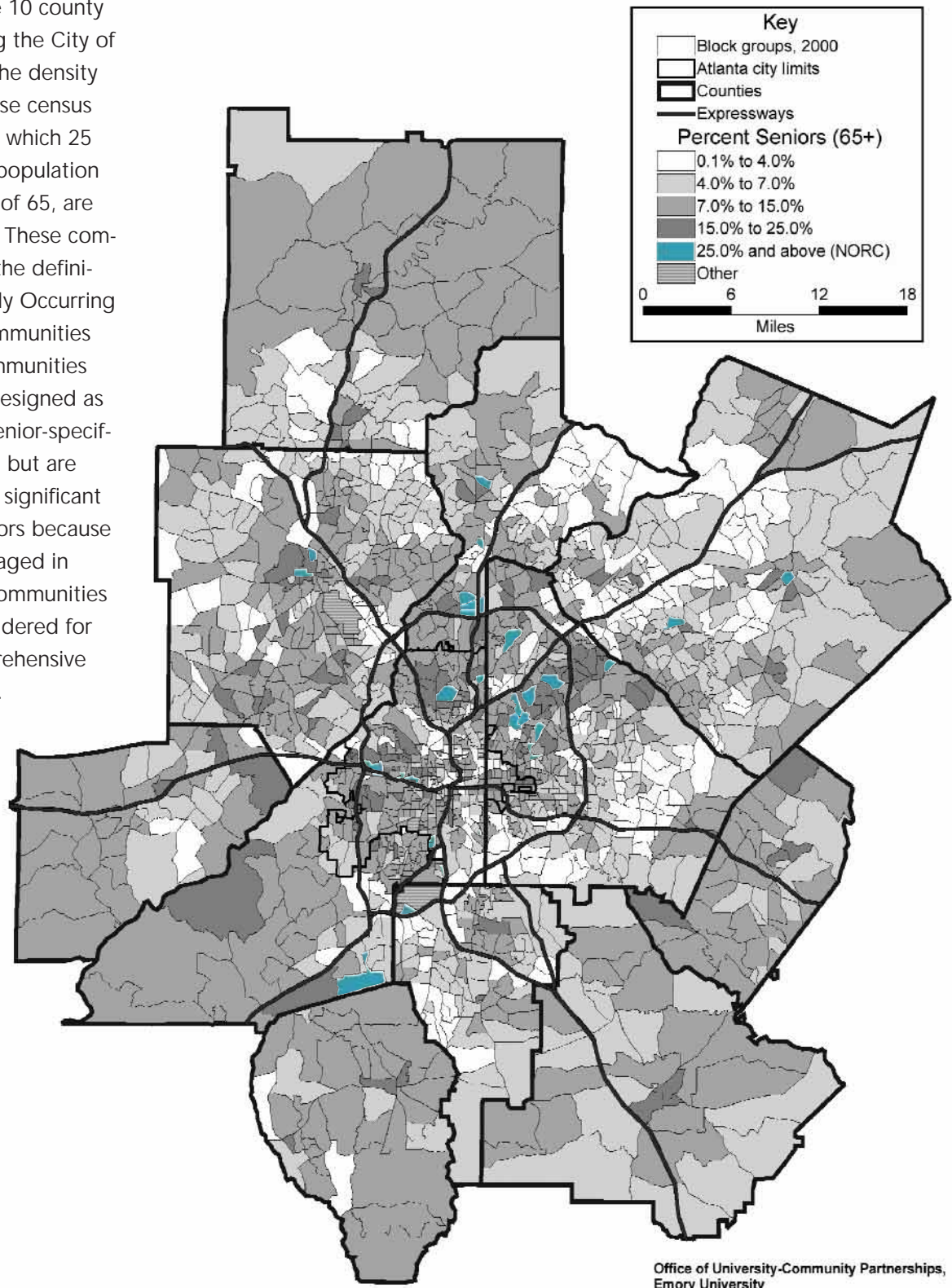to identify potential overlaps between health and housing and compare these systems to the ongoing comprehensive planning efforts.

