



Issue Brief

Health Division
Contact: Diane Braunstein
dbraunstein@nga.org or 202/624-7854
July 1, 2004

State Strategies to Promote Independence Among Older Residents

Summary

Background

Most people age 65 and older would like to live independently in their homes and neighborhoods for as long as possible. However, many older residents cannot remain in their homes and continue participating in community life without transportation, affordable housing and volunteer opportunities. In cooperation with local governments and programs, states can help accommodate the needs of older residents so they can sustain their independence.

Ideally, every community would undertake comprehensive planning to accommodate an aging population, establishing a resource center to assess the needs of older residents, providing information about a wide array of available services and ensuring an adequate supply of well-trained caregivers and medical professionals. At a minimum, three elements of community design are essential to helping older people retain their independence:

- Point-to-point public transportation that is efficient and accessible.
- Affordable, quality housing that accommodates people of all ages with disabilities.
- Opportunities for older people to remain active in their community.

State Actions to Promote Independence

States can take a variety of steps—alone or in partnership with local communities—to promote independence among older residents.

Provide Point-to-Point Transportation that is Efficient and Accessible

In recent years, collaboration among state transportation systems and between state and local systems has increased, and many states link transportation resources to health and social services. Such coordination is particularly useful in areas with small populations where pooling program resources can make transportation available to participants in a broad range of programs. Numerous states and communities are working to improve transportation options for

older residents by providing more accessible parking spaces and readable road signs. They also are grappling with how to fund point-to-point transportation services.

- The [Colorado](#) Medicaid agency partners with a local community to fund two transportation services for seniors and people with disabilities in an outlying area near Denver. The programs offer both point-to-point senior van service and on-demand service along two established routes.
- [Missouri's](#) funding from state transportation, mental health, aging and Medicaid agencies are coordinated to provide point-to-point and fixed-route transportation services to people over age 60 and those with disabilities in 87 of the state's 114 counties. The program relies extensively on older adult volunteers for fundraising and administrative support.
- [New York](#) uses Medicaid, social service block grant, Older Americans Act and transportation funds to maintain a sophisticated, multi-faceted transportation system for older people. In Monroe County, the state, county and local nonprofit organizations collaborate to provide vehicles for three different point-to-point transportation programs.

Create Housing Options to Promote Independent Living

Modifications to Make Housing Safe for Seniors: Small changes in conventional housing can enable older people to continue living independently in their own communities. Some states provide funding for existing homes to be modified to make day-to-day living easier for older people—particularly where it is considered a good long-term investment to prevent or postpone the need to pay for institutional services. States also can support the construction of new homes designed to meet the needs of older people and multi-generational families. Laws and regulations can be enacted or changed to encourage or accommodate new types of housing or the modification of current housing stock.

- The state of [Georgia](#) has been at the forefront of legislation and incentives to promote “visitability”—design features to ensure that housing can be lived in or visited by people with disabilities. Georgia has tax credits, financial and land grants, loans, and now a “seal of approval” type of certification for building visitable housing.

Financial Assistance to Increase Housing Affordability: Although homes account for about 79 percent of median wealth among people age 65 and older, the costs associated with home ownership, such as property taxes and home repairs, can be a significant financial burden. A variety of programs provide some assistance to older homeowners with low incomes through property tax exemptions and assistance to pay for utilities. For older Americans who do not own their homes, public housing is an important component of affordable housing.

- In Boston, [Massachusetts](#), the Senior Vacant Unit Initiative at Nuestra Comunidad uses a combination of funds to provide loans and grants to older homeowners who are longtime community residents for the repair of two- or three-family homes with empty rental units. The program improves living conditions for seniors while increasing the stock of affordable housing in the community.

Home and Community-Based Services to Support Seniors: Frail older people or people with disabilities who need help with daily activities often receive care in institutions, but many prefer to remain at home if possible. Their ability to do so depends in part on whether affordable community-based services are available. In the last decade, the supply of home and community-based services has increased, and Medicaid and the private sector have shifted expenditures from nursing home care to home and community-based care.

