

INNOVATIONS IN AGING



Spring 2011

Innovative Programs in State and Local
Governments that Address the Service
Needs of a Growing Population of Seniors

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Introduction

The demographic statistics of the coming age wave are compelling. According to a 2006 report by Alliance for Aging Research, as of 2011 “10,000 people will turn 65 every day... By 2030, almost one out of every five Americans – some 72 million people – will be 65 years or older. By 2050, the 65+ population is projected to be between 80 and 90 million, with those 85 and older close to 21 million. Not only will there be many more senior Americans, but they’ll be living longer.”¹ The Brookings Institution’s *State of Metropolitan America 2010* report estimates that “while the nation as a whole is projected to grow at roughly 8 to 9 percent each decade, senior growth rates will top 30 percent.”²



“The phrase ‘demography is destiny’ was never more appropriate than when used to characterize the impending ‘age tsunami’ that is about to hit America’s population. After modest growth in the past two decades, America’s senior population will begin to mushroom as the leading edge of the huge baby boom generation turns 65 in 2011. As this unique generation has plowed its way through the nation’s school systems and labor, housing, and stock markets, it has transformed institutions both public and private in its path. Boomers’ impending seniorhood carries important implications not just for themselves or even the nation as a whole, but also for the specific places where they will live, and the other portions of the population (such as children) with whom they will share those communities.”

William H. Frey, The Brookings Institution, “State of Metropolitan America 2010”

State and local governments must fundamentally change how they do business, raise revenue, adapt infrastructure and provide services in order to respond to this rapid aging of their populations. Governments will need to address their senior populations in the context of the variety of roles they play in our communities. Older adults comprise a significant proportion of: local government employees and retirees³; the residents who will need more comprehensive and coordinated services to remain in their homes; and the consumers, tax payers and human capital needed to improve the quality of life for all.

In the course of our research we discovered that many local governments and communities have

¹ Alliance for Aging Research. (Summer 2006). *Preparing for the Silver Tsunami*.

<http://www.agingresearch.org/content/article/detail/826>

² Brookings Institution. *State of Metropolitan America 2010*.

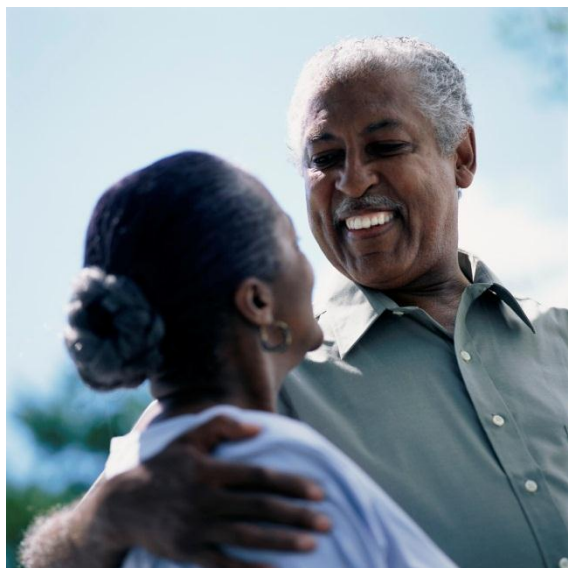
http://www.brookings.edu/~media/Files/Programs/Metro/state_of_metro_america/metro_america_report.pdf

³ Greenfield, Stuart. *Public Sector Employment: The Current Situation*. Center for State & Local Government Excellence.

http://icma.org/en/icma/knowledge_network/documents/kn/Document/5046/Public_Sector_Employment_The_Current_Situation

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already developed creative ways to address some of these challenges and opportunities. We uncovered innovations from Seattle, Wash., to Baltimore, Md., however, we know there are many, many more. Although some of these strategies and the issues they address significantly overlap, we have assigned each to one of five broad categories: Quality of Life, Infrastructure, Tax Policies, Workforce and Technology.



This publication is produced by the seventh cohort of George Mason University's Northern Virginia Public Service Fellows Program, by students pursuing Master of Public Administration degrees. We selected "Innovations in Aging" as the topic for our Capstone course. This effort began in the summer of 2010 when the cohort sponsored a forum entitled "*Is the Washington Metropolitan Region Ready for the 'Senior Tsunami'?*" that was hosted at George Mason University. The forum brought together leaders from local governments (both administrators and elected), not-for-profits, academia, healthcare providers and businesses to

discuss the impending impacts of the aging population on state and local governments and the Northern Virginia region as a whole. Audiovisual of this forum can be viewed at <http://www.youtube.com/gmucohort7>.

We offer this compilation as the start of a conversation, certainly not as the end. We hope this publication will continue to spark innovation at the state, regional and local levels to plan for and respond to the age wave ahead.

"Local governments must do more than deliver quality services. They must increasingly build communities. Building communities involves understanding the changing nature of community demographics, citizen needs and desires. As communities compete for 'citizen market share', they will need to offer the life opportunities desired by current and future residents. The growth that will occur in the over 60 and the 20-30 somethings cohorts present new opportunities and challenges, especially for traditional suburban communities. Both cohorts surprisingly are seeking the same qualities in a community. No longer will good schools, strong public safety services and traditional transportation amenities (roads) comprise the entirety of a local government's role within a portfolio of service delivery. Those communities that understand partnerships; create quality arts, cultural and recreational amenities; provide strong transit networks; present urban development patterns and offer the non-traditional mix of offerings sought by the elderly resident of the future will succeed over time. Those who fail to recognize new trends may suffer the fate of the 'slumburb'."

Craig Gerhart
Principal, Gerhart Enterprises, Inc.
Former County Executive, Prince William County, Va.

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This report is produced by the seventh cohort of George Mason University's Master of Public Administration, Northern Virginia Public Service Fellows Program. "The Impact of the Coming Age Wave on State and Local Jurisdictions" was selected as the topic for this Capstone project and is a follow up to a forum that was created by the cohort and presented at the university in the summer of 2010.

The aging of the population has already had a dramatic impact on governments throughout the country, from the federal to the local level. As the demographic trend escalates, all levels of government will feel increasing pressure to adapt. It will require governments to plan and implement collaborative approaches with nonprofit and private organizations, and will drive them to work regionally with other state and local governments.

When older adults choose to remain in their homes as they age, they create new challenges for themselves, their families, human service agencies and the communities they live in. These challenges will force government agencies to push the boundaries of their normal business operations to provide the services that the growing senior population wants and needs. This report is intended to assist state and local governments in identifying innovative programs that can be useful in addressing the aging of their populations. While this report and the programs that it identifies are not intended to be exhaustive and all-encompassing, it provides information within five topic areas which the Cohort believes to be important for these levels of government to address.

Quality of Life

Older adults often prefer to age in their homes in order to continue living their lives as they have for many years. As they age, their ability to maintain their quality of life tends to degrade due to such issues as isolation, lowered income levels, physical and mental health, nutrition and being victimized by others. This topic area identifies programs that address affordable housing, community engagement, depression, caregiver support, recreation, home safety, exploitation, and abuse—both physical and financial. It also highlights how partnering with different organizations in the private and nonprofit sectors can help governments support the quality of life that older adults deserve.

Infrastructure

Older residents have specific needs regarding transportation, housing, and facilities. Without proper planning and infrastructure, they may be inhibited from being able to remain in the community in which they have lived, worked and raised their children. In this section, attention is given to several components of infrastructure that must be improved to support the

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impending increase in older residents. Strategies regarding planning and zoning, transportation, pedestrian safety, and facilities are presented for consideration.

Tax Policies

The recent economic turmoil has pressed governments at all levels to identify greater efficiencies in spending while still working to provide services to their communities. Dedicated funding mechanisms, user fees, tax breaks, and payments in lieu of taxes (PILOT) programs are identified which have allowed some state and local governments to balance their competing fiscal demands.

Workforce

As the baby boomers of the government workforce continue to age and ready themselves for retirement, local jurisdictions must find ways to retain their knowledge and prepare for this large scale turnover. Over half of state and local government employees are over the age of 40. As these employees leave the workforce, government agencies will be forced to attract new workers while harnessing the skills and institutional knowledge of older workers in order to ensure a smooth transition. Examples are also provided of governments that have enacted measures to stabilize their pension systems and retiree health care benefit systems, or that have actively sought to retain and retrain older members of the workforce.

Technology

Information technology has enormous potential to provide cost effective care to older adults, and to aid them in remaining self-sufficient through their golden years. Baby boomers, who have become more accustomed to integrating technology into their personal lives than prior generations, will demand that governments implement technologies that promote health and wellness, independence, and continued social engagement. As governments rise to meet these demands, they will need to form creative coalitions and partnerships with universities, private companies, and nonprofit organizations.

The age wave is coming; and the time has come when talk must be replaced by action.

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As the growing elderly population increasingly desires to live independently, state and local government service providers are offering services that improve the quality of life of their residents. Programs aimed at improving nutrition, providing access to mental health care or improving in-home safety can be critical to some seniors as their ability to manage daily activities becomes a challenge. The quality of life enjoyed by the elderly is directly related to their environment, whether at home or in an institutional care facility. If their living situation is uncomfortable or unsafe then there will be a noticeable decline in that individual's quality of life.

Improving the quality of life in the elderly population can have benefits to both seniors and the municipality. Seniors that remain active in their communities can develop a support system to deal with health, medical, emotional and financial problems. In addition, outreach programs can engage seniors to provide education and prevention information. This



often results in a healthier, better connected elderly community that is less likely to rely solely on government support services like emergency medical services, social services, or protective services. This section explores municipal programs that have taken an innovative approach to improving the quality of life for its seniors in the community.

How can governments help well-elders solve their affordable housing needs without turning to assisted care living facilities?

Affordable Housing Options

According to the AARP, most baby boomers and seniors prefer to “age in place” and remain in their homes and communities rather than reside in retirement communities or other supportive housing arrangements.⁴ However, remaining in one’s home can be costly, especially for the senior who relies on a limited fixed monthly income.

The AARP Foundation suggests that housing for older adults is adequate if it meets four criteria:

- “Is structurally and mechanically safe and sound”;
- “Has features that meet the physical needs of the residents and their guests”;
- “Is located in a safe community that provides adequate transportation options, access to employment opportunities, access to food options (preventing hunger), and opportunities for social engagement (preventing isolation)”;
- “Costs no more than 30 percent of a person’s income”.⁵ Yet, more than 10 million low-income age 50+ households have housing burdens that exceed this fourth criterion.⁶

In 2008, for example, the average annual income level for the age 65 to 69 population was estimated at \$34,481 according to the Employee Benefit Research Institute.⁷ For those over the age of 85, this level drops to \$21,758 annually. In 2009 dollars, the average annual income for the older population (age 65+) is estimated at \$28,778, with a median of a mere \$18,001 annually.⁸ Therefore, it is no surprise many older adults simply cannot afford to stay in their homes.



⁴ AARP. *Home and Community Preferences of the 45+ Population*. <http://research.aarp.org/digest/homesh.html>

⁵ AARP Foundation. *Ensuring Adequate Housing for Older Adults*. http://www.aarp.org/aarp-foundation/info-2010/housing_foundation_focus_area.html

⁶ Ibid.

⁷ Employee Benefit Research Institute. (June 2010). “Income of the Elderly Population Age 65 and Older”. *Notes*, Vol. 31, No. 6. http://www.ebri.org/pdf/notespdf/EBRI_Notes_06-June10.Inc-Eld.pdf

⁸ Ibid.

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It becomes even more challenging for a senior to remain in his or her home when a spouse dies or when there is no family support network to assist with the day-to-day responsibilities of caring for a home or one's self (e.g. preparing meals, shopping, bathing, dressing, etc.). Furthermore, many seniors who live alone often experience feelings of extreme loneliness. Research shows that the preference of older adults is to remain close to friends and family, church and other organizations, and the places one wants to go.⁹ Yet, an overwhelming number



of seniors transition into continuing care retirement communities and other housing institutions such as intermediate care facilities, assisted living homes and skilled nursing homes, because there are simply no other options. Approximately 745,000 older adults reside in continuing care retirement communities, nearly 1 million reside in assisted living settings, and another 1.7 million live in skilled nursing homes.¹⁰ By the year 2020, it is

estimated 12 million Americans will need long term care support and services.¹¹ Even more, approximately 1.8 million older adults reside in federally subsidized housing such as Section 515 Rural Rental Housing, Section 202 Supporting Housing for the Elderly, and Low Income Housing Tax Credit properties.¹² However, these subsidized individuals, like many aged homeowners, often need assistance with their routine activities. The challenge for state and local governments becomes how to integrate affordable housing with support services so that the elderly can remain in the community.

The following is an inventory of affordable housing strategies provided by the Institute for the Future of Aging Services which is designed to provide examples for others to follow. A more comprehensive inventory can be found at www.futureofaging.org.

- Privately Financed Housing such as housing cooperatives, shared housing, mobile or manufactured home parks, and single room occupancy hotels (SROs) that receive no public subsidies but offer affordable owner or rental housing to older adults.
- Publicly Subsidized Housing that integrates services through co-location and volunteerism, service coordination, enriched services and formal coordination, Naturally Occurring Retirement Communities (NORC) programs, state supportive housing

⁹ AARP. *Home and Community Preferences of the 45+ Population*. <http://research.aarp.org/digest/homesh.html>

¹⁰ Leading Age (Formerly AAHSA). *Aging Services: The Facts*. <http://www.aahsa.org/facts/>

¹¹ Ibid.

¹² Institute for the Future of Aging Services (IFAS) & American Association of Homes and Services for the Aging (AAHSA). (2006). *Creating New Long-Term Care Choices for Older Adults: A Synthesis of Findings from a Study of Affordable Housing Plus Services Linkages*. http://www.aahsa.org/uploadedFiles/IFAS/Publications_amp_Products/ltc_choices_final.pdf

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partnerships, assisted living as a service program, campus network strategies, integrated housing, healthcare and supportive services or housing/health partnerships.¹³

State and local governments can create housing options for older adults through innovative thinking and strategic partnerships. Fundamentals for strategies like these mentioned include “informed property providers” (e.g. recruiting and educating housing partners who view their role as more than just collecting rents and maintaining properties); “persistence and creativity” (e.g. working with proactive organizations who not only network, partner and explore all possible funding opportunities but also maneuver successfully through the regulatory processes) and “a catalyst” (e.g. having an organization or party take ownership for the initiative).¹⁴

One example is the success of state and local governments’ long time program for displaced children and youth -- Foster Care. The Foster Care model was designed to place minor children into a safe environment when their parents or guardians are no longer able to care for them. This same type of arrangement could be used to assist older adults who are no longer able to totally care for themselves. Other innovative alternatives are also possible, such as sharing housing costs between several older adults.

New York Foundation for Senior Citizens – Home Sharing Program

The New York Foundation for Senior Citizens (NYFSC) offers a home sharing program that has been in existence for over two decades. This successful program matches an adult “host” with an adult “guest” with the purpose of facilitating a shared housing arrangement. The program requires one of the “match mates” to be over the age of 60. Matches are made using a database that captures 31 lifestyle objectives of the host and guest. NYFSC staff facilitates prearranged meetings between the host and guest designed to determine compatibility. Program benefits include reduced housing costs for both the host and guest, and companionship to combat the loneliness of living alone.¹⁵

¹³ Ibid.

¹⁴ Ibid.

¹⁵ New York Foundation for Senior Citizens. *Home Sharing Program*. http://nyfsc.org/services/home_sharing.html

Massachusetts and Arizona – Adult Foster Care

The Commonwealth of Massachusetts has implemented a program known as “Adult Family Care” often referred to as Adult Foster Care. This program is geared toward the frail elderly population and adults with disabilities who need assistance with basic daily personal care, such as bathing, dressing, toileting, transferring position, eating or ambulating. The caregiver not only provides a clean, safe living environment for the “foster adult” but also provides prepared meals and snacks, personal care assistance, transportation, medication assistance and reminders, behavior intervention, and basic chores such as shopping, laundry and housekeeping. Caregivers, who can be a family member (other than a spouse or parent) or non-family member, are carefully screened and are provided training by a social worker and registered nurse. The caregiver receives up to \$18,000 per year from MassHealth for the adult member who would otherwise need institutional care. MassHealth is the Massachusetts health program for the financially needy and MassHealth eligibility is one of the prerequisites for participation in the Adult Foster Care program. In addition, the foster adult pays the host family a monthly fee for room and board, which averages \$400 per month. Adults who are not eligible for MassHealth must be able to pay privately (approximately \$1,500 per month, including room and board).¹⁶ Other states that offer Adult Foster Care programs include Oregon, Michigan, Minnesota and South Dakota.

The State of Arizona, on the other hand, utilizes the private sector to aid with the delivery of Adult Foster Care. For example, the Foundation for Senior Living, a faith based not-for-profit located in Maricopa County, provides screening, training, and monitoring services for caregivers in Maricopa on a contractual basis with providers designated by the Arizona Long Term Care System (ALTCS). Caregiver homes are then licensed by the Arizona Department of Health Services and seniors are placed into caregiver homes through ALTCS referrals.¹⁷

¹⁶ MassResources.org. *Adult Family Care*. <http://www.massresources.org/pages.cfm?dynamicID=437&subpages=yes&contentID=8&pageID=2>

¹⁷ Foundation for Senior Living. *Adult Foster Care*. <http://www.fsl.org/services/afc/index.html>

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Sisters of Saint Dominic, Long Island, N.Y. – Harvest Houses

Harvest Houses is a nonprofit organization directed by the Sisters of Saint Dominic and run by the Emmaus House Foundation that provides shared housing for well-elders over the age of 65 in the Long Island, NY area. “The concept grew from an idea developed by Sister Jeanne André Brendel, O.P. Sisters of St. Dominic, Amityville. From 1978 to 1985 Sister Jeanne worked tirelessly with the help of John Spellman, Esq. to make the dream a reality. In 1978, Sister Jeanne was Director of an Outreach Program in Nassau County where she witnessed many cases of seniors living alone and suffering from isolation and deterioration. One particularly tragic case involved an eighty-five year old gentleman, living alone and dying of malnutrition. Sister Jeanne believed the cause of death was not lack of food but was loneliness. Case after case demonstrated the acute needs of senior citizens and verified the prevalence of a critical reality - the lack of options in housing for the elderly. As people aged, they often were no longer able to physically and financially care for their homes. The average waiting time for County Senior Citizen apartments was eight to ten years. From 1978 to 1985 Sister Jeanne searched for a location, raised funds and overcame antiquated zoning laws that eventually led to the US Supreme Court. In 1985, the favorable Supreme Court decision enabled the establishment of the first family shared-housing model for the elderly on Long Island. Harvest Houses first opened its doors in Syosset, NY in 1985 followed by Lake Grove, NY in 1990 and Floral Park, NY in 1998... Sister Jeanne's solution came as an innovative and creative approach. It provided the continuity of a family environment; an alternative to the larger institutional models. Aware of the need, convinced of the alternative, shocked at situations, Sister Jeanne knew it was time to begin a new shared-housing alternative - a family model.”¹⁸ Potential residents undergo an extensive screening process by Harvest Houses staff. Once selected, the senior is paired with seven other seniors to comprise an eight member “family” to reside in one shared single-family home. The cost to each resident is approximately \$1,400 per month, plus an annual one-time 3 percent cost of living increase. This fee covers food, rent, utilities and cable television for the month.¹⁹

Local governments can encourage these types of living arrangements by enacting zoning ordinances that favor shared dwelling, providing elder housing placement services similar to those offered by NYFSC and Harvest Houses or encouraging churches or other not-for-profits to engage in this type of service. With interest rates at an all-time low and the record number of foreclosures nationwide, now may be an ideal time for organizations to consider purchasing housing stock for these types of placement services.

¹⁸ Harvest Houses. <http://harvesthouses.org>

¹⁹ Ibid.

Washington – Senior Companion Program

The Washington Commission for National and Community Service is a bipartisan commission composed of board members appointed by the Governor of the State of Washington. One of the Commission's goals is to set priorities for results-oriented community service programs. The Senior Companion Program pays low-income adults aged 60 and over a non-taxable monetary stipend of \$2.45/hour in exchange for 20 hours of service per week. Participating seniors are responsible for home visits and personal assistance to other less capable older adults who are struggling to maintain themselves in their home. This program reduces the need for these individuals to transition into a more expensive nursing home or other assisted living environment.²⁰

Maryland – Congregate Housing Services Program

The Maryland Department of Aging's (MDOA) Congregate Housing Services Program provides support services to adults aged 62 and older who are in need of daily living assistance. Through contracts with housing and senior service providers, such as not-for-profits and dwelling management companies, the program is able to provide various levels of "packaged" services. Standard services include two meals, housekeeping and personal care assistance. Participating residents pay on a sliding scale basis with a subsidy provided by MDOA based on income and assets. Currently there are approximately 700 units in 27 complexes statewide and the cost of service packages vary by facility.²¹

²⁰ Washington Commission for National and Community Service. *Senior Companion Program*. http://www.ofm.wa.gov/servewa/seniorcorps/sc_companion.asp

²¹ Maryland Department of Aging (MDOA). *Congregate Housing Services Program*. <http://www.mdoa.state.md.us/housing.html#Congregate>

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Naturally Occurring Retirement Communities

A Naturally Occurring Retirement Communities (NORC) program “is an innovative model that coordinates a broad range of social and health care services to support the senior residents of a NORC. The overarching goal of a NORC program is to maximize the health of its community. NORC programs take a proactive approach, seeking to deepen the connections older adults have to their communities before crises occur. This model stands in sharp contrast to the traditional systems by which services are delivered – an approach that is generally reactive, time-limited, and disconnected from the communities in which older people have built their lives.

A NORC program operates through multidisciplinary partnerships that represent a mix of public and private entities and provides on-site services and activities. Each component of the partnership is familiar – but the concept of them working together is not. At the core are social service and health care providers; housing managers or representatives of neighborhood associations; and, most important, the community’s residents, especially its seniors. Government agencies and philanthropic organizations provide essential funding.

These core partners connect to the many other stakeholders in a community – typically, local businesses; civic, religious, and cultural institutions; public and private funders; and local police and other public safety agencies. By harnessing these resources for a common interest, a NORC program begins to transform the community into a good place in which to grow old.”²²

“The first NORC program was launched in a moderate-income housing complex in New York City in 1986, with private philanthropic support. The success of this model led to public policies and legislation in both New York State (1995) and New York City (1999) to provide ongoing funding for NORC programs.”²³ Today, more than 50,000 seniors live in 54 NORC programs in housing developments and neighborhoods across the state.²⁴

Some examples of communities where the NORC program has been a success include the Chinatown and Lincoln Park Neighborhoods in New York, N.Y.; Crestmoor Downs in Denver, Colo. and the town of East Point, just outside Atlanta, Ga.²⁵

“At the first level, NORC program planners and stakeholders, including seniors, develop a basic service package for individual residents. The program can provide these services directly, gain access to them through community partners, or find other creative solutions to meet needs

²² United Hospital Fund. *NORC Blueprint*. <http://www.norcblueprint.org/about/>

²³ United Hospital Fund. *NORC Blueprint*. <http://www.norcblueprint.org/faq/>

²⁴ Ibid.