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.
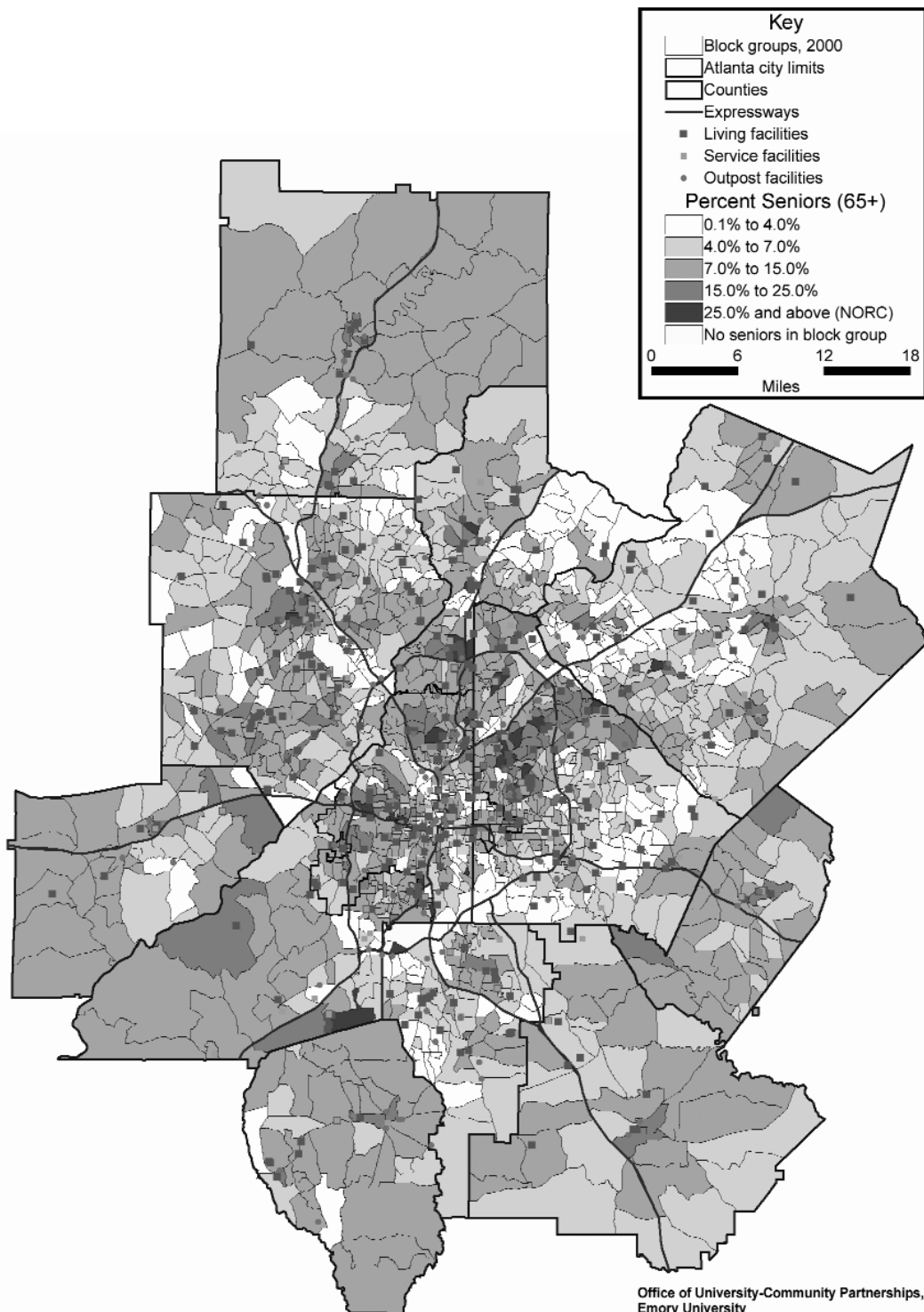
Identifying Naturally Occurring Retirement Communities

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.