²⁵ United Hospital Fund. *NORC Blueprint*. <http://www.norcblueprint.org/stories/all>

How can governments help well-elders solve their affordable housing needs without turning to assisted care living facilities?

without duplicating what already exists. At the second level, which is equally important, the partners craft projects that address community-wide issues and strengthen the community as a whole.”²⁶

Successful NORC programs contain the following elements:

- “A core set of integrated services that meet individual needs and promote community change”;
- “Adequate people resources—staff and volunteers with the right skill mix—and other resources, including space, equipment, supplies, and a budget, before the programs are launched”;
- “A stable mix of public and private financial resources supports the basic activities and services of a NORC program”;
- “Drills down to identify the component parts of a problem and to set priorities for action”;
- “Plans and launches specific projects that collectively address the many dimensions of a problem”; and
- “Measures its progress to determine whether its projects are on track to reach their goals”.²⁷

The success at East Point, for example, was made possible by a partnership between The Atlanta Regional Commission (ARC), the Fulton County Office on Aging and the Jewish Federation of Greater Atlanta. All three partners contributed funding and the East Point budget of \$120,000 comes mainly from federal and local sources as well as funds raised through special fundraising initiatives.²⁸

The effort began with small-group discussions, door-to-door surveys and community mapping. The NORC program budget funds four positions, including a program coordinator, outreach worker and stipends for two senior residents. East Point is a town with a population of 40,000, of which approximately 3,000 are adults over the age of 65. The NORC program planners quickly ascertained that seniors, like most people, want to be able to go where they want to go, when they want to go. To solve this dilemma, a “transportation voucher” concept was developed. Seniors pay \$10 to receive \$100 worth of transportation coupons that can be used

²⁶ United Hospital Fund. *NORC Blueprint*. <http://www.norcblueprint.org/faq/>

²⁷ Ibid.

²⁸ United Hospital Fund. *NORC Blueprint*. http://www.norcblueprint.org/stories/East_Point_NORC_Program/

How can governments help well-elders solve their affordable housing needs without turning to assisted care living facilities?

to pay anyone willing to drive them where they want to go. Another success of East Town's NORC program is "Safe Home for Seniors". This program relies on community volunteers, mostly older adults, to perform minor repair services to other older adults' homes. Senior homeowners pay only the cost of materials and the labor is free.²⁹

Other examples of successful NORC program implementations can be found at the NORC blueprint website at www.norcblueprint.org/stories?step=implementation.

Suffolk County, N.Y. – Residential Repair Program

Suffolk County's Residential Repair Program helps senior citizens with small household maintenance and repair tasks that don't require licensed professionals to perform the work. Repair services include "fixing a leaky faucet, repairing some of your screens, or installing a grab bar in your shower" and other minor work.³⁰ In 2010, the program served approximately 2,600 seniors, with each repair visit lasting an average of 5 hours.³¹

The program is administered by the 10 towns that comprise Suffolk County, but it is funded by the county with assistance from the New York State Offices for the Aging with funds received from annual grants from the U.S. Department of Health and Human Services.³² Suffolk County distributes grant monies that range from \$20,000 to \$25,000 per town.³³ These funds are used to assist with providing labor for the installation or repair work, which is completely free to the senior.³⁴ However, the resident is responsible for the cost of materials needed for each repair.³⁵ The Town of East Hampton originally named the program Craftsman Helping Other Retired Elderly, or CHORE, because the town hired retired individuals part-time to fill the needs of seniors.³⁶ While the name has changed the concept of the program has remained the same. In 2010, Suffolk County designated the week of October 11-17, as "Aging in Place Week" to help promote the program.³⁷

²⁹ Ibid.

³⁰ Suffolk County, N.Y. (2011). *Residential Repair Program*.

<http://www.co.suffolk.ny.us/Home/departments/Office%20of%20Public%20Information/County%20Programs.aspx>

³¹ Program Director, Suffolk County Health and Human Services, personal communication, April 15, 2011.

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

³⁶ Residential Repair Program Manager, Town of East Hampton, personal communication, April 15, 2011.

³⁷ Program Director, Suffolk County Health and Human Services, personal communication, April 15, 2011.

Are adequate resources available within communities to help caregivers?

Supporting Caregivers

As the senior population grows, so too will the number of caregivers who provide in-home care and companionship to those suffering from dementia, Alzheimer's and other medical conditions. Many of these caregivers are spouses and family members who must spend considerable time with their loved one and provide activities for daily living care due to the high cost of such care in nursing homes and assisted living facilities. Often, these caregivers can experience health related issues themselves, as they fail to properly care for themselves when they devote so much time to caring for the older adult. Caregivers can also be employees of local government, and their caregiver role can affect health care costs of the government and overall work performance.

The caregiver role can evolve over time as the older adult's ability to care for him or herself slowly diminishes, or can arise quickly due to a medical condition or injury. Preparing for this daunting task is another area that can impact local governments. Caregivers who are unprepared may turn to government human service agencies to provide services for the older adult, or adult protective services may become involved in investigating abuse or neglect of the older adult by the caregiver.

Caregivers also have a need for time away from the one they are caring for. Respite care is an option some may choose whereby an individual may come to the home and care for the older adult, or the caregiver may arrange for the older adult to stay for a few days at a facility or a few hours at an adult day care center. This allows the caregiver time to run errands, or gives them free time that they otherwise would not have due to their full-time responsibility of caring for an older adult. However, respite care can be expensive, particularly for those service providers who offer overnight stays. This may not be feasible for adults who are not eligible for Medicaid or who have income levels that would require paying for the service on their own.



As federal, state and local governments struggle to balance their budgets, the services provided to help caregivers and the older adults they care for can be negatively impacted. According to the National Alliance on Mental Illness, research of state budgets found that large cuts to state funded mental health services occurred in 2010, and larger cuts are being considered for future years.³⁸ Research indicates that governments appear to be headed in the direction of

³⁸ National Alliance on Mental Illness. (March 15, 2011). *State Mental Health Cuts: A National Crisis*. http://www.nami.org/Content/NavigationMenu/State_Advocacy/State_Budget_Cuts_Report/State_Mental_Health_Cuts_A_National_Crisis.htm

Are adequate resources available within communities to help caregivers?

dependence upon private and nonprofit organizations to provide services to older adults who are aging in place and their caregivers. However, with cutbacks in funding from government agencies, it is unclear whether these organizations will be able to sustain these services.

Prince William County, Va. – Caregiver Training and Support

“Recognized by the Virginia Department of Aging for best practices in Caregiver services, the Prince William Area Agency on Aging offers a multifaceted program to serve the diverse needs of informal/family caregivers”.³⁹

The Prince William Area Agency on Aging (AAA) offers two day-long Caregiver Conferences for the public as well provides direct assistance to Prince William County employees by conducting three annual seminars addressing aging issues and caring for an older adult. In addition, the AAA provides educational material and tools for caregivers. Information is sent directly to the caregiver’s home and includes printed material as well as instructional DVDs that provide personal care and “patient” transfer guidance (i.e. how to properly move an older adult inside the home). Necessary medical equipment to assist in caring for an older adult can also be provided.⁴⁰

Caregivers are offered occupational training from approved occupational therapists. The caregiver can receive up to three pre-authorized visits to learn basic safe transferring skills in order to more effectively assist an older adult with their daily activities.⁴¹

Respite Care is provided to primary caregivers through home aides that provide personal care services to the care receiver. In addition, AAA, along with the Alzheimer’s Association, sponsors several Caregiver Support Groups throughout the Prince William area. These support groups are held on a variety of days and times to accommodate as many caregivers as possible.⁴²

³⁹ Director, Prince William Area Agency on Aging, personal communication, April 2011.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

Westchester County, N.Y. – Livable Communities Caregivers Coaching

The Livable Communities Caregivers Coaching (L3C) Program is a new, proactive initiative by the Westchester County, NY Department of Senior Programs and Services (DSPS).

“A caregiver coach is a volunteer trained by professionals to provide one-on-one support to family caregivers and help them understand their options. L3C aims to develop a corps of volunteers with caregiver coaching skills to be a key part of DSPS’ overall Livable Communities initiative. The initiative aims to make Westchester communities as senior-friendly as possible so older adults can remain in their homes as they age with dignity, independence and civic involvement. Caregiver coaching directly helps to meet that goal by supporting the people who care for seniors”⁴³. As a result, caregivers are better able to make informed decisions to meet the challenges and responsibilities of caring for an older or disabled person.

“Fordham University’s Ravazzin Center on Aging has developed the curriculum for this program, which will be taught by professionals, such as nurses, social workers and geriatric care managers. The training will provide volunteers with basic information such as “Understanding the Aging Process” and “Challenges Caregivers Face.” They will also learn specific coaching techniques such as how to convey factual information clearly.”⁴⁴ “The coaches will work with – not for – the caregivers. They do not take the place of professionals in the field or do caregiver tasks themselves, nor do they offer medical or legal advice.”⁴⁵

The costs of printing the manual and resource guide was approximately \$1,500, while the costs associated with developing the curriculum and evaluation was approximately \$15,000. L3C staff provides their services in-kind, as the coaches are volunteers.⁴⁶

An evaluation of the effectiveness of the program’s training curriculum showed there was increased understanding by the coaches on the issues of knowledge and challenges of aging and understanding the roles and boundaries in coaching. An evaluation of the effectiveness of the coaching for the caregivers is in-progress.⁴⁷

⁴³ Westchester County, N.Y. (October 29, 2010). *Caregiver Coaching*. <http://seniorcitizens.westchestergov.com/senior-programs-and-services/livable-communities/caregiver-coaching>

⁴⁴ Ibid

⁴⁵ Ibid

⁴⁶ Ibid

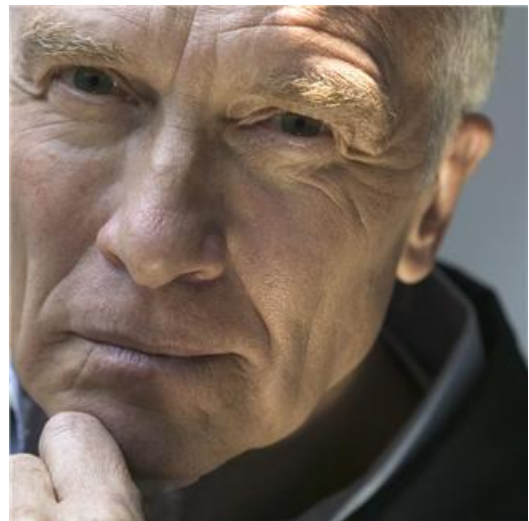
⁴⁷ Ibid

Mental Health and Depression

Depression is a prevalent mental health problem among older adults. Causes of depression among the elderly include having to move from their home, increasingly more pronounced health problems and the deaths of loved ones which can lead to loneliness and isolation. Spouses or family members who serve as caregivers can also experience depression.

Unfortunately, not all seniors and caregivers who experience symptoms of depression seek assistance. Those who do ask for help may not be diagnosed or treated properly by their primary care physicians during examinations. Concerns about the cost of such care can also contribute to individuals failing to search for the mental health care that they need.

Depression is not a normal part of growing older. It is treatable and, with proper attention, the impacts on government and medical resources can be minimized. Depression can cause strains on government resources and medical facilities because older adults who suffer from depression are more likely to go to the doctor or emergency room, incur higher medical bills, receive costly medications, and need care coordination and case management which can require significant staff resources and time. Depression can also lead to suicide. According to the 1999 U.S. Surgeon General report, *Mental Health: A*



Report of the Surgeon General, the rate of older adults with depressive symptoms tends to increase with age, and can lead to impairments in physical, mental and social functioning.⁴⁸ Suicides among older adults (aged 65 and older) are the highest amongst all age groups.⁴⁹

The mental health issues of older adults can be addressed in many ways. Treatment through medication can occur only if the older adult seeks such a remedy and is diagnosed properly. However, depression can be deterred altogether through partnerships and communication. For local government mental health agencies, collaboration with older adults' healthcare providers can be instrumental in ensuring mental health needs are met while reducing the impact on already limited resources; particularly when funding cuts have been made by state and local governments.

⁴⁸ U.S. Surgeon General. (1999). *Mental Health: A Report of the Surgeon General*
<http://www.surgeongeneral.gov/library/mentalhealth/home.html>

⁴⁹ Ibid.

Are state and local governments prepared for the mental health needs of an aging community?

University of Washington – IMPACT

The University of Washington created the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) program to work with older adults with major depression. It is a collaborative, stepped approach between the patient's primary care provider and social workers, nurses or psychologists. A depression care manager (DCM) completes an assessment and provides the patient with recommendations for treatment. After beginning treatment, the DCM initially follows up with the patient every two weeks, then monthly until the symptoms become more stable. Training for DCMs is provided either through attendance at a two to three day course or through free on-line webinars.⁵⁰

An evaluation of this program found that patients receiving treatment from IMPACT had better care, a better quality of life, and a 50 percent reduction in depression symptoms as compared to non-IMPACT participants. The cost for the program in 2008 was \$750 per participant.⁵¹

Seattle, Wash. – PEARLS

The Program to Encourage Active Rewarding Lives for Seniors (PEARLS) provides a brief, time-limited regimen for participants to take an active role in learning about depression in older adults. It is designed for older adults with mild depression who are receiving home-based services from community service agencies. It involves eight in-home counseling sessions followed up with phone calls as part of a maintenance program. The participant learns from their depression care manager about depression management through recognition, problem-solving, planning, scheduling and being socially and physically active. Partners in this program include mental health providers and a psychiatrist who serves as a PEARLS supervisor.⁵²

An evaluation of this program found a 43 percent reduction in depressive symptoms, while 36 percent of participants eliminated their depression. The cost for the program is about \$630 per participant.⁵³

The program is available nationwide, and includes attending training in Seattle, Wash., a free user-friendly implementation kit and technical assistance by phone or email. There is a \$500 registration fee for the training program.⁵⁴

⁵⁰ University of Washington. *IMPACT*. <http://impact-uw.org/>

⁵¹ Ibid.

⁵² PEARLS Program. *PEARLS*. <http://www.pearlsprogram.org/Default.aspx>

⁵³ Ibid.

⁵⁴ Ibid.

Arlington County, Va. – RAFT

The Regional Adult Facilities Mental Health Support Team (RAFT) is a regional program administered by the Arlington County Senior Adult Mental Health Services and funded by a grant from the Commonwealth of Virginia as well as a federal block grant. RAFT is designed to assist seniors that require intensive specialized mental health treatment. By partnering with nursing home and assisted living facilities, RAFT is able to provide seniors with mental health services in a less restrictive environment, avoiding the need for admission into more restrictive state hospitals. By providing these services regionally, older adult patients are able to remain closer to their families, friends and community. Participants must be age 65 or older, a resident of Arlington, Fairfax, Prince William, or Loudoun County or the City of Alexandria and be referred by one of the region's five Community Services Boards. Benefits of the RAFT program include:

- Comprehensive patient care planning and ongoing mental health treatment by a team of specialized geriatric mental health providers;
- Medical service coordination and 24 hour consultation services;
- Prescription monitoring and evaluation;
- Treatment in a localized, less restrictive environment; and
- Individual, group and family therapy sessions.⁵⁵

⁵⁵ Arlington County, Va. *RAFT Program*.
<http://www.arlingtonva.us/departments/HumanServices/AgingDisability/raft/page65159.aspx>

How can state and local governments encourage older adults to give back to their community?

Community Engagement

“Between 60 percent and 70 percent of older adults engage in formal or informal volunteer activities. Nearly two-thirds of older adults not currently volunteering express an interest in donating their time in the future. This interest, coupled with the large demographic shift occurring in the United States, could result in a substantial increase in the number of older adults willing to donate their time and expertise through volunteerism”.⁵⁶



Photo by Eldercare Locator, Courtesy of n4a, <http://www.n4a.org/>

Over the past two decades, numerous studies have correlated volunteerism with personal health. The research shows that those individuals who volunteer their time and talents have lower death rates, enhanced functional capabilities and a better overall state of mental health than do those who do not volunteer. Studies suggest that volunteerism gives older adults a sense of purpose, reduces risk of depression and lessens the effects of aging, leading to an overall improved quality of life.⁵⁷

Washington – Foster Grandparent Program

The Washington Commission for National and Community Service is a bipartisan commission comprised of board members appointed by the Governor of the State of Washington. One of the Commission’s goals is to set priorities for results-oriented community service programs. The Foster Grandparent Program pays a \$2.45/hour monetary stipend to low-income older adults age 60 and over who serve as a foster grandparent for 20 hours per week. Foster grandparents provide love, attention and personal care to handicapped children, troubled teens and boarder babies.⁵⁸

⁵⁶ National Governors Association. (May 13, 2008). *Issue Brief: Increasing Volunteerism Among Older Adults: Benefits and Strategies for States*. <http://www.nga.org/Files/pdf/0805CivicEngBrief.pdf>

⁵⁷ Grimm, Jr. Robert; Spring, Kimberly and Dietz, Nathan. (April 2007). *The Health Benefits of Volunteering: A Review of Recent Research*. Corporation for National and Community Service. http://www.nationalservice.gov/pdf/07_0506_hbr.pdf

⁵⁸ Washington Commission for National and Community Service. *Foster Grandparent Program*. http://www.ofm.wa.gov/servewa/seniorcorps/sc_grandparent.asp

St. Croix Falls School District, Wis. – Senior Tax Exchange Program

The St. Croix Falls School District located in the State of Wisconsin recognizes the many talents that older adults can offer to the community. The Senior Tax Exchange Program (STEP) seeks to match the talents of older adults with the needs of its school district. Examples of some talents that are sought include: crafts, tutoring, clerical tasks, reading, sewing, trade skills, and computer assistance. The District extends a \$5.00 tax credit per hour of volunteer service to senior citizens over the age of 62 who receive social security and have taxable real estate in the St. Croix Falls School District. The maximum number of hours credited in any given school year shall not exceed 80 hours. The tax credit is issued by way of a dual party check in the name of the volunteer and the appropriate city, village or county treasurer. The STEP program is a “win-win” program in that it allows seniors to share their talents, provides tax relief and is advantageous for the students. Students can receive one-on-one instruction, learn new skills, establish a meaningful relationship with a role model and gain an appreciation for older adults.⁵⁹

City of San Diego, Calif. – Retired Senior Volunteer Patrol

The City of San Diego, Calif., Police Department recruits healthy seniors age 50 and over to serve as a Retired Senior Volunteer Patrol (RSVP) on three eight-hour shifts per month. RSVPs are used to assist the Police Department with crime prevention programs that improve the safety of its citizens. RSVP members are a critical component of the “You Are Not Alone” program, which provides home checks to assess the well-being of the elderly and individuals with disabilities. Volunteers must be in good health and pass a background check.⁶⁰

⁵⁹ St. Croix Falls School District. *Senior Tax Exchange Program*. <http://www.scf.k12.wi.us/STEPProgram.htm>

⁶⁰ City of San Diego. *Retired Senior Volunteer Patrol*. <http://www.sandiego.gov/volunteer-program/opportunities/police.shtml#rsvp>

Town of Plymouth, Mass. – Senior Citizen Tax Credit Program

The Town of Plymouth, Mass., implemented a Senior Citizen Tax Credit Program to engage senior adults age 60 and older to serve the community by volunteering in various municipal departments. The program provides seniors with a tax credit of up to \$500 in the form of an abatement of their personal property tax bill in exchange for volunteer hours with the Town of Plymouth. The program requires a minimum of 10 hours of participation, and the maximum number of hours for the full credit of \$500 is 62.5 hours (\$8.00 per hour). Interested seniors must complete an application and the selection is made by a lottery process. Background checks are mandatory for placement in certain departments such as Town Hall, Police, Fire, Library, Council on Aging, and the Schools.⁶¹ Similar tax credit programs have been implemented in other Massachusetts towns such as the Towns of North Andover, Barnstable and Duxbury.

⁶¹ Town of Plymouth, Mass. *Plymouth Senior Tax Work-Off Program*. http://www.plymouth-ma.gov/Public_Documents/PlymouthMA_COA/TaxCreditFY10/index

What can localities do to improve the nutritional content of the diets of the elderly population?

Nutrition

Proper nutrition is an important part of both physical and mental health.⁶² A poor diet can lead to the onset of numerous chronic diseases, such as heart disease and diabetes.⁶³ As people advance in age, mobility is lost in greater degrees, as is the ability to perform many household chores such as grocery shopping and meal preparation. When a person's mobility becomes impaired, they may no longer be able to transport themselves to the local grocery store, especially if adequate public transit systems are not available. The ability to cook for oneself may also be hindered. Without these basic functions, the nutritional content of the person's diet may suffer.



Photo by Eldercare Locator,
Courtesy of n4a,
<http://www.n4a.org/>

Many state and local governments have stepped in to serve this need in their communities by offering programs that provide healthy diets to the elderly. When mobility is a concern, many of these programs offer transportation to bring seniors to meal sites, or will bring meals to homebound seniors.

Nevada — Senior Farmers' Market Nutrition Program

The U.S. Department of Agriculture offers a grant funded Senior Farmer's Market Nutrition Program, which allows states to issue coupons to low income seniors that can be used to purchase locally grown agricultural commodities. The coupons can be redeemed at farmers' markets and at roadside stands to purchase fruits, vegetables and herbs. Participation in the program is limited to individuals over the age of 60 who earn less than 185 percent of the federal poverty level.⁶⁴

A Senior Farmers' Market Nutrition Program has been implemented by the state of Nevada, and the program is funded completely by a \$75,000 federal grant with no additional state or local funding.⁶⁵ There is a long waiting list to enter the program, and the average voucher that seniors receive is \$30 per year.⁶⁶ The City of Reno has partnered with the state to advertise the program in the community, and offers transportation to take groups of seniors to farmers' markets so that they can use their vouchers.⁶⁷

⁶² National Association of Area Agencies on Aging. *The Maturing of America*. <http://www.n4a.org/pdf/MOAFinalReport.pdf>

⁶³ Ibid.

⁶⁴ US Department of Agriculture. *Senior Farmers' Market Nutrition Program*. <http://www.fns.usda.gov/wic/SFMNP-Fact-Sheet.pdf>

⁶⁵ Newman, Trish, Program Specialist, State of Nevada Department of Administration Purchasing Division, personal communication, April 14, 2011.

⁶⁶ Ibid.

⁶⁷ National Association of Area Agencies on Aging. *The Maturing of America*. <http://www.n4a.org/pdf/MOAFinalReport.pdf>

What can localities do to improve the nutritional content of the diets of the elderly population?

Seattle-King County, Wash. – Elderly Nutrition Program

The Elderly Nutrition Program (ENP) is a grant funded initiative under the Older Americans Act that is active in many jurisdictions across the county and is the largest nutrition assistance program in the US.⁶⁸ “More than 4,000 ENP nutrition projects provide congregate and home delivered meals, nutrition education, nutrition counseling, and nutrition screening and assessment, and in some cases, health promotion and referral services to approximately 3.2 million older adults, many of whom have health problems and functional impairments.”⁶⁹ Seattle-King County has implemented an Elderly Nutrition Program, which includes 43 sites throughout the county where meals are provided to seniors.⁷⁰

In order to better serve the diverse community, the Seattle-King ENP provides ethnic options at many of its sites. To further its primary goal of improving the nutritional intake of the county’s residents, the program also provides nutritionists and a dietitian who are available to teach seniors about nutrition. Classes include instructions on preparing nutritious meals from ingredients that are readily available in local markets and food banks, with the opportunity to taste the meals during the class.⁷¹

Another innovative program in Washington is run by Senior Services, a nonprofit agency. While the nonprofit relies on donations and fees for a significant portion of its \$15 million budget, half of its support comes from government contributions. Senior Services runs a Meals-on-Wheels program, bringing a variety of 33 different prepared, ready to microwave, meals to homebound seniors. However, it has an innovative additional approach to bringing meals to the elderly by offering a Mobile Market. The Mobile Market brings a variety of competitively priced groceries to customers’ homes, allowing those who are unable to reach the grocery store the opportunity to continue to cook for themselves.⁷²

⁶⁸ Strombeck, Rita. (2005). *Innovative Nutrition Programs for Older Adults: Common Problems and Innovative Solutions*. <http://www.rcaging.org/opencms/system/galleries/download/ooaging/innovativenutrition.pdf>

⁶⁹ Ibid.

⁷⁰ Tucci, Jennifer. (March 2008). *Nutrition Education and the Elderly Nutrition Program of Seattle-King County: Reviewing Current Research for Program Recommendations*. <http://agingkingcounty.org/docs/NutritionRFI2008/FinalNutritionEducation.pdf>

⁷¹ Ibid.

⁷² Senior Services. <http://www.seniorservices.org>

How can state and local governments provide recreation and physical activity programs for the elderly population?

Recreation

Physical activity is an important component of a healthy lifestyle, especially as the body ages. Recreation can provide basic improvements in a person's physical and mental health, while also promoting stronger connections to members of the community. It can also have profound impacts on long term health and longevity, as the onset of many chronic diseases can be delayed through routine physical activity, if not avoided completely.⁷³ Even for those seniors over the age of 90, exercise can significantly improve muscle mass and bone density, while also aiding strength and balance.⁷⁴ Minor improvements in these areas can greatly aid mobility, and help prevent falls.



Photo by Eldercare Locator, Courtesy of n4a, <http://www.n4a.org/>



Unfortunately, many seniors lead a sedentary lifestyle, and their health suffers as a result.⁷⁵ As the population ages, this will place an increasing burden on society in the form of increasing healthcare costs. However, this is also an opportunity for state and local governments to provide innovative, low cost solutions that can greatly improve the well-being of the members of their communities, particularly the older adult.

"[Senior centers] evolved into local hubs that connect seniors to social, economic, and educational resources that enhance the quality of their lives. Most importantly, they serve as a vibrant social community, a place for friendship, and a remedy for loneliness or isolation."

Howard Berger, National Council on Aging. *Innovations Exploring Significant Development and Trends in Aging*. Fall 2010, Issue 3.

⁷³ National Association of Area Agencies on Aging. *The Maturing of America*. <http://www.n4a.org/pdf/MOAFinalReport.pdf>

⁷⁴ Ibid.

⁷⁵ Dalrymple, Elli. *Livable Communities & Aging in Place: Developing an elder-friendly community*. http://www.nw.org/network/comstrat/aginginplace/documents/AginginPlaceWhitePaper_000.pdf

Riverside County, Calif. – Fit After 50

Riverside County's Office on Aging offers a "Fit After 50" program to help improve the health of its aging population. The exercise program seeks to improve the strength, mobility, and balance of its participants. Free to seniors in Riverside County, the program's goals are to strengthen older adults so that they have a reduced risk of falling and are better able to lead an active lifestyle and complete their daily household chores.⁷⁶

The "Fit After 50" program was originally funded by a grant from the state of California in 2002. The grant was created based on a pilot program in Marin County, which sought to determine if strength training was beneficial in reducing the large costs related to accidental falls. The state approved the pilot program, but the original grant funding of \$800,000 lasted for only two years. The "Fit After 50" program now falls under the Older Americans Act.⁷⁷

The program runs as a low cost venture. Instructors for the exercise program are all volunteers and must be over the age of fifty-five.⁷⁸ Participants spread information about the program through word of mouth, which has prompted churches, clubhouses, and senior centers to offer to host classes in their facilities.⁷⁹ Currently, 30 different locations have been secured to hold classes at no cost to the program, with five of these having been added within the past year alone.⁸⁰

In 2010, the program had over 531 registered participants.⁸¹ Only three of these participants were around the age of 65, with the majority being between the ages of 70 and 95.⁸² As these seniors become stronger and more flexible and improve their balance, they can prevent osteoporosis, reduce the risk of falls, and relieve arthritis symptoms; helping to lower the costs of healthcare for the state.⁸³

⁷⁶ Walsh, Edward F. (2010). *Boomers: Changing the Face of Aging*. Riverside County Office on Aging.

⁷⁷ Robinson, Betty, Fit After 50 Administrator, Riverside County Office on Aging, personal communication, April 2011.

⁷⁸ Riverside Office on Aging, Programs and Services

⁷⁹ Robinson, Betty, Fit After 50 Administrator, Riverside County Office on Aging, personal communication, April 2011.

⁸⁰ Ibid.

⁸¹ Walsh, Edward F. (2010). *Boomers: Changing the Face of Aging*. Riverside County Office on Aging.

⁸² Robinson, Betty, Fit After 50 Administrator, Riverside County Office on Aging, personal communication, April 2011.

⁸³ Ibid.

Senior Center Accreditation

Senior centers have long been a social and recreational gathering place for older adults. The National Institute of Senior Centers (NISC), a constituent group of the National Council on Aging (NCOA), a nonprofit with over 50 years of advocacy experience for the elderly, oversees a national accreditation program for exemplary senior centers. The accreditation recognizes senior centers that offer state-of-the-art programs and services to older adults in accordance with nine standards for excellence.⁸⁴ Nationwide, there are approximately 15,000 senior centers (as of 2008)⁸⁵ and only about 200 are accredited by NISC.⁸⁶ The five year accreditation not only recognizes a senior center for its excellence but can prove instrumental in helping to secure additional funding by way of operating and capital grants from public and private sources alike. Benefits of an NISC accreditation include national recognition, a written strategic plan, improved operations through the use of best practices, and NCOA endorsement.⁸⁷

Some accredited municipality run senior citizens include the Brandon Senior Center, Hillsborough County, Fla.; Arlington Heights Senior Center, Village of Arlington Heights, Ill.; and the Fayetteville-Cumberland Senior Center, Fayetteville-Cumberland Parks & Recreation, N.C. In addition, Baltimore County, Md., “is the first major metropolitan area to secure national accreditation status for all of its senior centers.”⁸⁸

Some programs and services offered by accredited senior centers include meals; transportation; recreation and social activities; computer education; financial management education; tax consultations; fitness, health and wellness programs; and personal assistance and support services.

⁸⁴ National Council on Aging. *NISC Senior Center Standards & Accreditation*. <http://www.ncoa.org/strengthening-community-organizations/senior-centers/nisc/NISC-accreditation.html>

⁸⁵ Alliance for Innovation. (January 2, 2008) *Redwood City's Senior Center Gains Rare National Accreditation*. http://transformgov.org/en/Article/11361/Redwood_Citys_Senior_Center_Gains_Rare_National_Accreditation

⁸⁶ National Council on Aging. *NISC Senior Center Standards & Accreditation*. <http://www.ncoa.org/strengthening-community-organizations/senior-centers/nisc/NISC-accreditation.html>

⁸⁷ National Council on Aging. *Benefits of Accreditation*. <http://www.ncoa.org/strengthening-community-organizations/senior-centers/nisc/benefits-of-accreditation.html>

⁸⁸ National Council on Aging. *NISC Senior Center Standards & Accreditation*. <http://www.ncoa.org/strengthening-community-organizations/senior-centers/nisc/NISC-accreditation.html>

Home Safety

Most older adults want to live independently and stay in their homes and neighborhoods for as long as possible. When asked why they prefer this lifestyle, the primary reasons given centered on financial obligations, health care issues, or simply wanting to remain in a familiar setting. Although the majority of seniors live healthy and active lives, significant numbers need community support in order to live unassisted at home. As individuals age, their ability to care for themselves also decreases. This results in a higher potential for injuries and fatalities due to accidents in the home. Mobility and safety are common problems. When coupled with a lacking caregiver network, this produces a high risk population that is completely detached from the community.



Falls are the leading cause of injury and trauma related fatalities among seniors, with a majority of the incidents occurring in the home.⁸⁹ “[Falls] are also the most common cause of nonfatal injuries and hospital admissions for trauma.”⁹⁰ “In 2009, 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 581,000 of these patients were hospitalized.”⁹¹ Most of these life altering situations could have been prevented through education and awareness of common risk factors that may be present in the home. Communities across the country are developing programs in an effort to decrease preventable injuries and deaths among this population.

⁸⁹ Centers for Disease Control and Prevention. *Falls Among Older Adults: An Overview*. <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>

⁹⁰ Ibid.

⁹¹ Ibid.

Washtenaw County, Mich. – Home Injury Prevention

The Home Injury Prevention (HIP) program, run by Neighborhood Senior Services (NSS), is designed to address the senior populations that are at most risk because they are detached from the community by their lack of a social-care network. “Many homes are not designed to meet the changing needs of aging residents. The Home Injury Prevention program allows seniors to maintain independence through simple home adaptations.”⁹² The NSS connects to seniors through resource advocates, who conduct simple assessments by phone or in person to determine the needs of the individual. The NSS can then provide services like home maintenance, access ramps, elder abuse prevention, substance abuse assistance, medical access, or home injury assessment and prevention. The HIP program also provides a comprehensive initial assessment to assess fire safety, home security, and slip and fall risk factors that can compromise a senior’s well-being in the home. Changes and additions to the home can be made to create a safer environment for the individual.⁹³

The HIP home assessment tool was developed by a committee of local experts, including healthcare and aging service providers. The program utilizes the assistance of volunteers to complete some of the larger scale tasks, such as ramp construction or home repair. Funding for the program comes from the “Federal Older Americans Act through the Office of Services to the Aging and the Area Agency on Aging 1-B”.⁹⁴ Funding is also received from local municipalities, community foundations, hospital systems, the United Way, and various private and corporate sponsors. Services are also paid by “cost-share contributions,” based on the financial ability of the individual. In 2006 the program served over 1,000 seniors in the Washtenaw County area.⁹⁵

⁹² Neighborhood Senior Services. *Home Injury Prevention*. <http://www.nssweb.org/seniors/sinjury.htm>

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Ibid.

Pitt County, N.C. – SPICE for Life

The Senior Safety, Prevention, Intervention and Community Education (SPICE) for Life program began as a collaboration between an occupational therapist and the Pitt County Council on Aging. The program “targets seniors ages 60 and over who are at a high risk for loss of independence due to a decrease in safety and ability to function within the home”.⁹⁶ The program is marketed to older adults through newspaper stories, local media advertisements, and program documents distributed at healthcare facilities and local pharmacies. The Council on Aging also operates a Meals-on-Wheels Program and hands out brochures describing the SPICE program.⁹⁷

Seniors can contact the Council on Aging to request assistance or information on local services. The Council on Aging’s *infoline* is a referral service that provides information to seniors, family members, and caregivers and directs them to appropriate services within the Pitt Council on Aging or the surrounding community. If warranted, an in-home assessment can be conducted to determine risk factors inside the home. “By partnering with Therapeutic Life Center, an occupational therapist is sent into homes to complete an assessment. The program then pays for equipment, installation and modifications (inside the home only) that are recommended by the occupational therapist.”⁹⁸ The home assessment process creates a link between the program and the seniors in need, allowing them greater access to local resources. A one year follow up is also conducted with service recipients to gauge their current level of need.⁹⁹

⁹⁶ Pitt County Council on Aging. *Senior Safety Prevention Intervention and Community Education*. http://www.pittcoa.com/index.php?page_id=50

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ Ibid.

City of Encinitas, Calif. – Project CARE

The City of Encinitas, Calif., has developed a free program for seniors called Community Action to Reach the Elderly (C.A.R.E.). This program is targeted towards older adults who live alone in the community or who may have special needs. By using a “network of agencies” to look out for the well-being of the elderly population in Encinitas, the city is able to ease the minds of its seniors. Program services include:

- “Postal Alert” – a red dot is adhered inside a senior’s mailbox and if mail begins to accumulate the postal carrier makes a phone call to send someone out to check on the well-being of the senior.
- “Gate Keeper” – water and sanitation district employees watch for suspicious signs around the homes of the elderly such as broken windows or accumulating trash and newspapers.
- “Vial-of-Life” – the city provides a free plastic container to adhere to the refrigerator that contains pertinent medical and prescription information for use by emergency responders.
- “Are You Okay” – computer generated phone calls are made daily to senior households.
- “Home Safety Checks” – senior homes are checked by Sheriff’s crime prevention personnel for safety issues.
- “You Are Not Alone” – a Volunteer Sheriff’s patrol visits the homes of seniors or makes phone calls to seniors to check on their well-being.¹⁰⁰

¹⁰⁰ City of Encinita, Calif. *Project C.A.R.E.*
<http://www.cityofencinitas.org/Government/CityD/ParksAndRecreation/Recreation+Programs/SeniorPrograms/>

How can state and local governments keep seniors safe from abuse and neglect?

Abuse and Neglect



Domestic violence occurs when “older adults are physically, sexually, or emotionally abused, abused, exploited, or neglected by someone [with whom] they have an ongoing relationship. ...Abusers intentionally use coercive tactics, such as isolation, threats, intimidation, manipulation, and violence to gain and maintain control over the victim”.

Approximately 1 to 2 million adults age 65 and older in the United States have fallen victim to abuse by someone they depended on for care or protection and it is estimated that for every one case of reported abuse, another five go unreported.¹⁰¹

Two-thirds of all elder abuse incidents occur at the hands of family member, most commonly the elder’s adult child or spouse.¹⁰² The financial implications and added responsibility of caring for another person can lead to “care-taker burnout” and the stress of the situation can result in neglect or physical abuse directed toward the elderly individual. To a lesser extent, one-third of all cases, seniors are in danger of physical and mental abuse and neglect from non-family members.¹⁰³

Nationally, a trend among state and local governments has been to create a means for reporting and documenting cases of elder abuse. However, reporting systems are just the start. Education and outreach is also a critical component in preventing abuse and neglect. By educating seniors, family members, physicians, emergency service providers, and community foundations there will be more people trained to watch for endangered seniors in the community.

“As the “Baby Boom” generation born between 1946 and 1964 ages, it is likely more victims of late life violence and abuse will seek out or be referred to the specialized services provided by domestic violence programs. This potential calls for increased collaboration between aging and domestic violence networks to assure maximum support and safety for victims and survivors of abuse in later life.”

National Center on Elder Abuse (NCEA). Domestic Violence in Later Life: A Guide to the Aging Network for Domestic Violence and Victim Service Programs http://www.ncea.aoa.gov/NCEAroot/Main_Site/pdf/publication/nceaissuebrief.aginqnetworkguideDV.pdf

¹⁰¹ National Center on Elder Abuse (NCEA). Fact Sheet: Elder Abuse Prevalence and Incidence. http://www.ncea.aoa.gov/ncearoot/Main_Site/pdf/publication/FinalStatistics050331.pdf.

¹⁰² National Center on Elder Abuse (NCEA). http://www.ncea.aoa.gov/NCEAroot/Main_Site/FAQ/Basics/Abusers.aspx.

¹⁰³ Ibid.

Toronto, Canada – Breaking the Silence: Best Practices to Respond to the Abuse of Older Adults

Approximately “4 to 10 percent of older adults living in private homes have experienced abuse or neglect—a conservative estimate as many cases of elder abuse are believed to go unreported.”¹⁰⁴ *Breaking the Silence: Best Practices to Respond to the Abuse of Older Adults*, a 90-page report created by the Elder Abuse Consultation Team, provides users with information on how to detect cases of elder abuse and neglect. The Family Service Association of Toronto (FSAT) has taken a hard look at educating the public and those working closely with the elderly on the signs and symptoms of elderly abuse or neglect. According to the FSAT, the most common types of elder abuse are physical, sexual, financial and psychological abuse and neglect.¹⁰⁵ This is a difficult subject to address, but providing this resource to those interacting with the growing senior population gives the public a direction to turn to for assistance. In addition, the document provides identification profiles of both elder abuse victims and perpetrators, criteria that can be used to assess risk factors of abuse and neglect, cultural considerations and other intervention guidelines. “The best practices in the manual were identified through case consultations over a two-year period, as well as a review of current literature from the United States, Great Britain and Canada.”¹⁰⁶

¹⁰⁴ Family Service Toronto. *Breaking the Silence: Best Practices to Respond to the Abuse of Older Adults*. <http://www.fsatoronto.com/media/releases/elderabuse.html>

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

How can state and local governments help combat the financial exploitation of senior citizens?

Financial Exploitation

Elderly financial exploitation takes many forms including telemarketing scams, fake check scams, “local home repair fraud rings,” identity theft, internet phishing, and the “sweetheart scam” whereby a con artist romances a lonely elder in order “to gain control of the senior citizen’s estate and finances.”¹⁰⁷ Far more insidious and even more widespread are instances of financial exploitation perpetrated by family members, friends, caregivers and other trusted people known to the victim, who steal money or otherwise appropriate a senior’s assets.¹⁰⁸



Because it is estimated that only 1 in 25 cases is reported, it is impossible to know the exact scope of the problem. However, it is widely believed that approximately “5 million elders are victimized by financial exploitation each year.”¹⁰⁹ In terms of dollars, “the annual loss by victims of elder financial abuse is estimated to be at least \$2.6 billion.”¹¹⁰

Elder financial abuse is extremely hard to prosecute, making it even more difficult for officials to prevent or to recover lost assets. First, seniors often do not wish to report the exploitation, due to shame or fear of “being deprived of their independence should they report having been defrauded.” Seniors are also reluctant to turn in family members, friends or other loved ones.¹¹¹

The effects of these crimes on their victims can be as devastating as physical violence, and can lead to fearfulness, depression, and even suicide.¹¹² However, elder financial exploitation also creates secondary costs to state and local governments. Vulnerable adults who have been stripped of their assets may become reliant on public assistance, resulting in millions in

¹⁰⁷ Gray, Alison. (December 2009). *Fraud Against the Elderly in North Carolina*. <http://www.nccppr.org/drupal/content/insightarticle/83/fraud-against-the-elderly-in-north-carolina>

¹⁰⁸ Ibid.

¹⁰⁹ Abner, Carrie. (June 2005) “Elder Financial Exploitation: The Silent Epidemic”. *Leaders Lens: focus on public safety*. The Council of State Governments. <http://www.csg.org/knowledgecenter/docs/LL0506ElderFinExp.pdf>

¹¹⁰ MetLife Mature Market Institute. (March 2009) *Broken Trust: Elders, Family, and Finances: A Study on Elder Financial Abuse Prevention*. <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>

¹¹¹ Abner, Carrie. (June 2005) “Elder Financial Exploitation: The Silent Epidemic”. *Leaders Lens: focus on public safety*. The Council of State Governments. <http://www.csg.org/knowledgecenter/docs/LL0506ElderFinExp.pdf>

¹¹² Gray, Alison. (December 2009). *Fraud Against the Elderly in North Carolina*. <http://www.nccppr.org/drupal/content/insightarticle/83/fraud-against-the-elderly-in-north-carolina>

How can state and local governments help combat the financial exploitation of senior citizens?

increased costs to Medicaid and other programs.¹¹³ As the population ages, the incidence of these crimes and losses to individuals and communities will increase. Illegal activities are becoming more and more sophisticated and international in scope, with increased use of the internet and other technologies.¹¹⁴ Combating this wide array of crimes will require effective partnerships between law enforcement, Adult Protective Services, victim service agencies and the private sector.¹¹⁵

Los Angeles, Calif. – Financial Abuse Specialist Teams

The first Financial Abuse Specialist Team (FAST) was established in Los Angeles in 1993 as a partnership between the local Area Agency on Aging and WISE Senior Services, a non-profit organization based in Santa Monica, Calif. The FAST program provides training for public and private providers who serve the elderly, as well as asset recovery investigation and services for victims. The collaboration includes professionals from several sectors including the Los Angeles District Attorney's Office, Adult Protective Services, the Los Angeles Police Department and Sheriff's office, physicians, the banking industry, investment and insurance brokers, and other fiduciary specialists.¹¹⁶ Based on the success of the Los Angeles FAST program, other teams have been established across the country.¹¹⁷

¹¹³ MetLife Mature Market Institute. (March 2009) *Broken Trust: Elders, Family, and Finances: A Study on Elder Financial Abuse Prevention*. <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>

¹¹⁴ Gray, Alison. (December 2009). *Fraud Against the Elderly in North Carolina*. <http://www.nccppr.org/drupal/content/insightarticle/83/fraud-against-the-elderly-in-north-carolina>

¹¹⁵ Abner, Carrie. (June 2005) "Elder Financial Exploitation: The Silent Epidemic". *Leaders Lens: focus on public safety*. The Council of State Governments. <http://www.csg.org/knowledgecenter/docs/LL0506ElderFinExp.pdf>

¹¹⁶ WISE and Healthy Aging FAST teams. <http://www.wiseandhealthyaging.org/cms/1106.html>

¹¹⁷ National Committee for the Prevention of Elder Abuse. www.preventelderabuse.org/communities/fast.html

Massachusetts – Bank Reporting Project

The Massachusetts Bank Reporting Project was established in 1996 and is a consortium of state and private agencies.¹¹⁸ The goal of the project is to educate and train front-line banking personnel to watch for possible indications of elder financial exploitation. The warning signs for front-line bank personnel include:

- Inconsistent signatures;
- Seniors who do not understand or recognize certain withdrawals or missing funds;
- Multiple withdrawals within a short period of time, even when the senior is homebound;
- Senior accompanied by another individual who does not allow the senior to speak; and
- New names abruptly added to accounts.¹¹⁹

The project continues to train bank personnel across the state, and other jurisdictions across the country have replicated the program. The Council of State Governments also cites the importance for states to establish partnerships with banking institutions to combat this mechanism of abuse.¹²⁰

¹¹⁸ The Official Website of the Attorney General of Massachusetts. *Massachusetts Bank Reporting Project*. http://www.mass.gov/?pageID=cagoterminal&L=3&L0=Home&L1=Community+Safety&L2=Resources+for+Elders&sid=Cago&b=terminalcontent&f=community_massachusetts_bank_reporting_project&csid=Cago

¹¹⁹ BITS Financial Services Roundtable. (February 2006). *BITS Fraud Protection Toolkit: Protecting the Elderly and Vulnerable from Financial Fraud and Exploitation*. <http://www.bits.org/downloads/Publications%20Page/bitstoolfeb06.pdf>

¹²⁰ Abner, Carrie. (June 2005) "Elder Financial Exploitation: The Silent Epidemic". *Leaders Lens: focus on public safety*. The Council of State Governments. <http://www.csg.org/knowledgecenter/docs/LL0506ElderFinExp.pdf>

San Bernardino, Calif. – Scam Alert Program

The “Scam Alert” Program of San Bernardino, Calif., Department of Aging and Adult Services (DAAS), established in 2008, was recognized by the National Association of Counties with a Health and Human Services Achievement Award in 2009.¹²¹ These alerts are distributed to area agencies who serve the aging and disabled populations. In addition, the DAAS Resources website contains a link in bright red font to a list of current Scam Alerts. A review of the list on this website shows current scams involving telemarketers, requests for disaster assistance, requests for up-front payments on home repairs never completed, as well as several scams related to Medicare fraud.¹²² Citizens can also sign up for email alerts regarding the latest attempts to defraud the public, especially those targeted to seniors.