Key

Block groups, 2000
Atlanta city limits
Counties
Expressways

Percent Seniors (65+)

0.1% to 4.0%
4.0% to 7.0%
7.0% to 15.0%
15.0% to 25.0%
25.0% and above (NORC)
Other

0   6   12   18

Miles

Office of University-Community Partnerships,
Emory University

18

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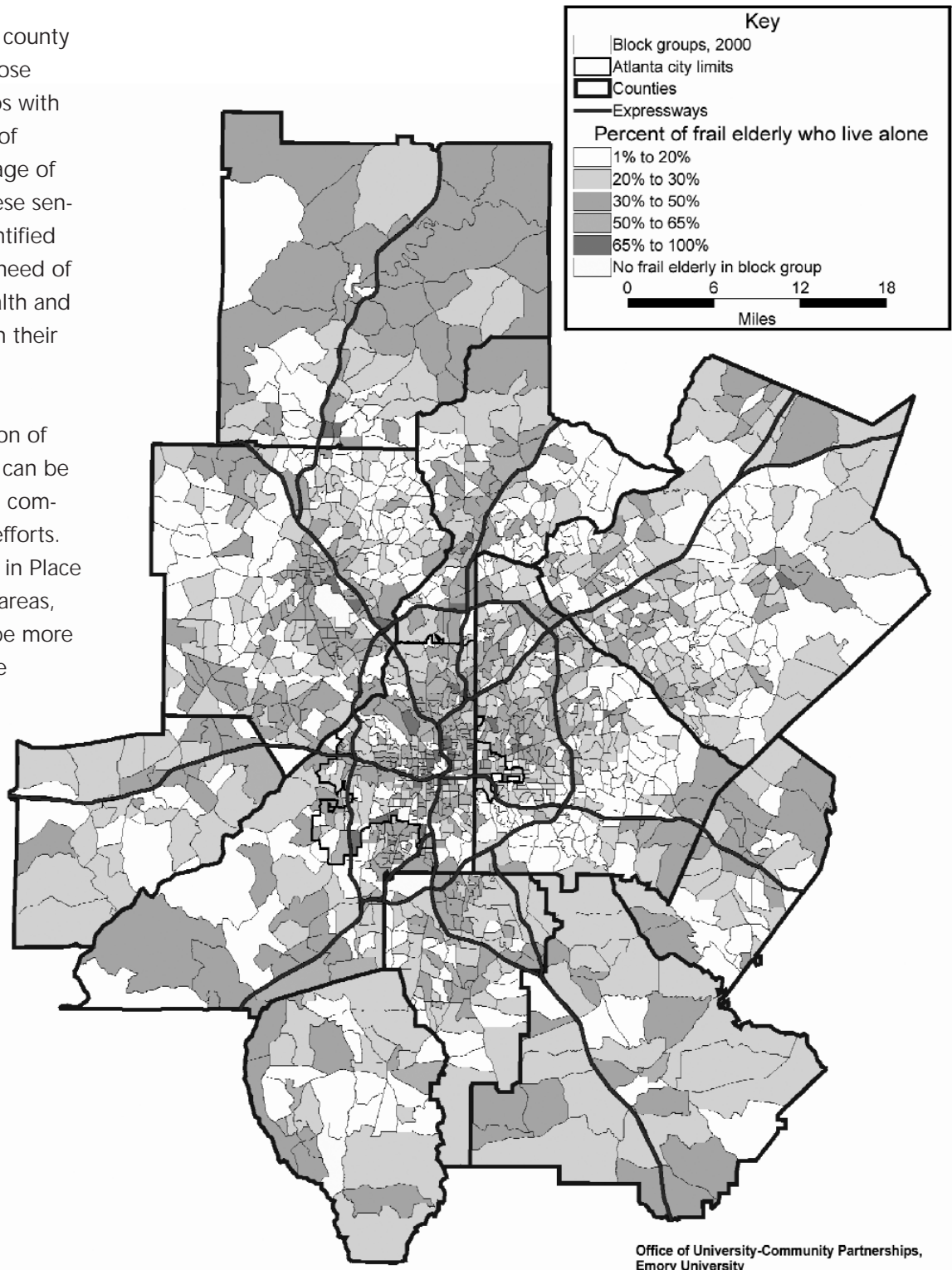
By mapping the location of these services, communities can identify possible overlaps and potential partnerships to provide more comprehensive local services.

Key
Block groups, 2000
Atlanta city limits
Counties
Expressways
■ Living facilities
▪ Service facilities
• Outpost facilities
Percent Seniors (65+)
0.1% to 4.0%
4.0% to 7.0%
7.0% to 15.0%
15.0% to 25.0%
25.0% and above (NORC)
No seniors in block group

0   6   12   18
Miles

Office of University-Community Partnerships,
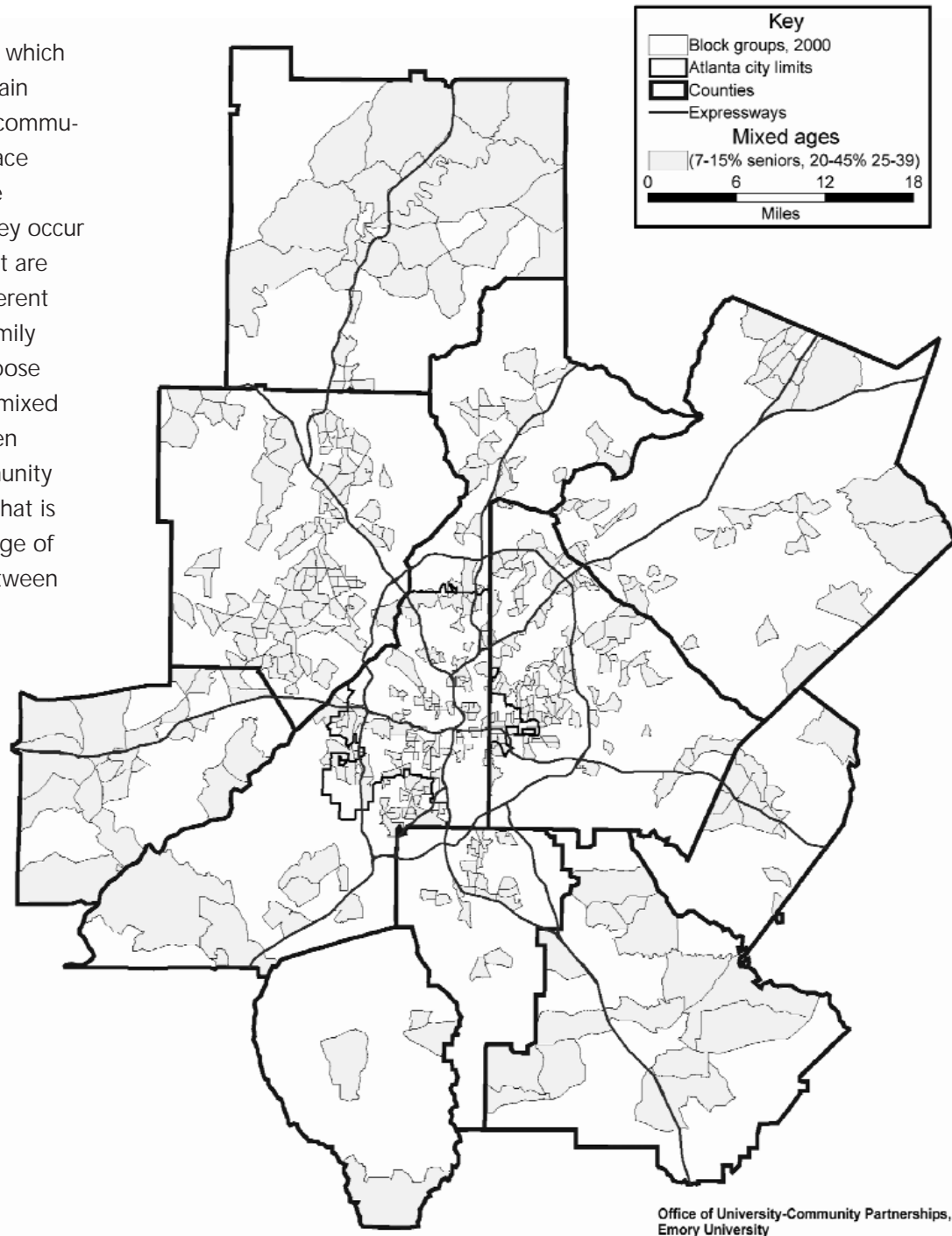Emory University