¹²¹ National Association of Counties. *Achievement Awards*.
<http://www.naco.org/programs/recognition/Pages/AchievementAwardSearch.aspx>

¹²² San Bernardino, Calif., Department of Aging and Adult Services. *Scam Alerts*.
http://hss.sbcounty.gov/DAAS/resources/scam_alerts.aspx

Massachusetts – Daily Money Management Program

AARP established one of the first “Daily Money Management Programs (DMM)” in 1981. The model started out as all-volunteer, but today has evolved into close collaborations between public, private, and non-profit agencies. “DMM is viewed by many professionals as a promising approach to stopping or preventing elder abuse and neglect.”¹²³ DMM professionals provide services such as “bill paying, maintaining financial records...preparing budgets and balancing checkbooks.”¹²⁴ These programs prevent or stop elder abuse by facilitating frequent professional monitoring and protection of vulnerable adults’ finances, including arranging for automatic deposits rather than mailed checks, ensuring bills are paid, removing seniors’ information from marketers’ lists, requiring responsible third parties to authorize financial transactions, and serving as representative payees, among other services.¹²⁵

The Massachusetts Money Management Program is the largest DMM in the country. It is staffed by volunteers, many of whom are seniors themselves. However, its operating expenses are funded by the state’s Office of Elder Affairs Protective Services Program. Most of the 6,000 elders who have benefited from the program are still fairly independent and primarily use the program’s bill-paying services. A smaller percentage of clients are no longer able to make financial decisions. For these clients, government agencies appoint a “representative payee” from among the volunteers of the program, who then manage the client’s finances directly. Both sets of volunteers are closely supervised and all client financial records are reviewed.¹²⁶ Similar programs exist in California, Delaware and Montana.¹²⁷

¹²³ Nerenberg, Lisa. (June 2003). *Daily Money Management Programs: A Protection Against Elder Abuse*. National Center on Aging. http://www.ncea.aoa.gov/ncearoot/main_site/pdf/publication/DailyMoneyManagement.pdf

¹²⁴ *ibid*

¹²⁵ *ibid*

¹²⁶ Hylan, Richard. (Spring 2006). “Helping the Elderly with Daily Money Management”. *Communities and Banking*. <http://www.bos.frb.org/commdev/c&b/2006/spring/moneymanagement.pdf>

¹²⁷ Nerenberg, Lisa. (June 2003). *Daily Money Management Programs: A Protection Against Elder Abuse*. National Center on Aging. http://www.ncea.aoa.gov/ncearoot/main_site/pdf/publication/DailyMoneyManagement.pdf

Public/Private Partnerships

National organizations that are devoted to issues on aging, such as the National Council on Aging (NCOA), the National Association of Area Agencies on Aging (N4A), the AARP and the Administration on Aging (AoA) cite the need for increased development of public/private partnerships in order to prepare for the coming age wave. These partnerships will be necessary to



provide services for seniors, create and support aging-friendly communities, improve seniors' quality of life, and allow seniors to stay in their homes as long as possible. Public/private partnerships support aging initiatives across a variety of sectors, including health and wellness, housing, transportation, and other quality of life issues. These networks leverage funding streams, professional expertise, and service providers that government alone is unable to harness. These community or public/private solutions regard elders as assets to their communities and not just a population in need. They give seniors the opportunity to participate as full partners in the development of aging solutions.

Charlottesville, Va. – Jefferson Area Board for Aging

The Jefferson Area Board for Aging (JABA) grew out of the local Area Agency on Aging, and expanded its mandate to include more comprehensive promotion and coordination of local aging services. In order to leverage private sector funding to support the region's aging programs and expand services, JABA created a nonprofit organization, JABA Inc., as well as a private foundation, the Dabney Foundation for Elders. In 2001, JABA brought together 85 public and private organizations to develop the region's 20/20 Plan for Aging.¹²⁸

JABA has been very successful in facilitating the collaboration between the public, private, and nonprofit sectors to develop programs that benefit the elderly. A task force comprised of JABA, local governments, the Thomas Jefferson Planning District Commission, the Virginia Department of Transportation, the local Association of Realtors, and local residents was successful in developing safety and mobility improvements to a busy Charlottesville street after a near-fatal traffic accident. JABA also partnered with Urban Vision, a local nonprofit, to pioneer intergenerational community solutions such as an independent living facility where seniors tutor at-risk children and a program that pairs high school students with seniors at a local nursing home to record their life histories. These solutions attract a wider variety of potential funding sources due to their broad target populations. JABA also secured funding from governmental and private sources to make low-interest capital improvements to an assisted living facility and partnered with a local developer to save a low-income housing facility.¹²⁹

JABA has won a variety of awards including the National Administration on Aging's 2005 Overall Excellence Award for Mid-Sized National Livable Communities for its 20/20 Community Plan on Aging; the n4a's 2006 Innovations Award for its work to save the Mountainside Senior Living facility; and the National Council on Aging's 2007 Award for Innovation for Club Pathway, an activity-based program for persons with early to mid-stage memory loss.¹³⁰

¹²⁸ JABA. <http://www.jabacares.org/>

¹²⁹ Ibid.

¹³⁰ Ibid.

Westchester County, N.Y. – Westchester Public/Private Partnership for Aging Services

The Westchester PPP is a 501(c)(3) organization created by the Department of Senior Programs and Services (DSPS) and area business leaders in 1991. It harnesses private sector funding to expand programs and services, and uses public sector resources for core operations. DSPS, AARP, and the Westchester PPP have launched “Livable Communities: A Vision for All Ages,” an information and services gateway for the county.¹³¹

The partnership has created multiple programs that serve seniors in the community. Safe Centers were established in three locations where elders who feel vulnerable or caregivers who feel stressed can go for support, mediation, or, if necessary, intervention. A Senior Volunteer Transportation Program uses vans donated by a local foundation to transport seniors to volunteer assignments at no cost. Finally, the New York Southern Area Aging Network is composed of eight Area Agencies on Aging, DSPS, area long term care facilities, local nonprofits, and educational institutions. The goal of this coalition is to develop a workforce to meet the needs of the growing aging population. AARP identified Westchester PPP as one of three Livable Community models in the United States.¹³²

¹³¹ Westchester Public Private Partnership for Aging Service. <http://www.westchesterpartnership.org/>

¹³² Ibid.

Culpeper, Va. – The Aging Together Partnership

The Aging Together Partnership is a regional consortium of 100 organizations and individuals across five counties (Culpeper, Fauquier, Madison, Orange and Rappahannock) just outside of Northern Virginia. It was established through development and implementation grants from the Robert Wood Johnson Foundation’s Community Partnerships for Older Adults program, and is composed of county government agencies, businesses, civic organizations, community colleges, law enforcement, local senior citizens, AARP, the United Way, and other organizations. The Partnership’s structure is unique in that it contains smaller county-level partnerships as well as region-wide issue subgroups such as Caregiver Education and Support, Medication Access, and Workforce Development.¹³³

The Aging Together Partnership’s successes include

- The establishment of a new Adult Day Healthcare Center which serves residents of four counties;
- Contribution to the development of a regional transportation plan that includes a volunteer elder transportation program;
- Collaboration with a local community college to develop workforce development training for healthcare staff in the region; and
- The development of training for local attorneys regarding elder law.¹³⁴

In 2008, AARP awarded the Aging Together Partnership with its “Community Partner of the Year” award. In 2009, the Robert Wood Johnson Foundation recognized the Partnership at its “National Summit on Workable Solutions to Long Term Care Challenges.”¹³⁵

¹³³ Aging Together. <http://www.agingtogether.org/>

¹³⁴ Ibid.

¹³⁵ Ibid.



As the demographics of a community change, new stresses are placed on its physical infrastructure. An aging population requires a different type and level of services from state and local governments. Elderly residents have specific needs regarding transportation, housing, and facilities. However, the infrastructure in many jurisdictions is not sufficient to support the increasing proportion of elderly residents. In order to attract and retain elderly individuals, jurisdictions must examine ways to adapt and improve their existing infrastructure. They must also implement development patterns that can support residents throughout their entire life cycle, particularly since 89 percent of adults over age 50 report that they desire to “age in place” or at least reside within their community.¹³⁶

In this section, attention is given to several components of infrastructure that must be improved to support the impending increase in elderly residents. Strategies regarding

“Responding to the maturing of America offers local governments the opportunity to make their communities livable communities for all ages--- good places to grow up and to grow old.”

“The Maturing of America: Getting Communities on Track for an Aging Population”, <http://www.n4a.org/pdf/MOAFinalReport.pdf>

planning and zoning, transportation, and facilities are presented for consideration. Also, specific initiatives being undertaken by local jurisdictions are identified. By adopting the proper strategies, local governments can develop communities that remain competitive in attracting residents of all ages. Providing infrastructure that allows residents to age in place can benefit jurisdictions by reducing the financial and intellectual void left when elderly residents must leave the community for a more supportive environment.

¹³⁶ Abrahams, Sally. *Towns and Cities Prepare for Aging Population: Older Americans Want to Age in Place*. AARP. <http://www.aarp.org/home-garden/housing/info-03-2011/towns-cities-prepare-for-aging-populations.html>

What changes should be considered in planning and zoning to better accommodate the aging population?

Planning and Zoning

Many communities are not designed to support the lifestyle of an aging population, and lack an adequate supply of suitable housing options for the elderly. Local jurisdictions often have planning and zoning ordinances that represent substantial obstacles to the development of senior-friendly communities. Many zoning laws focus on the separation of jurisdictional areas according to use, such as residential, commercial, and industrial. As people grow older, they increasingly require walkable communities which have services and retail space located near their residence. Local jurisdictions can remove obstacles to senior-friendly communities by changing their planning and zoning ordinances to support the following:



- Accessory Units – Private and complete housing units, in or adjacent to single family homes
- Cluster Developments – Subdivisions where the applicable zoning ordinances are modified to allow for different layouts and infrastructure
- Mixed Use Developments – Developments where retail, services, and residential units are located together
- Overlay Districts – Additional zoning requirements placed on an area without altering the underlying zoning
- Floating Zones – Designations that allow a specific purpose but with a location to be determined at a later date
- Incentive Zoning – An innovative and flexible technique providing a system of exchanging bonuses for community amenities

By incorporating these concepts into planning and zoning ordinances, jurisdictions can remove obstacles and generate development patterns which will support the changing demographics. A number of communities are already engaging in these types of programs.

What changes should be considered in planning and zoning to better accommodate the aging population?

Town of Hempstead, N.Y. – Golden Age Zoning

The Town of Hempstead, N.Y. established “golden age” zoning projects across the jurisdiction. These initiatives are public-private partnerships in which developers are given incentives to build high density housing complexes for the elderly. The apartment units are sold at a below market price (\$139,000), with eligibility requirements related to age (62 or above), income (below \$42,500), and residency (preference given to residents of the same school district as the project). As an incentive to the developers, the unit per acre ratio is increased by 50 percent above the normal allowance. This increase allows the developers to maintain their profit margin. The town of Hempstead has built over 1,200 elderly housing units using this incentivized zoning program. Surrounding jurisdictions on Long Island have also sold a significant number of units using these zoning rules.¹³⁷

Commonwealth of Virginia – Livable Home Tax Credit

The Virginia Department of Housing and Community Development’s Livable Home Tax Credit Program provides tax credits of up to \$2,000 for the purchase of new residential units with accessibility or universal visitability features and up to 50 percent for retrofitting existing units with these features, not to exceed \$2,000. This tax credit is designed to improve the quality of life for Virginia’s residents by encouraging living space with improved accessibility and universal visitability.¹³⁸

¹³⁷ Town of Hempstead, N.Y. *Golden Age Housing*. <http://townofhempstead.org/content/tr/golden.html>

¹³⁸ Virginia Department of Housing and Community Development. *Livable Home Tax Credit*. http://www.dhcd.virginia.gov/HousingPreservationRehabilitation/PDFs/LHTC_brochure.pdf.

Pennsylvania – Elder Cottages or “Granny Flats”

This Pennsylvania based company develops modular homes designed to be placed in close proximity, or adjoining, an existing home. The homes are built using the concepts of Universal Design, assuring accessibility for aging residents. These structures allow seniors to maintain independence while living in close proximity to family or friends. Units range from 568 to 947 square feet, and cost between \$32,000 and \$51,000. The units can be sold and relocated when they are no longer needed. Elder Cottages can provide a low cost alternative to other housing options. However, many jurisdictions have zoning ordinances and water, sewer, electrical and health codes that prevent this type of dwelling. Jurisdictions could provide more options for the elderly in their communities by reconsidering ordinances that prevent the installation of units such as these.¹³⁹

¹³⁹ Elder Cottages. <http://www.eldercottages.com/>

What changes should be considered in planning and zoning to better accommodate the aging population?

City of Perris, Calif. – Senior Housing Overlay and Density Bonuses

In 2006, the city officials of Perris, Calif., took proactive steps to address the growing population of elderly by approving ordinances that create a senior housing overlay zone and provide developers additional density bonuses and incentives for incorporating low-income and senior housing in development projects. The city realized that this aging demographic has unique lifestyles and special needs. The purpose of the new zoning ordinances was to focus development around existing public transit, senior services and amenities. These changes will provide elderly residents with the opportunity to enjoy much more freedom and independence than seen in nearby suburbs that rely heavily on personal vehicles for transportation.¹⁴⁰

The new zoning district encompasses parts of the existing residential and commercial districts to allow for uses that are specific to senior living, such as ambulatory care. Under the zoning ordinance, at least 30 percent of the units in each development must be set aside for affordable senior housing, and these units must be utilized in this manner for a minimum of 30 years. To incentivize these developments, the city waives certain development fees, allows a minimum of 1.15 parking spaces per dwelling unit, and permits densities up to a maximum of 50 dwelling units per acre. The permitted densities are a function of the percentages of low and very low income units set aside by the developer.¹⁴¹

For buildings covered by this ordinance, the developer is strictly required to use Universal Design principles and meet Americans with Disabilities Act regulations. Additionally, recreational facilities must be incorporated throughout the development, possibly including amenities such as quiet leisure areas, spas, saunas, or open spaces. The number of required recreational facilities is based on the overall number of units.¹⁴²

¹⁴⁰ City of Perris, Calif. (2011). *Zoning*, (19.57 and 19.86). <http://www.cityofperris.org/city-hall/zoning.html>

¹⁴¹ Ibid.

¹⁴² Ibid.

What changes should be considered in planning and zoning to better accommodate the aging population?

San José, Calif. – Mabuhay Court Senior Housing

The Mabuhay Court Senior Housing complex located in San José, Calif. is an innovative project that combines senior living with Green Building Technologies. The mixed-use development was a public/private partnership intended to provide affordable senior housing, amenities and services to very low- and extremely low-income seniors. “The City of San José sold the nonprofit developer, BRIDGE Housing Corporation, air and subterranean rights over approximately 1.1 acres of the site together with a 50 percent undivided interest in the remaining 1.71 acres.”¹⁴³ Financing for the project “included below-market-rate loans from the City of San José and the Federal Home Loan Bank, grant dollars from both the City and the San José Redevelopment Agency, and an allocation of federal tax credits from the State of California that was sold for private equity.”¹⁴⁴

San José’s Green Building Ordinance uniquely includes a provision that mandates that city funded affordable dwelling unit projects must conform to green building standards.¹⁴⁵ It is widely recognized that the green building standard promotes sustainable practices such as recycling materials, energy conservation and water reuse. Moreover, the standard also brings together the entire picture of the building and how it works with its environment. The Mabuhay Court Senior Housing development captures this with immediate proximity to services, amenities, and public transportation. All of the benefits listed here are powerful tools to help achieve the goal of providing smart and affordable housing for seniors.

¹⁴³ Institute for Local Government. (2011). *San Jose Provides Affordable Senior Housing*. <http://www.ca-ilg.org/node/615>

¹⁴⁴ FannieMae Foundation. (2004). *Mabuhay Court and Northside Community*. <http://content.knowledgeplex.org/kp2/cache/documents/31461.pdf>

¹⁴⁵ City of San Jose, Calif. (2009). *Green Building Ordinance Staff Report*. http://www.sanjoseca.gov/planning/green_building/TE_06_01_09_Green_BuildingOrdPrivateSectorConst_Staff_Report.pdf

How can communities promote residential construction which allows residents to age in place?

Universal Design and Visitability

Most people would prefer to age in place, meaning that they want to remain in their home for as long as possible. However, many older homes were not constructed with features that support elderly residents. As individuals age, mobility may become an issue. Many homes present obstacles to mobility aids such as wheelchairs and walkers due to problem areas which can include stairs, narrow hallways, and high countertops.

Universal Design and Visitability are strategies for constructing and remodeling homes to support all people throughout their entire lifespan.¹⁴⁶ The Center for Universal Design defines the concept as “the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.”¹⁴⁷ Universal Design features include wider doors, step-free entrances, lever faucets, and multiple countertop heights. Visitability is a strategy more narrowly focused on three components of housing design that make homes accessible to all people regardless of physical condition.¹⁴⁸ These three main components are to have one zero step entrance to the home, wide interior doors, and at least a half bathroom on the main level of the home.¹⁴⁹



Several programs have been established to increase the use of Universal Design and Visitability concepts. Initiatives are underway to educate consumers and developers about the benefits of using these design features. Ordinances have also been established to promote or require the use of both Universal Design and Visitability concepts.

¹⁴⁶ AARP Public Policy Institute. (March 2010). *Fact Sheet 167*. <http://assets.aarp.org/rgcenter/ppi/liv-com/fs167-expanding-implementation.pdf>

¹⁴⁷ Center for Universal Design. <http://www.ncsu.edu/www/ncsu/design/sod5/cud/>

¹⁴⁸ Center for Inclusive Design and Environmental Access. *What is Visitability?* <http://www.ap.buffalo.edu/idea/visitability/index.htm>

¹⁴⁹ Ibid.

How can communities promote residential construction which allows residents to age in place?

Prince William County, Va. – Universal Design Demonstration Home

In January 2007, the Greater Prince William Coalition for Universal Design partnered with developers and the Prince William County Government to build a model home in Bristow, Va.¹⁵⁰ This home displayed many of the building features that reflect both Universal Design and Visitability strategies. Tours were given to both consumers and developers in order to educate stakeholders about the purpose and importance of these building components.¹⁵¹ Over 3,000 visitors toured the home before it was ultimately sold.¹⁵² Jurisdictions can increase the use of accessible design concepts by increasing knowledge of their associated benefits.

Iowa City, Iowa – Homes for Life

The Johnson County Livable Community for Successful Aging Initiative and the Greater Iowa City Area Home Builders Association combined to develop “Homes for Life”, a voluntary Universal Design certification program. The program certifies homes that are built using Universal Design and Visitability design components. The certification is intended to provide benefits for the homeowner, the developer, and the community. For the homeowner, the house is more accessible and may have a higher market value. The developer achieves the ability to target the emerging aging market and develop a reputation throughout the community. For the community, Homes for Life promotes the inclusion of all population segments and promotes continuity of the community.¹⁵³

City of Austin, Texas – SMART Housing

Safe, Mixed-income, Accessible, Reasonably Priced, Transit-oriented (SMART) Housing is a program provided by the City of Austin, Texas, that provides incentives to developers who use Universal Design building strategies. Developers benefit from fee waivers and expedited project review. This program applies to new construction of single family homes, and its goal is to increase the number of houses in the city which contain accessibility features.¹⁵⁴

¹⁵⁰ Amrhine, Richard. (March 9, 2007). *Universal Design on Display*.
http://fredericksburg.com/News/FLS/2007/032007/03092007/265554/index_html

¹⁵¹ Ibid.

¹⁵² Director, Prince William Area Agency on Aging, personal communication, April 2011.

¹⁵³ City of Iowa City, Iowa. *Homes for Life*. <http://www.icgov.org/default/?id=show1270&navID=4&navEntry=1143>

¹⁵⁴ Austin Housing Finance Corporation. S.M.A.R.T. Housing. <http://www.ci.austin.tx.us/ahfc/smart.htm>

What can state and local governments do to respond to the increased need for alternative senior living facilities?

Transformation of Idle Facilities

As a person ages and becomes part of the elderly population, they may start to need increasing amounts of assistance in their daily lives. They may also need to downsize from the house they have owned and resided in for years. Furthermore, mobility becomes more challenging at a certain age. Seniors that reach this point do not have many options.

Most local governments are not ready to handle the influx of seniors that will need assistance or alternative living arrangements. Additional complications exist for seniors that have medical conditions such as Alzheimer's or dementia, or that are no longer able to drive, effectively losing their independence. Some seniors do not have family members to visit and provide support because they have jobs or go to school during the day. Also, friends of seniors tend to be other seniors, so they too may face the same issues. Some older adults may need a new place to live that is more conducive to their current needs, while others only need a safe place to stay during the day that will provide companionship and social activity while their loved ones are away.

The lack of proper senior housing, adult day care facilities, and senior community centers is an issue that state and local governments need to address. Some of the most innovative approaches that have been taken to meet this need have been projects that identify unused schools and other idle facilities, and convert them to serve a new purpose as senior residences.



However, governments cannot do it alone. Most programs need some type of partnership to work successfully. The following are some innovative programs that local governments and communities are implementing in partnership with stakeholders from the nonprofit and private sectors to help tackle this emerging issue.

Jacksonville, Fla. – Converting an Abandoned School to Senior Housing

The Grace and Truth Community Development Corporation is a nonprofit organization in Jacksonville, Fla., that is dedicated to revitalizing communities that are economically challenged. It has plans to develop Norwood School, an idle school facility, along with its associated property into a mixed-use development with 90 units of new senior housing, over 14,000 square feet of commercial space to attract businesses that cater to the needs of seniors and a community center of approximately 5,000 square feet. The auditorium of the former school will be turned into the community center and the 90 units will be incorporated into two new buildings. The estimated rent will range from \$306 to \$613 a month and should be financially attractive to the almost 2,000 older adults who live within a one mile radius. The commercial space is expected to attract doctors, dentists, barbers, and other businesses that are frequented by the senior community. Grace and Truth Community Development Corporation has obtained state and local loans to buy the school property and has applied for local, state and federal financing programs, including a tax credit equity, to help with the cost of renovations and construction.¹⁵⁵

¹⁵⁵ Grace and Truth Community Development Corporation. <http://graceandtruthcdc.org/index.html>

What can state and local governments do to respond to the increased need for alternative senior living facilities?

North Carolina and South Carolina – Renovating and Preserving Historic Structures

The Landmark Group partners with local governments, private investors, public housing authorities and nonprofits in eight states on projects that develop affordable housing, revitalize downtown areas and preserve historic structures. “They develop multifamily and senior homes and mixed-use commercial projects through public and private partnerships, from adaptive reuse of historically significant structures to new construction.”¹⁵⁶ The Landmark Group has turned old and unused buildings into homes for seniors. In Rock Hill, S.C., for example, The Landmark Group converted the Highland Park Mill, a historic textile mill, into 116 senior apartments and office space for the York County, S.C., Council on Aging. The project was made possible by South Carolina’s Textile Mill Revitalization Tax Credit along with tax exempt financing.¹⁵⁷ The tax credit, enacted in 2004 and replaced in 2008 by the state, provides the option of either a 25 percent credit against real property taxes or a 25 percent state income tax or corporate license fee credit for the “rehabilitation, renovation, and redevelopment of abandoned textile mill sites located in South Carolina.”¹⁵⁸ This \$1.3 million tax credit along with \$6.5 million in U.S. Department of Housing & Urban Development guaranteed tax-exempt bonds, a \$650,000 loan from the City of Rock Hill and another \$4.8 million in historic property and low-income housing tax credits allowed The Landmark Group to transform an idle facility into a structure that serves the needs of the older adult population.¹⁵⁹

In Clayton, N. C., The Landmark Group turned the Cleveland School, a 1920’s schoolhouse, into 25 one- and two-bedroom apartments for persons 55 and older. Some of the units are reserved for those with disabilities, and all units rent to individuals whose incomes are at or below 60 percent of the area’s median income.¹⁶⁰ The project was made possible through a partnership between a Federal Home Loan Bank of Atlanta (FHLBA) member, SunTrust Bank, and the International Relief Friendship Foundation, Inc. A \$350,000 grant under FHLBA’s Affordable Housing Program and subsidized financing from the FHLBA provided the funding for the project.¹⁶¹ In addition, South Carolina’s affordable housing and historic property tax credits provided the needed incentives for the developer.¹⁶²

¹⁵⁶ The Landmark Group. <http://www.landmarkdevelopment.biz/>

¹⁵⁷ The Landmark Group. <http://landmarkdevelopment.biz/cmt/118.html>

¹⁵⁸ State of South Carolina. Textile Communities Revitalization. <http://shpo.sc.gov/grants/incomeincent/textilerehab.htm>

¹⁵⁹ The Landmark Group. <http://landmarkdevelopment.biz/cmt/118.html>

¹⁶⁰ The Landmark Group. <http://www.landmarkdevelopment.biz/cmt/128.html>

¹⁶¹ PR Newswire. Federal Home Loan Bank of Atlanta Awards \$4.7 Million to Build Affordable Housing in North Carolina Communities. <http://www.prnewswire.com/news-releases/federal-home-loan-bank-of-atlanta-awards-47-million-to-build-affordable-housing-in-north-carolina-communities-73967107.html>

¹⁶² The Landmark Group. <http://www.landmarkdevelopment.biz/cmt/128.html>

Pedestrian Safety

In order to accommodate the growing number of elderly pedestrians, state and local governments must work to make the nation's streets safer. According to the U.S. Department of Transportation, in 2009 alone, 4,042 pedestrians were killed in motor vehicle crashes nationwide.¹⁶³ Pedestrians age 65 or older accounted for 19 percent of this number, or 775 fatalities.¹⁶⁴ In fact, "the fatality rate for older pedestrians (age 65+) was 1.96 per 100,000 population – higher than the rate for all the other ages"¹⁶⁵. As the elderly population increases, it is more likely that pedestrian fatalities will also increase. Therefore, local governments must work proactively to find immediate solutions.