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.

Key

Block groups, 2000
Atlanta city limits
Counties
Expressways

Percent of frail elderly who live alone

1% to 20%
20% to 30%
30% to 50%
50% to 65%
65% to 100%
No frail elderly in block group

0   6   12   18

Miles

Office of University-Community Partnerships, Emory University

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.

Key
Block groups, 2000
Atlanta city limits
Counties
Expressways
Mixed ages
(7-15% seniors, 20-45% 25-39)

0   6   12   18
Miles

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.

Disability Rates Among 65+ Population in Atlanta Region, 2000
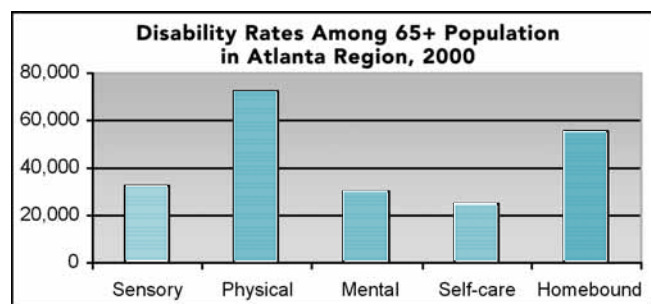
Undercare

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 City[12] 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 infomration 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 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

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.

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]

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[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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AARP May 2000

Gaberlavage, George and Citro, Jeremy, "Progress Housing Older Persons" AARP http://research.aarp.org/il/d16376_toc.html
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http://www.homemods.org/library/pages/frailelders.html

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December 2001. http://www.giaging.org/aging%20paper.pdf

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University Joint Center for Housing Studies Working Paper Series, September 2001. http://www.jchs.harvard.edu/publications/sen-
iors/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 cou-
ples, 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.

David Smith and Nat Yalowitz in front of Penn South Mural

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."

One of nine Penn South Residential towers.

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 with in 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

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.

Mayoral Candidate Peter Vallone campaigns at PSPS.

One does not have to dig to 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.

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 years 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 lived and this trend is likely to continue.
• In the 21st century, older people will out number 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
Ph. 770-603-4053
Fax: 770-603-4068
Director: Mindy French

Cobb County Senior Services
32 North Fairground Street
Marietta, GA 30060-2160
Ph. 770-528-5366
Fax: 770-528-5378
Director: Pamela Breeden

DeKalb County Office of Senior Affairs
1300 Commerce Drive, #102
Decatur, GA 30030
Ph. 404-371-2941
Fax: 404-371-2280
Director: Karl Williams

Douglas Senior Services
6287 Fairburn Road
Douglasville, GA 30134
Ph. 770-920-4303
Fax: 770-489-3110
Director: Richard Hagan

Fayette Senior Services, Inc.
390 Lee Street
Fayetteville, GA 30214-2056
Ph. 770-461-0813
Fax: 770-461-2448
Director: Andy Carden