Photo courtesy of Senior Action Network, <http://www.sfsan.org/>

Transportation Alternatives, an advocate for cycling, walking and public transit, developed core design recommendations to make streets safe for older adults. "Designing streets specifically for seniors takes the regulations of the Americans with Disabilities Act (ADA) one step further to accommodate the sensory changes that occur as people age:

- The street should be as flat as possible, with minimal convexity for drainage and a smooth transition from the curb to the street.
- Large streets should have wide median refuge areas with benches. Refuges should be as large as possible and contain amenities such as plantings and shelters.
- All bus stops near senior centers should have shelters and benches. Bus stops on excessively wide streets should have bus bulbs.
- Drivers should be prohibited from turning during the first 10 seconds of a traffic signal phase. This time is needed by seniors to ascend the curb and begin a safe crossing unobstructed by turning vehicles.
- Drivers should be required to stop 15 feet before a junction. This requires moving the stop bar back away from the crosswalk and placing a tactile surface on the stop bar. To

¹⁶³ U.S. Department of Transportation, National Highway Traffic Safety Administration. *Traffic Safety Facts: 2009 Data*. <http://www-nrd.nhtsa.dot.gov/Pubs/811394.pdf>.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

How can local governments make crosswalks safe for the elderly?

further protect elderly pedestrians, where appropriate, the crosswalks should be built up or 'raised' to line up with the curb. The addition of a raised crosswalk forces drivers to reduce their speed at the intersection.

- On busy commercial streets and bus routes, all curbs should be extended into the crosswalk to create better sightlines for pedestrians and drivers.
- On streets where there is more space than is needed to move traffic, the street should be put on a 'road diet' where lanes or parts of lanes are reclaimed for wider sidewalks, planted medians and/or bicycle lanes.¹⁶⁶



Photo by Eldercare Locator, Courtesy of n4a, <http://www.n4a.org/>

It is important that local governments work together and with other organizations to establish programs that address the safety needs for all pedestrians, and especially for seniors. Below are some examples of existing programs that have been adopted by local governments across the country. These examples can be used as a road map for local governments to help reduce pedestrian roadway injuries and fatalities.

Minneapolis, Minn. – Pedestrian Countdown Signals

The City of Minneapolis began an effort to update its crosswalks using Pedestrian Countdown (PCD) signals, with PCD's required for all new signal installations after 2008. These PCD signals provide a numerical display that counts down the number of seconds remaining for a pedestrian to walk safely across a road or intersection, an improvement over Traditional Pedestrian Signals (TPS).¹⁶⁷ An evaluation of PCD signals conducted by the Institute of Transportation Engineers revealed a 52 percent reduction in the number of pedestrian related injuries at intersections with PCD signals.¹⁶⁸ Also, pedestrians appear to understand and prefer PCD signals over TPS.¹⁶⁹ According to the City's 2009 Pedestrian Master Plan, most of the funding for this and the other pedestrian related initiatives comes from public-private partnerships, cost-sharing arrangements, and grants from federal state and private sources¹⁷⁰.

¹⁶⁶ Transportation Alternatives. *Safe Routes for Seniors*. <http://www.transalt.org/campaigns/pedestrian/safeseniors>.

¹⁶⁷ Institute of Transportation Engineers. (July 2007) *Pedestrian Signal Safety for Older Persons*. <http://www.aaafoundation.org/pdf/PEDsigtimingSummary.pdf>

¹⁶⁸ Institute of Transportation Engineers. (January 2006). *Pedestrian Countdown Signals: Experience with an Extensive Pilot Installation*. http://www.popcenter.org/problems/pedestrian_injuries/PDFs/Markowitz_etal_2006.pdf

¹⁶⁹ Ibid.

¹⁷⁰ City of Minneapolis, Minn. *2009 Pedestrian Master Plan*. <http://www.ci.minneapolis.mn.us/pedestrian/pedestrian-masterplan-document.asp>

New York City, N.Y. – Safe Streets for Seniors

New York City is the most populous city in the United States, with more than 2.1 million people residing in its five boroughs and filling the city's bustling sidewalks. According to the New York City Department of Transportation, 39 percent of pedestrian fatalities involved seniors.¹⁷¹ With the senior population expected to increase more than 44 percent by 2030, the DOT and the New York City Department for the Aging launched the Safe Streets for Seniors project in 2008.¹⁷²

The New York City Department of Transportation studied historical pedestrian accident and injury data and identified neighborhoods that have a large number of pedestrian accidents and injuries as well as a high concentration of seniors.¹⁷³ City engineers evaluated pedestrian conditions in these neighborhoods "from a senior perspective" and are making modifications such as increasing crosswalk crossing times, shortening crossing distances, restricting certain vehicle turns, narrowing streets and altering sidewalks and curbs.¹⁷⁴

Through its "Safe Streets for Seniors" program, the city has reduced overall pedestrian walking speeds for use in pedestrian signal timing from 4.00 ft/sec to 3.00 ft/sec.¹⁷⁵ This is an important change since seniors generally take longer to cross a street than younger individuals, with an average walking speed between 3.19 ft/sec and 4.60 ft/sec.¹⁷⁶ In addition, the city has installed high visibility crosswalks, repaired pedestrian ramps, and upgraded traffic signs.¹⁷⁷ The results of Safe Streets for Seniors showed a significant decrease in the number of pedestrian injuries in the pilot intersections. Traffic fatalities in 2009 were down by 35 percent from 2001.¹⁷⁸ There were 45 percent fewer injuries at an intersection with a newly installed pedestrian refuge island, and a Manhattan street saw a 66 percent reduction in pedestrian accidents after measures to narrow the road.¹⁷⁹

¹⁷¹ New York City Department of Transportation. (2009). *Safe Streets for Seniors Presentation*. <http://www.nyc.gov/html/dot/downloads/pdf/safestreetsforseniors.pdf>

¹⁷² Transportation Alternatives. (2009). *Safe Routes for Seniors Final Report*. http://www.transalt.org/files/newsroom/reports/2009/Safe_Routes_for_Seniors.pdf

¹⁷³ New York City. (April 2009). *Safe Streets for Seniors*. <http://www.nyc.gov/html/dot/html/sidewalks/safeseniors.shtml>

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

¹⁷⁶ Ibid.

¹⁷⁷ Ibid.

¹⁷⁸ New York City. (August 2010). *New York City Pedestrian Safety Study & Action Plan*. http://www.nyc.gov/html/dot/downloads/pdf/nyc_ped_safety_study_action_plan.pdf

¹⁷⁹ Walkinginfo.org: Pedestrian and Bicycle Information Center. *Safe Streets for Seniors*. <http://www.walkinginfo.org/library/details.cfm?id=4553>

California – Pedestrian and Bicycle Safety Program

In California, 12.5 percent of all people age 65 and older walk to their destinations. Accordingly, many cities in California have adopted safety measures to improve pedestrian routes to bus stops and other forms of public transit, making it easier and safer to reach local businesses and medical offices.¹⁸⁰

California's Pedestrian and Bicycle Safety Program, in operation since 1998, was developed to reduce traffic related injuries involving pedestrians and bicyclists. A key objective of the program is to reduce the number of pedestrian incidents involving older adults by 10 percent. Strategies utilized by the pedestrian program include preparing operations and procedures manuals for pedestrian safety programs, partnering with community leaders and surrounding police departments, developing traffic safety educational materials and media kits in multiple languages, and implementing traffic safety checkpoints.¹⁸¹

In 2002 and 2003, the City of San Francisco awarded mini-grants to 19 nonprofit organizations to finance community-based programs that aimed to enhance pedestrian safety. The main beneficiaries of these programs include children, immigrant groups, bicyclists, minority communities, and older adults. The mini-grant process allows the city to use community-based advocacy to “prioritize changes that improve pedestrian conditions for seniors, especially improvements to pedestrian crossings”¹⁸².

One successful community partner, the Senior Action Network, a conglomerate of senior organizations in the San Francisco area, has been successful in influencing public policy.¹⁸³ Some specific examples of its successes include lobbying for the installation of “no right turn on red” signs, longer pedestrian crossing times and the installation of countdown signals at the busiest intersections.¹⁸⁴ It has also created an inventory of the “Terrible Two Dozen Intersections” based on input from older adults, accident statistics and evaluation of the public bus network.¹⁸⁵ The city's program also promotes healthy walking habits by educating those approaching retirement age on the benefits of walking with a new program called “Walk First”.¹⁸⁶

¹⁸⁰ Nelson\Nygaard Consulting Associates. (September 2003). *Metropolitan Transportation Commission Senior Mobility Toolkit*. http://www.mtc.ca.gov/library/oats/Senior_Mobility_Toolkit.pdf

¹⁸¹ National Highway Traffic Safety Administration. (Winter 2000) *Pedestrian and Bicycle Safety Program*. <http://www.nhtsa.gov/people/outreach/safedige/winter2000/win00-18.html>

¹⁸² Nelson\Nygaard Consulting Associates. (September 2003). *Metropolitan Transportation Commission Senior Mobility Toolkit*. http://www.mtc.ca.gov/library/oats/Senior_Mobility_Toolkit.pdf

¹⁸³ Ibid.

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

¹⁸⁶ Planthold, Robert, Pedestrian Safety Committee Co-Chair, Senior Action Network, personal communication, April 2011.

What can local governments do to improve seniors' access to transit systems?

Transit

Local governments can play an important role in helping seniors travel about their community and reach their destinations safely. However, public transit systems are typically designed to primarily serve inner cities, where only 20 percent of the elderly population reside, and have little reach into suburban areas.¹⁸⁷ This leaves the other 80 percent of the elderly population that lives in rural or suburban communities with unreliable public transportation options; a



Photo by Eldercare Locator, Courtesy of n4a, <http://www.n4a.org/>

troubling reality considering it is projected that 60 to 86 percent of the senior population intends to “age in place”.¹⁸⁸ Even in areas where transit operations are thriving, many seniors do not take advantage of it because they are accustomed to the independence of driving their own vehicle or are uneducated about the services that are available to them.¹⁸⁹

Local governments need to encourage seniors to use public transit, or find alternatives to traditional transportation options that will help seniors traverse the community safely. Local governments also need to find innovative ways to finance these programs that improve senior mobility, such as partnering with private and nonprofit organizations. Many government agencies are already working proactively to provide transportation services for the elderly. The following are some examples of these initiatives.

¹⁸⁷ National Highway Traffic Safety Administration & National Sheriffs' Association. *Turning the Corner... and Still Driving: A Review of Law Enforcement Programs Involving Older Driver Safety*.
<http://www.nhtsa.gov/people/injury/olddrive/TurnThecornerWeb/images/TurningtheCorner.pdf>

¹⁸⁸ Ibid.

¹⁸⁹ Nelson\Nygaard Consulting Associates. (September 2003). *Metropolitan Transportation Commission Senior Mobility Toolkit*.
http://www.mtc.ca.gov/library/oats/Senior_Mobility_Toolkit.pdf

City of Santa Rosa, Calif. – Seniors on the Go

"Seniors on the Go" is a program that the City of Santa Rosa, Calif., developed in order to market its bus system, CityBus, to seniors. The program offers a free ride on all CityBus routes to those over the age of 65 for one week every October. Members access the transit system by showing a "Seniors on the Go" pass. Since CityBus typically experiences low ridership between the morning and afternoon rush hours, the City came up with this initiative to encourage seniors to take buses during the midday off-peak period. In 2001, the first year of the campaign, elderly and disabled ridership was 60 percent higher than it was in the same week the prior year.¹⁹⁰

Eight years later, CityBus continues to sponsor its annual campaign. The initiative is popular among the city's senior population, and the city encourages participation by planning social events such as bingo and other games, and hosting a barbecue at the senior center. As a result, the program has seen its ridership grow each year. The only cost incurred by the city is approximately \$2,000 per year to produce "Seniors on the Go" passes.¹⁹¹

¹⁹⁰ Ibid.

¹⁹¹ Gibson, Julie, Program Manager, Santa Rosa Seniors on the Go, personal communication, April 2011.

City of Oakland, Calif., and City of San Carlos, Calif. – Local Shuttles and Circulator Programs

Many cities in California have come up with initiatives to complement regional transit services with local shuttle routes. By using smaller buses and vans on alternative routes, these shuttle services can connect seniors to more destinations than regional rail and bus services.

The West Oakland Senior Shuttle program is one of these initiatives, as it connects 14 senior centers to shopping centers, medical offices and other destinations. The Shuttle runs between 10:30 a.m. and 2:30 p.m., and operates four days a week. The program is primarily financed by the Hewlett Foundation and the City of Oakland's share of the countywide "Measure B sales tax" designated for seniors and ADA transportation programs.¹⁹²

The San Carlos Optimal Operational Transit (SCOOT) shuttle is operated by the City of San Carlos, and it provides on-demand transportation for seniors from their homes to downtown destinations such as senior centers and the library. SCOOT began as a pilot program, funded by a \$137,000 grant from the local congestion management agency and by a local sales tax designated for transportation.¹⁹³

¹⁹² Nelson\Nygaard Consulting Associates. (September 2003). *Metropolitan Transportation Commission Senior Mobility Toolkit*. http://www.mtc.ca.gov/library/oats/Senior_Mobility_Toolkit.pdf

¹⁹³ Ibid.

Riverside County, Calif. – Transportation Reimbursement and Information Project

Riverside County has worked to make “volunteer transportation” more appealing through its Transportation Reimbursement and Information Project (TRIP). TRIP is operated by the Partnership to Preserve Independent Living for Seniors and People With Disabilities and is based on the philosophy that individuals must take responsibility for the outcomes in their own lives. Therefore, older adults are expected to recruit and pay their own drivers, receiving a reimbursement from the County at a later date. Riders are coached by TRIP staff and can watch audio and video tapes on the proper way to ask friends and acquaintances for rides in exchange for a payment based on the Internal Revenue Service mileage reimbursement rate. Although seniors are encouraged to stipulate that they are not asking for charity, some drivers choose not to accept the payment. In these cases, drivers are encouraged instead to donate the ride fee to charity. The driving records of prospective drivers are checked through the California Department of Motor Vehicles, and each driver must carry auto insurance. However, excess liability insurance is provided by TRIP. This proactive approach to solving a senior’s own transportation needs helps prevent isolation and loneliness while forming new friendships and lifelong bonds.¹⁹⁴

Riverside’s TRIP budget is \$496,095 and covers 1.4 million service miles to 583 passengers by 700 volunteer drivers. The estimated budget for a first year startup TRIP program is \$42,925, assuming one full-time staff position, ancillary costs and 75 miles of service per month to 35 passengers.¹⁹⁵

¹⁹⁴ Ibid.

¹⁹⁵ Transportation Reimbursement and Information Project (TRIP). <http://www.triptrans.org/budgets.htm>

Walnut Creek, Calif. – Rossmoor Senior Community Shuttle Service

The senior community of Rossmoor in Walnut Creek, Calif., has developed a program to provide transit and paratransit services for its elderly residents. The community currently has over 10,000 residents with a variety of income levels, and it charges a homeowner fee that averages \$200 per month.¹⁹⁶ The shuttle service is one program that is funded through the homeowner fees, which allows the service to operate without charging a fare for each ride.¹⁹⁷ The program began with one bus, but has since expanded to a fleet of 11 mini-buses, with 12 drivers and a \$1 million budget.¹⁹⁸ Most of the buses are equipped with wheelchair lifts, and they operate on six interconnected routes.¹⁹⁹ The buses are color coded based on the destination they serve, and operate on flexible schedules.²⁰⁰ The buses run from 8 a.m. to 5 p.m., Monday through Saturday.²⁰¹ In addition, Rossmoor provides a “dial-a-bus” service that has extended hours from 6 a.m. to 10 p.m. and operates on Sunday.²⁰² Most destinations are to worship centers, recreational points of interest, and personal service facilities such as retail and medical centers. From these locations, residents can take the public bus system to other destinations that are not covered by the program.²⁰³

¹⁹⁶ Hansen, Gretchen, Property Manager, Rossmoor, personal communication, April 2011.

¹⁹⁷ Nelson\Nygaard Consulting Associates. (September 2003). *Metropolitan Transportation Commission Senior Mobility Toolkit*. http://www.mtc.ca.gov/library/oats/Senior_Mobility_Toolkit.pdf

¹⁹⁸ Hansen, Gretchen, Property Manager, Rossmoor, personal communication, April 2011.

¹⁹⁹ Nelson\Nygaard Consulting Associates. (September 2003). *Metropolitan Transportation Commission Senior Mobility Toolkit*. http://www.mtc.ca.gov/library/oats/Senior_Mobility_Toolkit.pdf

²⁰⁰ Rossmoor. <http://www.rossmoor.com>

²⁰¹ Nelson\Nygaard Consulting Associates. (September 2003). *Metropolitan Transportation Commission Senior Mobility Toolkit*. http://www.mtc.ca.gov/library/oats/Senior_Mobility_Toolkit.pdf

²⁰² Ibid.

²⁰³ Ibid.

Shelby Township, Mich., and the City of Utica, Mich. – Senior Bus Partnership

In Shelby Township, Mich., members of the Senior Center who are age 50 or older can purchase Suburban Mobility Authority for Regional Transportation (SMART) bus fare tickets for 50 cents each.²⁰⁴ In addition to fixed routes, the SMART bus system also offers curb-to-curb service options and programs within ¼ mile of the regular route.²⁰⁵ “SMART is supported by federal and state funding, local contributions through a transit property tax millage from opt-in communities and bus fares.”²⁰⁶ However, SMART isn’t the only transportation option for Senior Center members.²⁰⁷

Unlike its neighbor, the City of Utica does not have a community center, much less a senior center, for its residents’ recreational use. As such, Utica and Shelby formed a partnership that allows Utica residents the full offerings of Shelby’s Parks and Recreation Department without having to pay the higher non-resident fees. In exchange, Utica gives its SMART credits to Shelby to defray the cost of Shelby’s own local senior bus service managed by the community center.²⁰⁸ In fact, SMART similarly redistributes approximately \$6.5 million annually to 75 community-based transit programs through credits programs.²⁰⁹

The City of Utica encourages its senior residents to utilize the Shelby Parks and Recreation Department programs, which starts with the township’s bus service for seniors. To do so, many Utica seniors take the service in the morning in order to connect to the Senior Center and ultimately to SMART. Seniors only need to give notice for special pick up one day in advance. The center then has two afternoon bus trips specifically for the return. It is through this partnership that Utica seniors without transportation are able to take part in the Shelby Senior Center’s daily programs and activities, some which occur off-site, including trips to shopping centers, banks, and beauty salons and barber shops. Seniors also take advantage of SMART to reach doctors’ offices, three local area hospitals, and other necessary locations.²¹⁰

²⁰⁴ SMART. (2011). *City of Utica*. <http://www.smartbus.org/Smart/Ride+SMART/Services+by+Community/Utica.htm>

²⁰⁵ Ibid.

²⁰⁶ SMART. (2011). *About Smart*. <http://www.smartbus.org/Smart/News+and+Info/SMART+Facts/>

²⁰⁷ Program Director, Shelby Township Parks and Recreation, personal communication, April 15, 2011.

²⁰⁸ Ibid.

²⁰⁹ SMART. (2011). *About Smart*. <http://www.smartbus.org/Smart/News+and+Info/SMART+Facts/>

²¹⁰ Program Director, Shelby Township Parks and Recreation, personal communication, April 15, 2011.

Tax Policies

The choices that governments make when setting their tax policies have profound effects on the members of the community. Revenue is necessary to support the programs that the community demands of its government. However, high taxes can incense taxpayers and impair their personal finances. Tax breaks, intended to alleviate the tax burdens for some, tend to redistribute the tax burden in such a way that other groups pay more.

These factors are especially challenging in the face of an aging population. As the taxpaying population ages, tax breaks intended to benefit the older age bracket will become increasingly expensive, and they will result in the transfer of a larger tax liability to younger, shrinking, age groups. Meanwhile, the increased demand for senior services, coupled with the trends towards the elimination of federal support for such programs and the imposition of unfunded mandates from the federal and state governments on lower levels of government, will force state and local governments to find ways to increase revenue.

This section reviews some of the actions that have been taken by state and local governments in order to establish tax policies that help prepare for the aging of the population. Policies areas that are examined include measures that raise revenue specifically for senior services, those that aim to collect funds from the tax-exempt organizations that benefit from local services, and those that redistribute the tax burden by granting tax breaks to seniors.



What sources of funding for senior programs can be tapped to replace the diminishing support from federal grants?

Dedicated Funding

Federal grants are no longer a reliable means of funding senior services, as many of these grants may be on the chopping block as Congress works to contain the federal budget and reduce the national debt. As the flow of federal funding dries up, program costs will be shifted to state governments, which will in turn face similar pressure to pass costs on to localities. Meanwhile, local governments are facing a difficult revenue picture as property tax revenues have atrophied.

Even as federal and state support wanes, the cost of senior programs will escalate as the population that is served continues to expand. There will also be pressure to create new programs to serve this growing constituency, which will place additional financial strains on government budgets that are already overburdened. A reliable funding stream is necessary to support senior services, and to ensure that changes in federal policy do not leave state and local governments unable to serve this vulnerable population. For more than 40 years, a growing number of local communities have begun to explore ideas to fund traditional and innovative senior services, primarily relying on property taxes, but also state lotteries. In other instances, states have been partners, willing to match a portion of locally generated revenues.

"States are cutting or delaying aid to local governments in significant numbers, transferring costs from themselves to their cities, counties and K-12 schools. Some states are also passing laws that limit the local government's ability to raise taxes... The main revenue source for most local governments is property taxes. For many local governments, property value assessments lag changes in house prices. Because of this timing lag, the revenue impact of the sharp decline in U.S. housing prices is only being felt severely now by many local governments. Furthermore, we expect that the taxable value of housing will continue to decline through the fall of 2011 before starting to show modest improvement." Robert Kurtter, Testimony before the U.S. House Oversight Subcommittee on TARP, Financial Services and Bailouts of Public and Private Programs, March 15, 2011.

Pennsylvania

Pennsylvania enacted a state lottery in 1971, and is the only state to use lottery proceeds exclusively to fund senior services. Lottery funds are used to provide tax breaks to the elderly and to support a wide range of senior services. The lottery has generated over \$18.3 billion for senior programs since its inception, and currently provides approximately \$1 billion in annual funding.²¹¹

²¹¹ Payne, Michael and Applebaum, Robert. Local Funding of Senior Services: Good Policy or Just Good Politics? *Generations*, 32(3), 81-85.

What sources of funding for senior programs can be tapped to replace the diminishing support from federal grants?

West Virginia

The West Virginia lottery funds a variety of services, including education, libraries and tourism. However, \$59 million is devoted to senior services each year, with \$34 million of that amount used as a Medicaid state-match and \$24 million available for state run senior services.²¹²

Illinois

In the late 1990s, the General Assembly adopted legislation to permit counties to levy property taxes for senior services, provided it not exceed .25 mills, but leaving the choice of how to expend any such revenues to the individual counties.²¹³

Kansas

Of the state's 105 counties, 66 have property tax levies for senior services. Some of these levies leverage matching funds from the state's general revenue funded Senior Care Act. The combined funds have been used for case management and in-home services.²¹⁴

Louisiana

Senior service property tax levies have been enacted in 21 of the state's 44 counties, with the tax revenues dedicated to basic elder services such as meals and transportation.²¹⁵

Michigan

In Michigan, 59 out of 85 counties have senior service property tax levies which have raised over \$25 million per year. Much of the funding is used for basic services such as meals and transportation. However, some nontraditional services are also funded such as hearing and dental care, prescription drug coverage, and personal emergency response systems.²¹⁶

²¹² Ibid.

²¹³ Ibid.

²¹⁴ Ibid.

²¹⁵ Ibid.

²¹⁶ Ibid.

What sources of funding for senior programs can be tapped to replace the diminishing support from federal grants?

Missouri

In 1989, legislation was passed to allow Missouri counties to institute senior-service levies that would fund services targeted to those aged 60 and older. The legislation allowed funds to be spent on a broad array of services that improve quality of life, health and nutrition. In each county, a panel of seven individuals governs the disbursement of the funds.²¹⁷

Montana

Referenda in seven of Montana's 56 counties have initiated property tax levies that are devoted solely to senior services.²¹⁸

North Dakota

North Dakota provides a state match of two thirds of the county levy for senior services. Legislation places restrictions on how the localities must use the state matching funds, with some flexibility to allow the counties to define their own mix of services. Of the state's 51 counties, 53 employ property tax levies in order to take advantage of the state match.²¹⁹

Ohio

Ohio counties began adopting senior service property tax levies in the early 1980s, and their use had spread to 66 of the state's 88 counties by 2006. The counties use these revenues for core services, such as nutrition, transportation and long term care.²²⁰

²¹⁷ Ibid.

²¹⁸ Ibid.

²¹⁹ Ibid.

²²⁰ Ibid.

What sources of revenue can be used to fund senior services instead of the property tax?

User Fees and Charges

User fees and charges are levied by most local governments on specific goods, services or privileges. Because payment of user fees and charges is voluntary, they are similar to tolls. Fees are often authorized by local governments in order to recover the costs of providing such services as utilities, parks, recreational areas and classes, public transportation, and health services. Fees are also frequently imposed for professional and personal licenses, new construction, or erecting billboards. User fees and charges have become more prevalent in recent years, and now represent nearly 36 percent of local revenue for counties, cities and towns.²²¹

Local governments are attracted to user fees for many reasons. First, it forces those who demand services to support their costs, thus avoiding an increase in a broader tax levy such as the property tax. Second, fees tend to reduce the demand for a service and help to protect local control because they are less likely to be preempted by state governments. Finally, fees are a means by which local governments can collect revenues from nonprofit organizations and other tax exempt properties which take advantage of local services but are not subjected to property taxes.²²²

User fees and charges can be a significant source of funding for the provision of services to seniors. The public's general distaste for increases in property tax makes it difficult to increase the property tax levy in order to fund the rising demand for these services, and user fees and charges are often perceived as a fair alternative. However, localities will need to closely monitor the imposition of these fees to ensure that those who are most in need of these services are not hindered from receiving them due to financial limitations.

Fees can serve another important purpose through their tendency to reduce the demand for a service when they are imposed. Local governments can use this aspect of user fees to influence the behavior of its residents. Public safety and other critical services are often requested for minor situations that should not require government intervention. For example, 911 dispatch, police and fire services are often utilized for non-emergency situations, particularly by the elderly. In some jurisdictions, for instance, non-emergency 911 calls are purported to represent 40 to 50



²²¹ Edwards, Mary. (2006). *State and Local Revenues Beyond the Property Tax*. Lincoln Institute of Land Policy.
<http://www.lincolninst.edu/subcenters/teaching-fiscal-dimensions-of-planning/materials/edwards-revenue.pdf>

²²² Ibid.

What sources of revenue can be used to fund senior services instead of the property tax?

percent of the monthly call volume.²²³ By imposing fees, residents can be dissuaded from using these services when they do not truly require them, thereby improving the availability of staff to serve those cases where a real need exists.

City of Roanoke, Va. – Emergency Medical Service Fees

In 1999, the City of Roanoke, Va. faced increasing calls for emergency medical services (EMS) while its volunteer organization dwindled. Elderly facilities, low income housing, and assisted living facilities were the primary drivers of the 5 to 7 percent annual increase in call volume. It was no surprise that so much of the escalating cost came from serving seniors, as the city had extensively marketed itself as a retirement destination that was capable of meeting the health care needs of its older residents.²²⁴

The city manager formed an advisory board that was tasked with investigating new ways to fund the city's ambulance services. The board determined that EMS fees were an attractive option that had already been employed successfully in numerous other jurisdictions. Many health insurers already covered emergency medical services, and therefore the majority of the fees would be paid by insurance companies. In fact, it was estimated that residents would only end up paying between 2 and 5 percent of the fees out of pocket. To avoid placing an undue burden on anyone who lacked the means to pay the fee, a soft billing philosophy could be used which would allow the department to write off unpaid bills without referring them to a collection agent.²²⁵

Many jurisdictions impose EMS fees, and have been able to use them to recoup as much as 70 to 90 percent of the cost of providing the service.²²⁶ The City of Roanoke currently has fees which range from \$175 to \$300 for Basic Life Support, and from \$210 to \$550 for Advanced Life Support.²²⁷ EMS fees are just one example of an innovative implementation of user fees and charges. Other areas may also be suited to the use of fees, and may similarly carry the advantage of shifting the costs of services onto third parties such as insurance companies.

²²³ Sampson, Rana. *Misuse and Abuse of 911*. U.S. Department of Justice, Office of Community Oriented Policing Services. http://www.popcenter.org/problems/PDFs/Misuse_and_Abuse_of_911.pdf

²²⁴ Hoback, David. (August 2000). *Development of a User Fee to Support the Growing Demand for Emergency Medical Services in the City of Roanoke, Advanced Leadership Issues in Emergency Medical Services*. <http://www.usfa.dhs.gov/pdf/efop/efo25030.pdf>

²²⁵ Ibid.

²²⁶ Ibid.

²²⁷ City of Roanoke, Va. *Roanoke Fee Compendium*. <http://www.roanokeva.gov/DeptApps/FeeComp.nsf/DocsOnWeb?OpenForm>

Payments in Lieu of Taxes

Many of the hospitals, churches, retirement homes, fitness centers and other organizations that provide services to seniors are nonprofits, and enjoy tax-exempt status. Despite being tax-exempt, the presence of these organizations places an additional load on government services and infrastructure, which represents a cost to the government. As the senior population expands, the number of tax-exempt organizations serving them will grow as well. This will remove more property from the tax rolls, increasing the costs of governance while depleting the tax base. Some jurisdictions are already facing high losses of taxable value due to the presence of tax-exempt entities, such as Philadelphia, which has 10.8 percent of its property value owned by nonprofit tax-exempts.²²⁸ This can be compounded further by the presence of property held by the state or federal government, which similarly may be exempt from local taxation.



Payments in lieu of taxes (PILOTs) are an alternative which can aid those jurisdictions that face large losses of taxable property value due to tax-exempts. PILOTs are agreements between governments and nonprofit organizations that result in a voluntary payment to the government. These agreements can take many forms, spanning multiple years or consisting of a single payment. The payments can be put towards general government operations, or directed to specific projects or programs. Agreements on PILOTs are often best achieved through a cooperative approach in which both the government and the nonprofit recognize that the nonprofit consumes government services but also contributes to the local community.²²⁹

While there has been no effort to fully track the frequency with which PILOTs have been implemented, they have been used in recent years in at least 117 municipalities, spanning at least 18 states.²³⁰ Their use is most prevalent in the northeast, and their use appears to be growing.²³¹ As the number of nonprofit organizations grows to serve the expanding senior population, PILOTs will become increasingly important revenue generating tools for local governments. Several jurisdictions have recently had significant initiatives related to PILOTs.

²²⁸ Kenyon, Daphne and Langley, Adam. (April 2011). *The Municipal Fiscal Crisis and Payments in Lieu of Taxes by Nonprofits*. Lincoln Institute of Land Policy. https://www.lincolnst.edu/pubs/dl/1898_1212_LLA110403.pdf

²²⁹ Ibid.

²³⁰ Ibid.

²³¹ Ibid.

How can local governments generate revenue from property owned by nonprofits and other tax-exempt organizations?

Baltimore, Md. – PILOTs for Hospitals and Universities

The City of Baltimore, Md., developed an arrangement with hospitals and universities in June, 2010, that will provide \$20 million in funding to the city over six years. In order to secure the payment, the city conceded to stop considering the implementation of a fee on dorm and hospital beds.²³²

Boston, Mass. – A Coherent Strategy for PILOTs

The use of PILOTs is exceptionally common in Massachusetts, and Boston is among the 82 Massachusetts municipalities that have implemented them. However, the city's implementation has not always been equitable. For example, in 2009, Boston University agreed to a PILOT that was 8.53 percent of what it would have paid in property taxes if it were taxable, while Northeastern University paid 0.08 percent of what it would have paid. In order to achieve greater uniformity in its PILOTs program, guidelines were established that set a target PILOT of 25 percent of what each organization would have paid if it were taxable, and the minimum property valuation for a nonprofit to be included in the program was set to \$15 million.²³³

New Orleans, La. – Revisiting the Breadth of Tax-Exempt Status

Louisiana provides tax-exempt status to a far broader range of properties than most other states, including such entities as labor unions and trade associations. In order to broaden its tax base, New Orleans has established a Tax Fairness Commission which has been charged with examining ways to reduce the number of properties that fall under the nonprofit tax exemption.²³⁴

²³² Ibid.

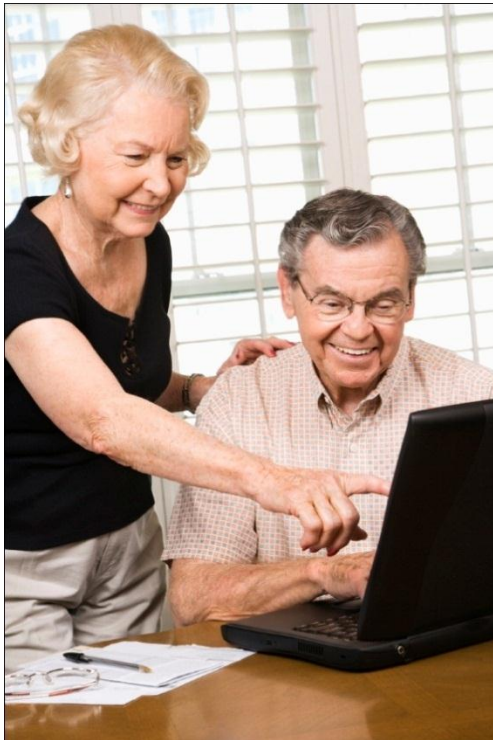
²³³ Ibid.

²³⁴ Ibid.

How can local governments reduce the tax burdens of seniors without significantly depleting revenues?

Tax Breaks

The property tax is the single most important revenue source for most local governments, and is the backbone for the provision of public education and other local services. The property tax affects all residents, either directly as homeowners or indirectly as landlords pass them on to renters in the form of higher rents. However, the property tax is often thought to be regressive, having a disproportionate impact on low income residents as well as seniors, because of the tenuous relationship between taxable property value and income. This relationship varies widely, with property taxes representing less than 2.5 percent of income for nearly half of U.S. households, but requiring more than 20 percent of income for 4 percent of households.²³⁵ Measures have been enacted by 43 states and the District of Columbia that reduce property taxes by capping assessments, millage rates, or overall revenues.²³⁶



Many tax policies that reduce property tax burdens do so by shifting them from one demographic group to another, and seniors are often the beneficiaries of these tax breaks. When these policies are targeted to the elderly, they shift tax burdens to younger generations which may also be unable to afford the levy. The highest incidence of home ownership is between the ages of 65 and 74, with 82 percent of individuals in this age cohort owning their own residence.²³⁷ Therefore, tax policies that favor the elderly can have significant revenue implications, potentially draining the coffers of funds that are needed in order to provide the services that seniors in the community require.²³⁸

While policies that reduce tax burdens have great political value, care must be taken that the policies enacted are properly targeted to the individuals that need the relief. Broad-based measures have a general appeal, but can actually serve to redirect the burden onto those who can least afford it. Measures that benefit a narrow group that are defined by a criteria other than ability to pay can also have unintended consequences. As an

²³⁵ Bowman, John; Kenyon, Daphne; Langley, Adam and Paquin, Bethany. (2009). *Property Tax Circuit Breakers*. Lincoln Institute of Land Policy.

https://www.lincolnst.edu/pubs/dl/1569_838_Property%20Tax%20Circuit%20Breakers%20Final.pdf

²³⁶ AARP. *The Policy Book: AARP Public Policies 2007*. http://assets.aarp.org/www.aarp.org/articles/legpolicy/2_tax07.pdf

²³⁷ Boldt, Rebecca; Caruth, Bradley and Reschovsky, Andrew. (2010). Lincoln Institute of Land Policy. https://www.lincolnst.edu/pubs/dl/1807_1036_Reschovsky%20Final.pdf

²³⁸ Ibid.

How can local governments reduce the tax burdens of seniors without significantly depleting revenues?

example, relief that is solely age based to benefit seniors will confer tax relief to rich and poor seniors alike, and such a tax expenditure must be paid by the other taxpayers in the jurisdiction.

One common justification given to support the passage of tax relief measures for the elderly is the idea that seniors are likely to flee a jurisdiction if faced with increasing property taxes. However, there has been little research to prove whether this is true, and an analysis by the Lincoln Land Institute which examined a dataset of Wisconsin homeowners found that, for those under the age of 80, increases in property taxes had almost no bearing on the decision to move out of a locality. The influence of property taxes on the decision to move increased for those over 80, but only marginally. According to the study, it is “estimate[d] that in 2005, only 1 in 600 Wisconsin homeowners over the age of 79 moved because their property taxes grew at an above-median rate”.²³⁹

In this section, the common types of property tax breaks are reviewed. These common means of reducing tax burdens have been implemented across the country. Some innovative examples are also given, which show creative ways in which tax expenditures can be targeted more effectively.

Homestead Exemptions

Homestead exemptions are present in 39 of the states as well as the District of Columbia, and they typically provide a credit to all households, without any age or income criteria required to qualify. Only 16 of the states that have homestead exemptions provide limitations that prevent high income households from qualifying. While these exemptions promote the goal of increased homeownership, they do not benefit renters who tend to be lower income households. They also reduce the property tax base, and therefore reduce local government revenue, while also being less targeted than other tax reduction measures.²⁴⁰

²³⁹ Ibid.

²⁴⁰ AARP. *The Policy Book: AARP Public Policies 2007*. http://assets.aarp.org/www.aarp.org/articles/legpolicy/2_tax07.pdf

How can local governments reduce the tax burdens of seniors without significantly depleting revenues?

Circuit Breakers

Circuit breakers tend to be more targeted measures than homestead exemptions. They can take many forms, but typically reduce a homeowner's property tax bill based on an income threshold.²⁴¹ This causes tax relief to diminish as household income increases, which can significantly improve the equity of the property tax.²⁴² Currently, circuit breaker provisions are present in 34 states and the District of Columbia, and seven of these measures limit the relief to seniors.²⁴³

Single threshold circuit breakers have a single limit on property taxes as a percentage of income, and are used in states such as Massachusetts, which limits property taxes to ten percent of income, and West Virginia, which caps them at four percent. Many states, such as Maryland, use multiple threshold circuit breakers, which benefit all taxpayers by limiting the amount of property tax for each incremental dollar range. Sliding scale circuit breakers, which create multiple income brackets and provide the same percentage relief within each bracket, are also common among the states.²⁴⁴

Property Tax Deferrals

Property tax deferrals allow payment of property taxes to be postponed until the occurrence of some later event, such as the sale of the home or the death of the homeowner, at which point the taxes are repaid from the proceeds of the sale or the value of the estate. Deferrals are available in 25 states and the District of Columbia.²⁴⁵

²⁴¹ Ibid.

²⁴² Bowman, John; Kenyon, Daphne; Langley, Adam and Paquin, Bethany. (2009). *Property Tax Circuit Breakers*. Lincoln Institute of Land Policy.

https://www.lincolnst.edu/pubs/dl/1569_838_Property%20Tax%20Circuit%20Breakers%20Final.pdf

²⁴³ AARP. *The Policy Book: AARP Public Policies 2007*. http://assets.aarp.org/www.aarp.org/articles/legpolicy/2_tax07.pdf

²⁴⁴ Bowman, John; Kenyon, Daphne; Langley, Adam and Paquin, Bethany. (2009). *Property Tax Circuit Breakers*. Lincoln Institute of Land Policy.

https://www.lincolnst.edu/pubs/dl/1569_838_Property%20Tax%20Circuit%20Breakers%20Final.pdf

²⁴⁵ Ibid.

Massachusetts – Senior Citizen Property Tax Work-Off Abatement

The Massachusetts Senior Citizen Property Tax Work-Off Abatement gives seniors the opportunity to earn a credit of up to \$750 toward their property tax bill by volunteering to work for their local government. The state's enabling legislation provides guidelines under which each locality can establish their own program. The law mandates that the credit be earned at an hourly rate that cannot exceed the state's minimum wage and cannot be below the federal minimum wage. The credit that is earned is exempt from state taxation, but the abatement is taxable by the federal government. Within the parameters set up by state law, localities may set up limits on the number of volunteers that can be permitted to enter the program, income limits for participants, the hourly rate at which the credit is earned, and the types of work that may be performed by volunteers.²⁴⁶

For an example of a local government implementation of this program, please turn to the Community Engagement section of this guide which details the Senior Citizen Tax Credit Program of the Town of Plymouth, Mass. Also in the same section is a description of a similar program, the Senior Tax Exchange Program of the St. Croix Falls School District in Wisconsin.

²⁴⁶ Property Tax Bureau. (September 2002). *Senior Citizen Property tax Work-Off Abatement*. http://www.mass.gov/Ador/docs/dls/publ/igr/2002/02_210.pdf

As the baby boomers of the government workforce continue to age and ready themselves for retirement, local jurisdictions must find ways to garner their knowledge and prepare for this large scale turnover. “According to recent Census data, 45.3 percent of the civilian labor force is between 40 and 61 years of age. However, the proportion of the workers the same age in the public sector is substantially greater. Among federal workers, 64.1 percent of the workforce is within this age group, while 54.3 percent of those in the state government workforce and 57.2 percent of the local government workforce are within this group.”²⁴⁷ Not only will governments need to find ways to attract and retain younger workers but they must also harness the skills of the older adult. Many organizations utilize flexible work arrangements, retention bonuses, job sharing, new skills training and volunteerism to attract and retain seniors.



Photo by Eldercare Locator, Courtesy of n4a, <http://www.n4a.org/>

In addition, employee benefits are a key consideration for local governments and their employees. With the advancements in medicine available today, people are living longer, resulting in escalating healthcare and pension costs for employers. The defined benefit pension plan and employer paid or subsidized post-retirement healthcare were once the normative employee benefit for state and local governments, often offered to attract highly skilled, competent employees to lower paying public sector jobs. However, as healthcare costs rise and life expectancies increase, these lucrative benefits become unsustainable, forcing state and local governments to look at other options, such as defined contribution and hybrid pension plans.

This section focuses on innovative strategies that state and local governments have implemented to retain the skill sets of older adults and to curtail employee pension and other post-retirement benefit costs.

²⁴⁷ Greenfield, Stuart. *Public Sector Employment: The Current Situation*. Center for State & Local Government Excellence. http://icma.org/en/icma/knowledge_network/documents/kn/Document/5046/Public_Sector_Employment_The_Current_Situation

What actions can state and local governments take to manage their growing pension obligations?

Public Employee Pension Systems

Most local governments offer retirement and retiree health care benefits as part of an effort to be competitive in the job marketplace. The most recent census data demonstrates that Americans will live much longer than was projected just a decade ago. Furthermore, most state and local governments will have fewer young taxpayers to finance these promised benefits. Therefore, it is



important for each local government to carefully review its retirement policies and fully disclose its pension and other post-employment benefit obligations in order to protect its credit rating. Meanwhile, jurisdictions must recognize that, on average, 90 percent of their employees will retire in their locality. These considerations should lead to important policy discussions about the responsibility of the locality in the provision of employee retirement benefits.

“Public employees live in every city and county in the nation. More than 90 percent retire in the same jurisdiction where they worked. The over \$175 billion in annual benefit distributions from pension trusts are a critical source of economic stimulus to communities throughout the nation, and act as an economic stabilizer in difficult financial times. Recent studies have documented public retirement system pension distributions annually generate over \$29 billion in federal tax revenue, more than \$21 billion in annual state and local government tax revenue, and a total economic impact of more than \$358 billion.”²⁴⁸ Collectively, state and local pension plans hold over \$3 trillion in assets, according to the 2007 U.S. Census *Survey of Public Employee Retirement Systems*.²⁴⁹ However, the perfect storm of a tumbling stock market, all time low interest rates, and reduced or suspended pension contributions by state and local governments has led to a scrutiny of the health of public employee pension plans nationwide.

Most public employee pension plans operate under a defined benefit (DB) model whereby state and local governments and their employees contribute varying amounts into an aggregated

²⁴⁸ International City/County Management Association (ICMA). *Facts You Should Know – State and Local Bankruptcy, Municipal Bonds, State and Local Pensions*. http://transformgov.org/en/knowledge_network/documents/kn/Document/302451/Facts_You_Should_Know

²⁴⁹ U.S. Census Bureau. (2007). *Survey of Public Employee Retirement Systems*. <http://www.census.gov/govs/retire/2007ret01.html>

What actions can state and local governments take to manage their growing pension obligations?

pool on a pre-funded basis in exchange for a promised benefit of either an exact dollar amount or, more commonly, through a benefit formula that considers salary and length of service. Contributions are made over the course of an employee's career. Advantages of the DB model include a lifetime income, secured money for retirement, broad-based coverage, and spousal protections.²⁵⁰ "They [DB's] protect employees from the risk of outliving their savings or suffering from poor investment performance and they also force people to save for retirement even if that is not their natural impulse. In addition, they gain from the very substantial tax advantage that employees are not taxed until they begin receiving the benefits, allowing the initial contributions to build up tax-deferred"²⁵¹.



The defined contribution (DC) or 401(k) model, on the other hand, does not guarantee a specified payout upon retirement and places all of the investment risk on the employee. Contributions to the plan may be made by the employee and/or the employer and are usually made at a predetermined rate. Furthermore, fluctuations in the financial markets at the time of retirement can drastically impact the value of an individual's retirement

account. A key difference between DB and DC plans is the significantly increased chance that a DC employee will be far less likely to support his or her own retirement, potentially imposing a future fiscal and moral liability on the local government. This is why critics of the DC model contend this type of plan does not provide enough security upon retirement. Furthermore, recent research shows that DB plans are more economically efficient than DC plans. In order to provide the same level of retirement benefits, a DB plan can typically perform at almost half the cost of a DC plan²⁵².