Fulton County Aging Program
115 Martin Luther King, Jr., Drive
Atlanta, GA 30303
Ph. 404-730-0184
Fax: 404-730-7950
Director: Melinda Davis

Gwinnett County Senior Services
75 Langley Drive
Lawrenceville, GA 30045
Ph. 770-822-8845
Fax: 770-822-8885
Director: Linda Bailey

Henry County Senior Citizens Services
1050 Florence McGarity Blvd.
McDonough, GA 30252-2980
Ph. 678-583-3515
Fax: 678-583-3517
Director: Sandy Craig

Rockdale County Department of Senior Services
1240 Dogwood Drive, SW
Conyers, GA 30012
Ph. 770-922-4633
Fax:770-785-2492
Director: Jackie Lunsford

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.

Recommendations

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.
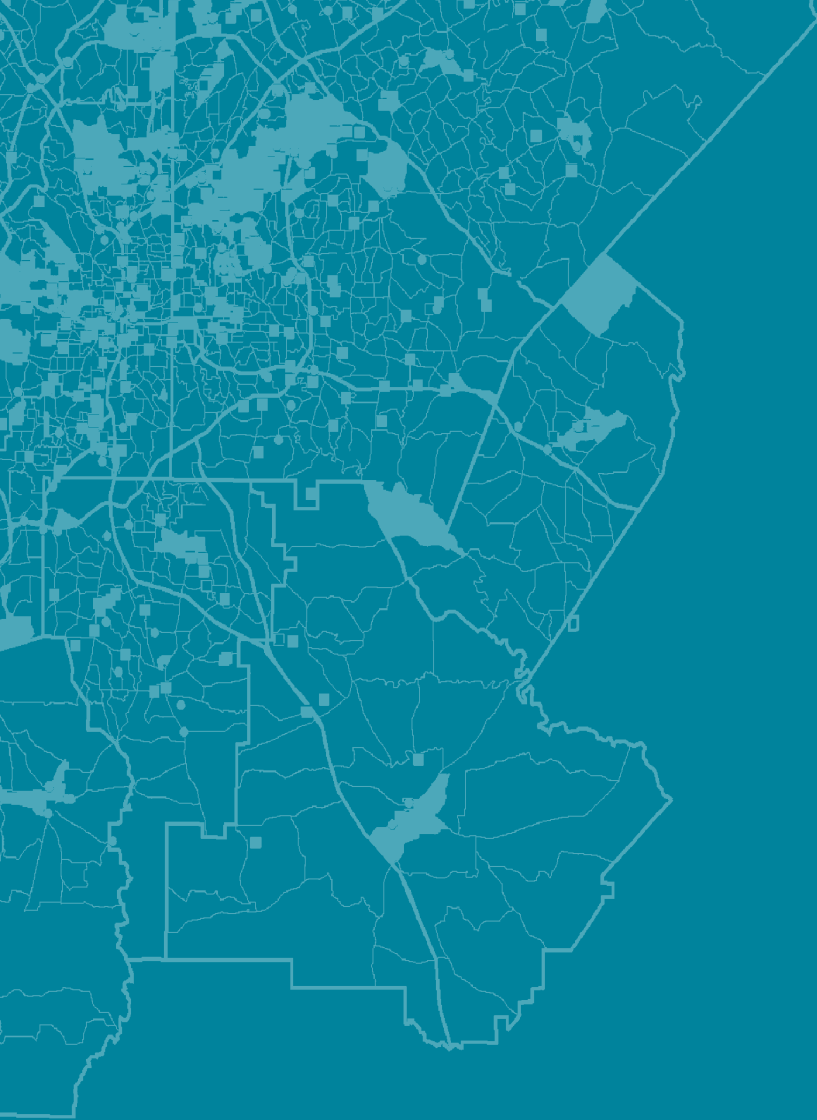
COMMUNITY HOUSING RESOURCE CENTER

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.

Aging
in Place