The pension publicity turmoil, coupled with the challenges state and local governments face in responding to accounting standards that require disclosure of their promised post-employment

²⁵⁰ National Institute on Retirement Security (NIRS). (2009). *Pensionomics: Measuring the Economic Impact of State and Local Retirement Plans*. <http://www.nirsonline.org/storage/nirs/documents/Pensionomics%20Report.pdf>

²⁵¹ Elliot, Douglas J. (2010). *State and Local Pension Funding Deficits: A Primer*. The Brookings Institute. http://www.brookings.edu/~media/Files/rc/reports/2010/1206_state_local_funding_elliott/1206_state_local_funding_elliott.pdf

²⁵² Almeida, Beth & Forna, William. (2009). *Journal of Pension Benefits*. "A Better Bang for the Buck: The Economic Efficiencies of Defined Benefit Pension Plans". http://www.nirsonline.org/storage/nirs/documents/journal_article_on_bang_for_buck.pdf

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benefits which far exceed the pension related underfunding²⁵³, has forced public sector entities into an era of pension reform. The Center for State & Local Government Excellence has developed an interactive map that shows public sector entities that have changed or modified their pension plan in the past decade. This mapping tool serves as both a resource for best practices and pitfalls to avoid. The mapping tool can be accessed at: http://icma.org/en/Article/100879/New_Interactive_Map_Shows_Pension_Reforms?pub=104&issue.

Gaining in popularity are hybrid retirement plans that contain characteristics of both DB and DC plans. Hybrid plans include DB with DC features; DC with DB features, cash balance and pension equity plans. Each of these has advantages and disadvantages, and each offers a different distribution of risk as shown below²⁵⁴:

Plan Feature	DB	DC	Cash Balance	Pension Equity	DB with DC	DC with DB
Funding Source	Employer and employee	Employee* (possible employer contribution)	Employer and employee	Employer and employee	Employer and employee	Employee* (possible employer contribution)
Portable to new employer	No	Yes	Yes	Yes	Some	Yes
Responsibility for investment risk	Employer	Employee	Employer (until separation)	Employer (until separation)	Employer and employee	Employee and annuity provider
Rate of return for employee during service	Guaranteed for employee contributions	Variable	Guaranteed for employee contributions	Guaranteed for employee contributions	Mixed	Variable
Accrual of benefits	Back loaded, toward end of career	Front loaded, toward start of career	Even	Even	Part even and part back loaded, toward end of career	Front loaded, toward start of career
Potential to outlive funds	No	Yes, unless annuity purchased	No, if annuity selected	No, if annuity selected	No, if service requirement met	No, if annuity purchased

Source: Center for State & Local Government Excellence. *What Are Hybrid Retirement Plans: A Quick Reference Guide*. (2011). <http://www.slge.org/vertical/Sites/%7BA260E1DF-5AEE-459D-84C4-876EFE1E4032%7D/uploads/%7BFC7FAD34-A28A-4443-9865-0D611C25C13E%7D.PDF>

“Since the 2000–2001 recession, at least 30 states have made changes to their pension plans. According to the National Conference of State Legislatures, more state legislatures have made changes in 2010 than in any other year. The most common changes have been to increase

²⁵³ Center for State and Local Government Excellence. (2007). *Issue Brief: State and Local Pensions Are Different From Private Plans*. <http://www.slge.org/vertical/Sites/%7BA260E1DF-5AEE-459D-84C4-876EFE1E4032%7D/uploads/%7BA1C7971A-7B76-4B4A-B55F-BF5317B47A52%7D.PDF>

²⁵⁴ Center for State & Local Government Excellence. (2011). *What Are Hybrid Retirement Plans: A Quick Reference Guide*. <http://www.slge.org/vertical/Sites/%7BA260E1DF-5AEE-459D-84C4-876EFE1E4032%7D/uploads/%7BFC7FAD34-A28A-4443-9865-0D611C25C13E%7D.PDF>

What actions can state and local governments take to manage their growing pension obligations?

employee contributions to pensions or to establish different tiers of benefits for newly hired employees. New hires might have higher vesting requirements, longer service requirements, a later retirement age, and/or a lower pension. There also are more restrictions on retired public workers returning to covered service while continuing to receive their retirement benefit”²⁵⁵.

The Government Finance Officers Association (GFOA) issued an advisory for state and local governments in 2010 that highlights retirement plan design features and best practices that work. The following practices are recommended to avoid financial management loss exposure:

- Make required contribution annually and refrain from granting pension “holidays”;
- Avoid the inclusion of extraordinary income items in pension calculation formulas;
- Establish sustainable full-retirement ages;
- Avoid retroactive benefit increases;
- Use caution when considering Deferred Retirement Option Plans (DROPs);
- Avoid granting ad-hoc cost-of-living allowances for existing retirees;
- Instill realistic investment assumptions;
- Require employee contributions; and
- Avoid prior service credits unless calculated at full actuarial cost and reviewed regularly.²⁵⁶

Two key indicators for evaluating the viability of a public employee pension plan are the public employer’s history of making its Annual Required Contribution (ARC) payments and the history of the ARC as a percentage of payroll. Research suggests failure to fully contribute the ARC on an annual basis and a long-term upward trend in the ARC as a percentage of payroll can be a red flag to both a plan sponsor and a participant.²⁵⁷ On average, the ARC payment is about 11 percent of covered payroll.²⁵⁸ Another important indicator to pay close attention to is the plan’s funding status. Nationwide, many plans have slipped below an 80 percent funding level due to

²⁵⁵ Center for State and Local Government Excellence. (2011). *State & Local Pensions: An Overview of Funding Issues and Challenges*. http://transformgov.org/en/knowledge_network/documents/kn/Document/302480/State_Local_Pensions_An_Overview_of_Funding_Issues_and_Challenges

²⁵⁶ Government Finance Officers Association (GFOA). (2010). *Responsible Management and Design Practices for Defined Benefit Pension Plans*. http://www.gfoa.org/index.php?option=com_content&task=view&id=1665

²⁵⁷ Center for State and Local Government Excellence. (2011). *State & Local Pensions: An Overview of Funding Issues and Challenges* http://transformgov.org/en/knowledge_network/documents/kn/Document/302480/State_Local_Pensions_An_Overview_of_Funding_Issues_and_Challenges

²⁵⁸ Ibid.

What actions can state and local governments take to manage their growing pension obligations?

the economic volatility of the times. However, many large and small plans have slipped to a poorly-funded status due to unsound financial management practices.²⁵⁹ For example, the Pew Center estimates that, in fiscal year 2008, only one-third of states were consistently contributing 90 percent or more of their ARC.²⁶⁰ This practice, known as a “pension holiday” in most circuits, equates to simple fiscal irresponsibility. Unfortunately, only a few states, like New York and Arizona, have statutory requirements that force them to make a full pension contribution in any given year.²⁶¹

The following are two examples of hybrid pension plan implementations in the public sector.

Georgia – Hybrid Retirement Plan

In 2009, the State of Georgia began to offer a hybrid retirement plan to its new employees. Features of the plan include a DB and a DC 401(k) option. New employees are auto-enrolled in the DC portion of the plan upon hire at an automatic contribution rate of 1 percent of their salary. The State matches 100 percent of the first 1 percent employee contribution and 50 percent of employee contributions to a maximum of 5 percent. Normal retirement age is 60 with 10 years of creditable service or any age with 30 years of creditable service. After 10 years of service, employees become eligible for the DB portion of the plan. Employees are required to contribute 1.25 percent of their salary in exchange for monthly payments equal to 1 percent times the number of years of service times the average 24 highest consecutive months of salary upon retirement.²⁶²

²⁵⁹ Ibid.

²⁶⁰ Behunek, Sara. (2010). *CNNMoney.com*. “State Pension Plans in Crisis: Underfunded by \$1 Trillion?” http://money.cnn.com/2010/06/16/news/economy/pension_fund_crisis.fortune/index.htm

²⁶¹ Ibid.

²⁶² Employees Retirement System of Georgia (ERSG). (2009). *Plan Handbook*. www.ers.ga.gov.

Oregon – Public Employees Retirement System

Pre-reform participants of Oregon's Public Employees Retirement System (PERS) DB plan enjoyed a 1.67 percent multiplier formula benefit with an employee's 6 percent contribution invested in an account with a guaranteed 8 percent minimum return. This meant when Oregon PERS was earning less than 8 percent, the employee still had an 8 percent earnings credited to their account. Like many state and local governments today, Oregon's PERS was facing unsustainable pension costs and was in dire funding status given its generous DB plan design. In 2003, Oregon passed legislation that switched new employees to a hybrid plan - a DB plan with an individual account component. Under this new plan, the multiplier was reduced to a modest 1.5 percent and the employee's 6 percent contribution received no earnings guarantee or employer match. Current participants were impacted by Oregon's reform changes as well. Mainly, current participant contributions were redirected to the individual account program and restrictions were placed on crediting earnings of more than 8 percent. Finally, actuarial tables were updated for the first time since 1970. Now, actuarial tables are updated every two years. Overall, these changes to Oregon PERS "greatly slowed the growth of future liabilities" and by the end of calendar 2005, the plan was 104 percent funded.²⁶³

²⁶³ Oregon Public Employees Retirement System (PERS). *The Oregon Trail*.
http://www.oregon.gov/PERS/docs/general_information/oregon_trail_article.pdf

Retiree Health

When public employees retire, they remain a part of the community and a responsibility of the government that previously employed them. Health care is a significant cost for retirees, and many governments provide health care benefits to support their employees in retirement but take on a heavy financial burden in doing so. When governments shoulder the majority of retiree health care costs, they also take on the majority of the risk of rising insurance premiums. Changes in accounting practice brought about by Government Accounting Standards Board (GASB) Statement No. 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*, require that employers show the full liability of retiree health benefits at the time that they are accrued. Funding these large liabilities has placed a strain on government finances, prompting efforts to contain these unfunded accrued liabilities.



Some governments have responded by completely eliminating their retiree health benefits, effectively wiping out their unfunded liabilities. While this may help government finances in the short term, it will impact the budget in other ways. When retirees are overwhelmed by healthcare costs, they will turn to government safety net programs as a last resort. Local governments are the bedrock of human services that must care for those that fall through the cracks, and it will be their support programs that retirees turn to when they need help. This will increase the costs of social services in the jurisdiction, mitigating the potential savings from the elimination of retiree health plans. Alternative strategies are available which will allow governments to reduce their Other Post-Employment Benefits (OPEB) liabilities while treating their retirees with dignity. Several governments have taken action to contain OPEB costs without completely eliminating support for their former employees.

Gwinnett County, Ga. – Reforming Retiree Health for All Employees and Retirees

Facing a total OPEB unfunded actuarial accrued liability of \$328 million which required annual contributions equaling 17.05 percent of payroll, Gwinnett County made sweeping changes to its retiree health program that went into effect in 2007. The county had previously paid approximately 85 percent of retiree health premiums, with the retiree paying the remaining 15 percent. The county considered multiple different scenarios to adjust its contribution rate and the vesting period required to qualify for a retiree health benefit.

The design that was eventually adopted changed the county's contribution from a percentage of the total premium to a set dollar amount and allowed the county to consider a five percent increase in its contribution rate every five years, though it was under no obligation to do so. New hires were also required to serve the county for a minimum of ten years before they became eligible for a retiree health benefit. The changes affected retirees, current employees, and future employees equally. However, the new county contribution was set to an initial dollar amount similar to the level of the existing percentage subsidy, which mitigated the initial impact on retirees. As health care premiums increase over time, retirees will gradually pay a greater proportion of their total premium while the county contribution escalates at a predictable rate. The new plan had the immediate impact of reducing the county's unfunded OPEB liability by \$192 million, or 58 percent, to \$140 million. The county's annual OPEB cost was immediately reduced to 6.6 percent of payroll, and is expected to decrease to 5.3 percent of payroll by 2016.²⁶⁴

²⁶⁴ Government Finance Officers Association. *Gwinnet County, GA OPEB Funding and Eligibility Control Project*. http://www.gfoa.org/downloads/OPEB1_Pickens.pdf

Pennsylvania – Phasing in Retiree Health Reforms for Newer Retirees

Pennsylvania had long covered the majority of health care costs for retirees, with the retiree paying a smaller member share. This exposed the state to a large burden with constantly increasing costs. The state changed the program to shift more of the financial burden to employees without removing the benefit altogether by requiring the retiree to contribute a percentage of their final base salary to help pay for the health care premium. The changes were implemented in three phases so that those employees who were closest to retirement would be impacted less than those who had several years to plan for their retirement. Those closest to retirement would contribute one percent of their final base salary, and the contribution rate increased to three percent for employees who were further from retirement. Retirees must have at least twenty years of service in order to qualify for the state to pay the majority of their health care premium or the state's premium assistance is capped at \$5.²⁶⁵

Anaheim, Calif. – Defined Contribution Model for OPEB

The City of Anaheim has instituted a defined contribution model to reduce its OPEB liabilities. Retirement Health Savings Plans allow the employer to make contributions to individual accounts for employees, who can then use the benefits in their retirement to pay for eligible medical expenses such as health insurance premiums. Any remaining balances in the account are also available to the employee's surviving spouse or dependents.²⁶⁶

²⁶⁵ Pennsylvania State Government. *REHP Eligibility and Premium Assistance*.
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596141&mode=2>

²⁶⁶ City of Anaheim, Calif. *Employee Benefits Guide 2011*. <http://www.anaheim.net/images/section/121/2011BenefitsGuide.pdf>

How can state and local governments cope with the aging of the labor pool?

Labor Pool

The number of workers over the age of 55 will increase by 36.5 percent by 2016.²⁶⁷ As the population ages, employers will face a shrinking labor pool while also losing the institutional knowledge of their senior employees. State and local governments will face this challenge both as employers, managing their own internal talent pools, and as their respective jurisdictions' governing bodies, responsible for helping local employers attract the required mix of employees to maintain a vibrant local economy. While the workforce ages and shrinks, the demand for government services is likely to increase due to the growing senior community. This will only compound the difficulties that governments will face in maintaining adequate service levels.

This challenge also presents a great opportunity for governments to engage their aging workforce, and find ways to tailor the work environment to meet the needs of their most experienced employees. Many jurisdictions have implemented innovative programs to take advantage of the impending demographic shift, creating opportunities for seniors to remain employed and engaged by altering work requirements or enhancing training efforts.



Photo by Eldercare Locator, Courtesy of n4a, <http://www.n4a.org/>

²⁶⁷ Workforce Development Council of Seattle-King County. *Older workers to benefit from new job training grant.* <http://www.seakingwdc.org/pdf/09-10-press-releases/Older%20worker%20grant%208-09.pdf>

Hennepin County, Minn. – Results-Only Work Environment

Hennepin County, Minn., has instituted a Results Only Work Environment program to allow workers to decide when and where they work, so long as they get the work done. The county has replaced desktop computers with laptops, and is providing workers with the flexibility to work from home whenever possible. Coworkers can coordinate to cover each other's responsibilities within the office, and meetings can be held outside of the office, out in the community. The jurisdiction hopes to use the program to reduce the amount of office space that it must lease, as workers who have little need to work at government facilities on a routine basis are encouraged to work from home or may use a common workspace when they are required to be in the office. Workers benefit greatly from the added flexibility, especially when they are also a caregiver for a family member. This arrangement allows employees who are caregivers to be available throughout the day if they are needed while still working a full day. Performance measures are used to ensure that employees are focused on achieving results, regardless of the location at which they choose to work. Also, employees are still required to work their full number of scheduled hours, though they may choose to work them when it suits them best. In designing the program, officials negotiated with government employee unions to reach an agreement that shift differential or other forms of additional pay would not be awarded to employees based on the employee's decision to work at night, on weekends, or on holidays when they are not otherwise required to do so.²⁶⁸

²⁶⁸ Kerrigan, Heather. (February 10, 2010). *Hennepin County's ROWE Results*. Governing. <http://www.governing.com/topics/public-workforce/Hennepin-County-ROWE.html>

Hertfordshire County, England – Flexible Work Environment

Recognizing the need to retain older workers, Hertfordshire County has implemented numerous measures to provide a flexible environment that is more receptive to its aging workforce and considers the workforce profile as part of its workforce planning process. The county has removed its mandatory retirement age and created a Flexible Working Policy to allow older workers to stay on the job longer and work the hours that best suit their lifestyle. Financial accommodations include adding a comprehensive voluntary benefits package and offering independent financial advisers. An Employees Assistance Programme provides a range of services from wedding planning to retirement counseling. The county has also created an internal support network for those with caring responsibilities. The program has helped the county reduce recruitment costs by lowering its turnover rate and retain key knowledge and skills within the organization.²⁶⁹

Prince William County, Va., Public Schools – Retirement Opportunity Program

The Prince William County Public Schools have created a Retirement Opportunity Program to retain workers after retirement. Retirees commit to working at least twenty days per year, or at least ten percent of their pre-retirement schedule. They continue to earn up to ten percent of their salary while also receiving their pension. Retirees can train staff, tutor students, fill in as substitute teachers, or assist with short term projects such as reviewing text books. The program is only available to those employees who receive satisfactory performance evaluations in their last three years of employment prior to retirement, and staffing assignments are based on the retiree's experience, qualifications and training.²⁷⁰

²⁶⁹ Local Government Improvement and Development. *Hertfordshire County Council's approach to recruiting and retaining older workers*. <http://www.idea.gov.uk/idk/core/page.do?pageId=9065773>

²⁷⁰ Prince William County Public Schools. *Retirement Opportunity Program (ROP)*. <http://benefits.departments.pwcs.edu/modules/cms/pages.phtml?pageid=154522&sessionid=924769ffa26fc20f9e1a9e22ed61a0bd>

Seattle, Wash. – Job Training for Older Workers

Beginning in 2009, Seattle implemented a \$4 million program to train vulnerable older workers, supported by a \$1 million grant from the U.S. Department of Labor and nearly \$3 million in contributions from local public and private sources such as government agencies, private companies, foundations and colleges. The program was established to reach about 600 older workers, focusing on those with limited English ability, prior convictions, or disabilities. The workers were trained to work in health care, information technology, and green jobs.²⁷¹

Baltimore County, Md. – Filling Health Care Vacancies with Older Workers

Baltimore County, Md., recognized that vacancies were growing within the health care industry even though older workers were available to meet the industry's labor needs. The Maturity Works: Tapping Older Workers for High Growth Healthcare Careers project was set up to improve the flow of older workers into entry level healthcare jobs, facilitate the movement of older workers up the career ladder, and retain experienced workers after retirement. The program provides basic training in language and math, as well as more specialized training in four types of health occupations. A regional campaign also encourages employers to hire and retain older workers. The program was established through a U.S. Department of Labor grant of \$967,005, with local matching funds contributing an additional \$829,216.²⁷²

²⁷¹ Workforce Development Council of Seattle-King County. *Older workers to benefit from new job training grant.* <http://www.seakingwdc.org/pdf/09-10-press-releases/Older%20worker%20grant%208-09.pdf>

²⁷² U.S. Department of Labor Employment and Training Administration. *Aging Workforce Initiative: Strategies for Regional Talent Development – Baltimore County Office of Workforce Development.* http://www.doleta.gov/brg/indprof/AWI/Summary_BaltCty.pdf

"Technology and old age are not new to each other. What is new is the sustained public attention and visibility and formal linkage between what is believed to be an unfathomable range of technology solutions and what is anticipated to be an equally vast range of societal challenges caused by aging. The aging community is looking to technology as a means to drive improvements in the quality, access and cost of aging services to the home, long term care settings, and in support of care givers...the new frontier of technology, aging, business and public policy is to launch a national effort ...to construct a national infrastructure of integrated systems that will make 100 years of quality living possible. Today the US does not have a lead government agency, an organized set of stakeholders, nor the policies toachieve these objectives."

Coughlin and Liu. Creating a New Hierarchy of Technology for Aging, 2010.
<http://www.aging.org/i4a/pages/index.cfm?pageid=1930>

In 2011, approximately 30 percent of the U.S. population will be over the age of 50, and older adults are expected to remain a formidable demographic force for the foreseeable future.²⁷³ Accustomed to the power of technology in their personal lives, baby boomers will demand that governments provide integrated technology solutions and services that promote health and wellness, independence, and continued social engagement. Michael Rogers, an author, futurist, consultant and former vice president of the Washington Post's media division, conducted a recent focus group of baby boomers on their use of technology and concluded "that the boomers will be a driving force behind the use of information technology in the next decade"²⁷⁴.



In a 2007 survey of 564 randomly selected baby boomers aged 42 to 60, 85 percent of the respondents reported using the internet regularly, 92 percent anticipated that technology will help them live more independently, and 87 percent supported state funding for research developing assistive technologies to help seniors. The survey found that 95 percent of those who responded would

find a centralized state or local government website that consolidates unbiased information about long term care and other services to be very helpful in navigating services for older

²⁷³ Willis, Ray. (February 2010). *What Baby Boomers Want From Technology*. Psychology Today.
<http://www.psychologytoday.com/blog/wired-success/201002/what-baby-boomers-want-technology>

²⁷⁴ Ibid.

adults.²⁷⁵ According to a report from AARP and Microsoft, aging baby boomers are “actively shaping the devices, software, and services of tomorrow by choices they are making today”.²⁷⁶ The National Journal reports that “from April 2009 to May 2010, adults 65 and older increased their use of social networking by 100 percent (13 to 26 percent). During the same period, adults between 50 and 64 increased their social networking activity by 88 percent (25 to 47 percent)”²⁷⁷. Research indicates that baby boomers are “plugged into technology”.²⁷⁸ When it fits their needs, they embrace technology easily and expect to use innovative high tech services and devices to enhance their lives well past retirement.

Private industry recognized long ago that the growing market of baby boomers will continue to need and demand technology as an integral part of their lives. Retirement homes, residential facilities, assisted living and other community based service providers have been early adopters of assistive technologies in many states.²⁷⁹ An online search for “technology and aging” yields a nearly endless stream of products and services targeting older adults in anticipation of the huge demographic changes. Many universities and not-for-profit organizations have partnered to research and apply technology to address complex issues of aging, and some of the more notable programs and partnerships are noted in the resource section of this handbook. Many state governments have also started to recognize the opportunities offered by assistive technologies to help provide cost effective health and wellness services to older adults.

There is ample evidence to suggest that appropriately applied information technology has enormous potential to offer innovative options in the provision of cost effective care and self sufficiency of older adults. For example, telehealth programs use video monitoring to remotely screen older adults with chronic conditions, saving health care costs while enabling older adults to live more independently.²⁸⁰ The Veterans Health System uses home monitoring devices nationally to monitor and manage the health of thousands of veterans with a variety of health conditions.²⁸¹ The use of connective technologies, such as incorporating monitors and tracking in homes, enables older adults to age in place rather than face costly institutionalization.

²⁷⁵ The Ecumen Foundation. (2007). *Acumen Age Wave Survey*.

<http://www.ecumen.org/app/webroot/files/file/White%20Papers/Age-Wave-Study.pdf>

²⁷⁶ AARP Press Center. (December 2009). *Baby Boomers Shaping the Future of Technology*. http://www.aarp.org/about-aarp/press-center/info-12-2009/boomer_technology_research.html

²⁷⁷ Krigman, Eliza. (August 2010) *Older Adults Use of Social Media Grows*. National Journal. <http://techdailydose.nationaljournal.com/2010/08/older-adults-use-of-social-net.php>

²⁷⁸ Willis, Ray. (February 2010). *What Baby Boomers Want From Technology*. Psychology Today. <http://www.psychologytoday.com/blog/wired-success/201002/what-baby-boomers-want-technology>

²⁷⁹ Center for Aging Services. http://www.aahsa.org/article_cast.aspx?id=10353

²⁸⁰ Riverside County Foundation on Aging. (October 2006). *Using Telehealth & Other Connective Technologies to Reach and Serve Older Adults and Adults with Disabilities*. http://www.rcaging.org/opencms/system/galleries/download/ooaging/telehealth_report_oct06.pdf

²⁸¹ Ibid.

Technology

Internet and other web-based social media outlets can help home-bound older adults access social and health services and remain connected with their families and communities.²⁸²

While the private sector is galloping ahead and many state governments are tapping into the power and potential of technology, local governments, which are responsible for direct service provision to aging adults, appear to be lagging behind. Extensive online research for innovative local government technology programs designed to address the needs of older adults revealed a multitude of city and county websites offering on-line access to information and services. Some websites are well designed portals that provide access to consolidated lists of services, while others offer the bare minimum and are complicated to navigate. The predominant use of technology as a means of disseminating information rather than providing services might reflect resource limitations, tight budgets, and state control of many local programs.

Barriers to technology can be formidable and may put more comprehensive technology programs for older adults out of the reach of most local governments. Implementing successful technology solutions requires local and state governments to tackle complex “technical, economic, organizational, societal, and readiness obstacles”.²⁸³ These include cost, future maintenance, necessary software and hardware upgrades, availability of necessary technology infrastructure, interoperability and interconnectivity, as well as organizational integration, training, and acceptance.²⁸⁴ These obstacles can be difficult to overcome and will require innovative business models and partnerships.



Creative coalitions and partnerships will be necessary as government builds the infrastructure and develops policies and practices that promote the appropriate application of information technology. Strategic planning and investments must be directed towards expanding technology infrastructure such as broadband and mobile wireless access, reducing cultural and organizational barriers to technology, strengthening data security and privacy policies, and fostering management practices that facilitate coalition building to address common goals. Despite these challenges, local government leaders are in a unique position to reach out to

²⁸² Ibid.

²⁸³ Center for Aging Services Technologies (CAST). (September 2009). *The State of Technology in Aging Services- According to Field Experts and Thought Leaders*. <http://www.aahsa.org/results.aspx?q=according%20to%20field%20experts&ie=UTF-8&cof=FORID:11;NB:1&cx=002620262024274318403:bdro-qt3x-s>

²⁸⁴ Ibid.

Technology

organizations, leading information technology companies, physicians, hospitals and community service providers to design collaborative and cost effective partnerships for improved services to a growing population of older adults.



Photo by Eldercare Locator, Courtesy of n4a, <http://www.n4a.org/>

Budget constraints, together with the growing population of retirees aging in place, will present unique challenges to local leaders. Strategic plans that harness the enormous power of emerging information technology have the potential to provide solutions not otherwise possible. Appropriate policies and practices established in systems of public, private and nonprofit partnerships can create a network of technology-driven services. Technology

solutions, supported by state and local governments and delivered in a systematic and secure manner, can offer older adults the prospect of living more independent, healthier and more rewarding lives while remaining connected with family and friends wherever they choose to live. Local governments benefit by providing care that is cost effective and that addresses the needs of a large and growing constituency that will demand action from their local leaders.

Assistive technologies broadly include assistive, telemonitoring, telehealth, telemedicine, information, and communication technologies intended to improve the aging or care experience. Aging services technologies can be categorized into three broad areas based on the relationship these technologies address between the older adult and his or her environment (safety), the individual (physical and mental health/ wellbeing), and others (social interaction).²⁸⁵

²⁸⁵ Center for Aging Services Technologies. *State of Aging Services Technology Policy in Ohio*. <http://www.aahsa.org/cast.aspx>

Safety Enhancing Technologies

Safety technologies provide and enhance a sense of security, independence and improved quality of life. For example, “some safety devices could help prevent falls by notifying caregivers or providing high-tech assistance with walking and balance. Others might detect when a person has fallen and send alerts to caregivers who could provide quick assistance. Still others might turn off stove burners left idle, monitor water temperature to prevent scalding or detect smoke or other home hazards.”²⁸⁶ Other technologies include environmental monitoring, embedded sensors, integration of radio frequency identification (RFID) sensors, strategically placed video, motion detectors, and biosensors in walls.

Ohio – Personal Emergency Response Systems and Medication Dispensing Technologies

The state of Ohio has created a unique set of programs for quick intervention for falls and other emergencies using its Medicaid waiver (PASSPORT) and consumer directed waiver programs (Choices). These programs are managed through Ohio’s Area Agencies on Aging. Personal Emergency Response Systems (PERS) technologies provide for remote monitoring in an individual’s home by state case workers using “live video feed, live audio feed, motion sensing systems, radio frequency identification, web-based monitoring system, or other devices approved by the Department of Developmental Disabilities”.²⁸⁷ Medication monitoring technologies have features that remind the elderly to take their medication and dispense it, improving health outcomes, reducing cost and providing peace of mind to family caregivers.²⁸⁸ Due to the success of these programs, Ohio plans to expand the use of technology reimbursements to reach a larger population of older adults.²⁸⁹

²⁸⁶ Center for Aging Services Technologies. *State of Technology Services, Executive Summary*. <http://www.aahsa.org/section.aspx?id=6312>

²⁸⁷ Center for Aging Services Technologies. *State of Aging Services Technology Policy in Ohio*. <http://www.aahsa.org/cast.aspx>

²⁸⁸ Ibid.

²⁸⁹ Ibid.

Fairfax County, Va. – Project Lifesaver

The Fairfax County Sheriff's Office's Project Lifesaver helps individuals who may wander away due to Alzheimer's or other debilitating diseases. Older adults in the program wear a wristband that emits a silent tracking signal. When the Sheriff's Office is notified that a loved one is missing, a search and rescue team of specially trained deputies respond with tracking devices to find the missing individual. According to the Sheriff's Office, the program has been 100 percent successful in finding missing adults and bringing them home. In 2010, the program started to use an on-line client management system that enables deputies to electronically update client information such as height, weight, photograph, medical history and favorite hiding places without a site visit. This program currently has 101 trained deputies.²⁹⁰

²⁹⁰ Fairfax County, Va. *Project LifeSaver*. <http://www.fairfaxcounty.gov/sheriff/lifesaver.htm>

How can technology be used to help proactively manage chronic diseases?

Technologies for Health and Wellness

Technologies for health and wellness include proactive management of chronic diseases, intelligent systems in the home, telehealth technologies, interoperable electronic health records, and wireless technologies. These technologies provide communication between patients and providers, focusing on data collection and assessing the patient's condition as well as coordinating care. A core element of the technology enabled approach to health and wellness is an integrated system of electronic health records that stores patient information for both telemedicine and more traditional visits to healthcare providers.²⁹¹

Riverside, Calif. – Virtual Multi-Disciplinary Care Team

Together with other local government partners, the Riverside Office on Aging is developing a virtual multidisciplinary team, or “Virtual MDT”, of health and social services professionals to “provide a level of service that would otherwise be unattainable and impractical for both agencies and clients.”²⁹² The program will serve a population of older adults who live independently and have multiple health and social problems such as abuse or neglect. Video conferencing technology will be established in seniors’ homes or in easily accessible central locations. The goal is to enable the Virtual MDT team members to connect from various locations to address clients’ complex and interrelated social and health issues. This “technology will make it possible to bring together very busy clinicians who otherwise would be unavailable to meet in person.”²⁹³ Video conferencing has a social and interactive component that traditional teleconferencing and email programs lack. Partners in this program include the county’s Community Health Agency, the Department of Mental Health, and the Department of Social Services.²⁹⁴

²⁹¹ Center for Aging Services Technologies. *State of Technology in Aging Services*. <http://www.aahsa.org/cast.aspx>

²⁹² Center for Aging Services Technologies. *State of Technology in Aging Services in California*. <http://www.aahsa.org/cast.aspx>

²⁹³ Ibid.

²⁹⁴ Ibid.

How can technology be used to help proactively manage chronic diseases?

Kentucky – TeleHealth Network

The Kentucky TeleHealth Network is a statewide cooperative program designed to improve the health of older adults who live in rural communities. This project is a partnership between the state of Kentucky, the University of Kentucky and the University of Louisville. The project uses video-conferencing technology to connect doctors and patients from across the state. Collaboration between the University of Kentucky's telehealth program, the Kentucky TeleCare Network, and the statewide Kentucky TeleHealth Network is designed to expand access to health care for seniors and others living in remote location.²⁹⁵

Pennsylvania – TeleCare Services

Pennsylvania is encouraging the use of home telecare by providing reimbursements for seniors through a Medicaid Waiver program. This program's reimbursement policy covers "a range of services provided by home health, durable medical equipment providers, pharmacies or hospitals through contracts with local Area Agencies on Aging."²⁹⁶ By using telecare in-home technology, Pennsylvania has developed more options to help seniors who have chronic conditions remain independent and avoid institutionalization. Telecare includes health status monitoring through wireless technology, sensor based technology for remote monitoring, and remote pre-programmed medication dispensing and monitoring. The program also covers "telemonitoring with activity sensors by which family members can access a website and determine activity status such as when the consumer awakes in the morning, the frequency of refrigerator opening, how many times the bathroom is used, if medications were taken, and where a consumer suffers a possible fall."²⁹⁷ This technology provides monitoring around the clock, seven days a week. State officials expect the program to help with workforce shortages and Medicaid savings by allowing more seniors to remain at home.

²⁹⁵ University of Kentucky, College of Medicine. *Kentucky Telehealth Program*. <http://www.mc.uky.edu/kytelecare/>

²⁹⁶ Center for Aging Services Technologies. *State of Technology in Aging Services in Pennsylvania*. <http://www.aahsa.org/cast.aspx>

²⁹⁷ Ibid.

How can technology be used to help proactively manage chronic diseases?

Minnesota – Health Information Technology

Minnesota is ahead of many states in applying information technology programs to transform care for seniors. One program is an eBilling Mandate, which requires all healthcare providers, including nursing homes and senior home care providers, to use a standard electronic system for eligibility, claims, and payments. The law's intent is to maximize the potential efficiency from standardized electronic transactions across the state in order to speed up reimbursements and enhance accuracy.²⁹⁸ Another program is eRx, which establishes a statewide mandate that all providers "establish, maintain and use electronic prescription drug programs by January 1, 2011."²⁹⁹ This program was designed to improve safety, minimize adverse drug reactions and improve cost effectiveness in the prescription and medication management statewide.³⁰⁰ The Electronic Health Record Mandate requires that all health care providers have interoperable electronic health records in place by 2015 using uniform standards for interoperable systems and data sharing across multiple platforms. The Minnesota legislature appropriated \$15.3 million in grants and loans in support of the implementation and use of electronic health records. A number of collaborative projects were funded between hospitals, physicians, nursing homes and other partners.³⁰¹ The Minnesota Elderly Waiver program allows for the reimbursement of tele-homecare services, which provide remote home and community based services not normally covered under other programs for seniors at risk of institutionalization. Many insurance companies in Minnesota reimburse for costs of tele-homecare services.³⁰²

Pennsylvania – Long Term Living Training Institute and Videoconference Initiative

The Pennsylvania Office of Long Term Living created its Training Institute to better prepare the state's workforce to care for the growing population of elderly who have ongoing care and medical needs. Over \$1 million was dedicated to videoconferencing equipment for training and communication across all agencies in order to ensure critical training and staffing needs without additional travel costs.³⁰³

²⁹⁸ Center for Aging Services Technologies. *The State of Technology in Aging Services in Minnesota*. <http://www.aahsa.org/cast.aspx>

²⁹⁹ Ibid.

³⁰⁰ Ibid.

³⁰¹ Ibid.

³⁰² Ibid.

³⁰³ Center for Aging Services Technologies. *The State of Technology in Aging Services in Pennsylvania*. <http://www.aahsa.org/cast.aspx>

How can technology help overcome social isolation for homebound seniors?

Social Connectedness Technologies

The pace of technological and cultural change is staggering due to innovations in social connectedness. Already accustomed to email, e-readers, Skype, social networking and wireless access, the seniors of tomorrow will insist that their governments continue to expand access to secure and reliable social connectivity tools to overcome social isolation.

San Diego County, Calif. – Technology and Aging Coalition

The Technology and Aging Coalition of San Diego County is a consortium of professionals and older adults who work to help seniors learn about technology. This coalition grew out of San Diego County's Aging summit, a biennial event that brings together older adults and senior service providers. The 2010 Summit focused on technology and its importance in the lives of seniors. The Coalition's goal is to promote the use of technology by older adults, enable them to easily explore the many high tech gadgets and services available, increase technology education, and encourage developers to create products with older adults in mind. The Coalition's website provides information on computer clubs, Netflix subscription offers, e-readers, MP3 players, digital photo frames, digital cameras, TV ear transmitters, and Skype video calling. The coalition's steering committee includes representatives from the county's Aging & Independence Services division of the Health & Human Services Agency, the San Diego Futures Foundation, AARP, Access to Independence, and Aldea Communications, a consulting business on technology products for older adults.³⁰⁴

Santa Clara County, Calif. – Web-Based Aging Service Information Resources

"The Council on Aging Silicon Valley in Santa Clara County is one of 21 counties in California to utilize a web-based information and advocacy resource for its older disabled consumers, their caregivers and service providers."³⁰⁵ The county adopted Network of Care to better coordinate long-term care services locally and to provide seniors and their care givers access to a well-organized, up to date directory of services and advocacy groups. The website also allows providers and case managers to coordinate their efforts in helping seniors connect with the services they need.³⁰⁶

³⁰⁴ Technology and Aging Coalition of San Diego. <http://www.agetechsd.org/>

³⁰⁵ Center for Aging Services Technologies. *The State of Technology in Aging Services in California*. <http://www.aahsa.org/cast.aspx>

³⁰⁶ Ibid.

How can technology help overcome social isolation for homebound seniors?

Fairfax County, Va. – Consolidated Access to Information and Services for Older Adults

In May of 2007, the Fairfax County Board of Supervisors convened an Aging Committee that was directed to identify existing and planned initiatives across county agencies that addressed the anticipated needs of a growing population of older county residents. A subcommittee on information technology was formed shortly thereafter and was charged with researching and documenting the role of technology in helping older adults live healthier, more independent and more connected lives.

As part of this initiative, multiple focus groups were brought together to determine what older adults wanted from the county's website. One of the major outcomes of this broad effort was the design and implementation of a consolidated web portal for access to county programs and services, as well as links to many non-county services and sites. The Older Adults site, <http://www.fairfaxcounty.gov/olderadults/>, provides a comprehensive listing of useful services and information and is constantly updated with news that is of interest to older adults. Links are provided to a variety of agency programs, such as education, safety, health services, aging services, housing, leisure activities, long term care, disabilities, tax relief, and transportation. There are also links to other useful sites, such as the Social Security Administration. The county's website is fully ADA compliant and provides the option to view web pages in larger fonts and different languages.³⁰⁷

The Fairfax County's 50+ Action Plan also resulted from the Board's Aging Commission Initiative. Technology action items in the plan include technology templates for community planners, home builders and renovators; technology and health monitoring as options in senior housing projects; county events that provide opportunities for vendor demonstration of technologies designed to increase independence; and training programs designed to make older adults comfortable with using technology. As part of the 50+ Action Plan, all 13 county senior centers provide public access to computers, instruction and support for older adults, as well as the use of adaptive technologies for adults with disabilities.

³⁰⁷ Fairfax County, Va. (2007) *Fairfax 50+ Action Plan*. <http://www.fairfaxcounty.gov/dfs/olderadultservices/pdf/50plus-action-plan-final-report-2010.pdf>

Coalitions of Care

While the public sector grapples with constrained budgets and complex institutional barriers, the private sector, nonprofit sector, and leading universities have forged alliances that are rapidly producing innovative technological solutions. Many universities responded to the emerging crisis by partnering with leading technology companies and community aging organizations to conduct research and provide technology-enabled solutions.

UCLA's Center on Aging

UCLA's Center on Aging is dedicated to an interdisciplinary program that includes community outreach, research, and education on aging.³⁰⁸

Oregon Health and Science University

Oregon Health and Science University is a leader in clinical studies in emerging home-based technologies to help seniors and the communities face the many challenges of aging successfully.³⁰⁹

³⁰⁸ UCLA Center on Aging. <http://www.semel.ucla.edu/aging>

³⁰⁹ Oregon Health and Science University. <http://www.orcatech.org/>

Massachusetts Institute of Technology's Age Lab

Researchers at Massachusetts Institute of Technology's Age Lab are dedicated to a multidisciplinary approach for the design and development of innovative programs that translate technology into practical solutions that enhance the health and well-being of seniors. Research conducted at MIT's Age Lab has helped companies better understand the vast senior market and design and market age-friendly products.³¹⁰

Quality of Life Technology Center

The Quality of Life Technology Center is a partnership between Carnegie Mellon University and the University of Pittsburgh that uses a cross-disciplinary team of technologists, physicians, end users, and other stakeholders to design, test and implement innovative technologies to improve quality of life for older adults.³¹¹

National Institute of Standards and Technology – Advanced Technology Program

The National Institute of Standards and Technology's Advanced Technology Program is a partnership between federal government and private industry that provides federal grants to businesses in order to promote research and development of technologies that address aging issues.³¹²

³¹⁰ MIT AgeLab. <http://agelab.mit.edu/about-agelab>

³¹¹ Carnegie Mellon University Quality of Life Technology Center. <http://www.cmu.edu/qolt/>

³¹² National Institute of Standards and Technology. <http://www.atp.nist.gov/factsheets/1-b-4.htm>

Fostering Innovation

As this guide has shown, the aging of the population will affect governments and the communities they serve in a number of ways. While we have presented a variety of areas that will be impacted, there are many others that have not been addressed. Though many innovative approaches to these policy areas have been arrayed here, many more approaches are possible. As the population ages, the challenge that governments will confront is to devise their own new and innovative strategies to provide quality services to their changing communities. One path to success is to create an environment that actively fosters innovative programs.

Durham County, N.C. – Durham Health Innovations

Duke Medicine and Durham County have entered into a unique partnership to devise new ways to combat death and disability by bringing together government agencies, nonprofits, researchers, and members of the community. In the fall of 2008, workshops were conducted to present their program to the community and request proposals. Twenty-two teams representing collaborations of agencies, organizations, and businesses offered proposals.³¹³

Ten teams were selected, and were provided grants of up to \$100,000 to implement their projects. Funding of \$1 million was provided by Duke University with support through the Clinical and Translational Science Awards of the National Institutes of Health. Funded projects addressed a wide range of health problems, including many that have a direct bearing on the health of the aging population such as diabetes, cardiovascular disease, kidney disease, and other chronic diseases. This same model could be used to stimulate the creation of innovative programs to address a wide range of issues that arise from the aging population.³¹⁴

³¹³ Duke Center for Community Research. *Durham Health Innovations*. <https://www.dtmi.duke.edu/about-us/organization/duke-center-for-community-research/durham-health-innovations/durham-health-innovations>

³¹⁴ Ibid.

Resources

- AAA - www.seniordrivers.org
- AARP - www.aarp.org
- Aging in Place Initiative - www.aginginplaceinitiative.org
- Alzheimer's Association - www.alz.org
- Brookings Institute - www.brookings.edu
 - State of Metropolitan America: On the Front Lines of Demographic Transformation -
<http://www.brookings.edu/metro/StateOfMetroAmerica/Map.aspx#/?subject=7&ind=70&dist=0&data=Number&year=2009&geo=metro&zoom=0&x=0&y=0>
- Center for Civic Partnerships - www.civicpartnerships.org
- Center for Healthy Aging - www.healthyagingprograms.org
 - Partnering to Promote Healthy Aging: Creative Best Practice Community Partnerships -
<http://www.healthyagingprograms.org/content.asp?sectionid=92&ElementID=160>
- Community Partnerships for Older Adults - www.partnershipsforolderadults.org
- Family Caregiver's Alliance - www.caregiver.org
- Government Finance Officers Association -
http://www.gfoa.org/index.php?option=com_content&task=view&id=763&Itemid=386
- Healthy People.gov -
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=31>
- International City/County Management Association - www.icma.org
 - Active Living and Social Equity: Creating Healthy Communities for All Residents – A Guide for Local Governments -
<http://bookstore.icma.org/freedocs/Active%20Living%20and%20Social%20Equity.pdf>
- LeadingAge - www.leadingage.org
 - Center for Aging Services Technologies (CAST) - <http://www.aahsa.org/cast.aspx>
 - Community Living Assistance Services and Support (CLASS) Act Summary -
www.aahsa.org/classact.aspx
- Lincoln Institute of Land Policy - www.lincolninst.edu
- National Adult Day Services Association - www.nadsa.org
- National Adult Protective Services Association - apsnetwork.org
- National Alliance of Caregivers - www.caregiving.org

Resources

- National Association of Area Agencies on Aging - www.n4a.org
 - Baby Boomers and Older Adults: Information and Service Needs Report - http://www.n4a.org/pdf/ELReport_r2.pdf
 - Blueprint for Action: Developing a Livable Community for All Ages - <http://www.n4a.org/pdf/07-116-n4a-blueprint4actionwcovers.pdf>
- National Association for the Mentally Ill - www.naminh.org
 - Mental Health, Mental Illness and Healthy Aging: A NH Guidebook for Older Adults and Caregivers - <http://www.naminh.org/older-adult-guidebook>
- National Center on Elder Abuse - www.ncea.aoa.gov
 - Daily Money Management Programs: A Protection Against Elder Abuse - http://www.ncea.aoa.gov/ncearoot/main_site/pdf/publication/DailyMoneyManagement.pdf
- National Council on Aging - www.ncoa.org
 - Helping Communities Solve Critical Social Problems by Engaging Adults 55+ - <http://www.ncoa.org/news-ncoa-publications/publications/ra-ib2-partnerships-final.pdf>
 - Strengthening Community Organizations - <http://www.ncoa.org/strengthening-community-organizations/>
- National Institute on Aging - www.nia.nih.gov
- National Institute of Mental Health - www.nimh.nih.gov
 - Depression and Suicide Facts for Older Adults - <http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-fact-sheet/index.shtml>
- Partners for Livable Communities - livable.org
- The Scan Foundation – www.thescanfoundation.org
- Smart Growth Network - www.smartgrowth.org
- Urban Institute - www.urban.org
 - Retirement and Older Americans - <http://www.urban.org/retirees/index.cfm>
 - Retirement Policy - http://www.urban.org/retirement_policy/index.cfm
- U.S. Department of Health and Human Services, Administration on Aging - www.aoa.gov
- U.S. Department of Labor, Employment and Training Administration - <http://www.doleta.gov/seniors/>
- WISE and Healthy Aging - www.wiseandhealthyaging.org

Aging Resources in Northern Virginia

- Alexandria Human Services -
<http://alexandriava.gov/humanservices/info/default.aspx?id=8016>
- Arlington Agency on Aging -
<http://www.arlingtonva.us/Departments/HumanServices/services/aging/aaa/HumanServicesServicesAgingAaaAgencyonAging.aspx>
- Fairfax County Library - Resources for Older Adults -
<http://www.fairfaxcounty.gov/library/internet/seniors.htm>
- Fairfax County - Portal for Older Adults - <http://www.fairfaxcounty.gov/olderadults>
- Falls Church City Senior Citizens Commission -
<http://www.fallschurchva.gov/Content/Government/BC/SC.aspx?cnlid=271>
- Fauquier County Agency on Aging - <http://www.rrcsb.org/>
- Loudoun County Area Agency on Aging -
<http://www.loudoun.gov/Default.aspx?tabid=701>
- Manassas City Disabled/Elderly Community Resources -
<http://www.manassascity.org/index.aspx?NID=303>
- Prince William Area Agency on Aging -
<http://www.pwcgov.org/default.aspx?topic=040049>