- In [Wisconsin](#), The Lapham Park Venture combines federal, state and local public funds to give residents access to a range of coordinated health, social and support services. Operated by the Milwaukee Housing Authority, in collaboration with the Milwaukee Department on Aging, Lapham Park delivers health and social services to low-income older adults who live in the housing development. Medicaid and Medicare funding provides options for long-term care services at the housing facility to help seniors who live there “age in place.”

Provide Opportunities for Older Residents to Stay Active in the Community

People are happier as they age when they continue to be engaged in things that are important to them. Moreover, aging residents make important contributions through their participation in employment, volunteer, education, cultural, religious and other community-based activities. Volunteer opportunities abound across the country, but many are not necessarily focused on capturing the expertise of older adults or providing meaningful work that allows seniors to feel productive and helpful. Some states have begun to change that by supporting opportunities for older people to provide much needed services to state residents.

- [Florida's](#) Volunteer Health Care Provider Program provides health care services to uninsured, low-income individuals, using volunteer physicians, nurses and dentists—a portion of whom are retired.
- The state of [Illinois](#) has frequently partnered with the Mather Foundation to create meaningful volunteer opportunities for seniors and to promote independence, particularly through four Chicago cafés that provide an attractive meeting place to help seniors stay connected in their communities.
- [Texas](#) supports the Seniors/Volunteers for Childhood Immunization program, which recruits and trains Texas seniors to encourage the timely receipt of immunizations for pre-school children.

Conclusion

Working together, states and localities can ensure that communities will be attractive places where seniors and others can live independently. Collaborative efforts that blend funding sources and promote innovative service delivery have the potential to improve the quality of life for all residents.

State Strategies to Promote Independence Among Older Residents

Background

Most people age 65 and older would like to live independently in their homes and neighborhoods for as long as possible. However, many older residents cannot remain in their homes and continue participating in community life without transportation, affordable housing and volunteer opportunities. In cooperation with local governments and programs, states can help accommodate the needs of older residents so they can sustain their independence.

The U.S. population is growing older and living longer. Nearly 77 million baby boomers—born from 1946 to 1964—will begin reaching age 65 in 2008, eventually more than doubling the current population of seniors at an unprecedented rate of growth. This demographic phenomenon already is spurring states and communities to address the growing needs of seniors while promoting their independence.

Although the majority of older people live healthy and active lives, significant numbers need community supports and meaningful ways to stay involved in their communities. Without such supports, older people risk becoming isolated, depressed, and more vulnerable to disease. While community involvement may seem to be a local issue, increasingly states are promoting opportunities for seniors to remain active and engaged. They recognize that keeping older people active helps reduce seniors' health care costs by preventing depression and improving fitness. Furthermore, older people can be an important resource for meeting social service needs and overcoming workforce shortages.

Ideally, every community would undertake comprehensive planning to accommodate an aging population, establishing a resource center to assess the needs of older residents, providing information about a wide array of available services and ensuring an adequate supply of well-trained caregivers and medical professionals. At a minimum, three elements of community design are essential to helping older people retain their independence:

- Point-to-point public transportation that is efficient and accessible.
- Affordable, quality housing that accommodates people of all ages with disabilities.
- Opportunities for older people to remain active in their community.

Each state and community approaches these issues in a unique way, as the need for particular services and the feasibility of providing them can vary in urban, suburban and rural areas. However, one common characteristic of all states and communities that promote independence among their senior residents is the collaboration and coordination among community services across funding streams.

State Actions to Promote Independence

States can take a variety of steps—alone or in partnership with local communities—to promote independence among older residents.

Provide Point-to-Point Transportation that is Efficient and Accessible



Losing the ability to drive can be incapacitating for seniors in communities without alternative transportation options. In fact, 77 percent of adults over age 65 say point-to-point transportation will be one of their most important needs as they grow older.¹ Most older people drive cars or ride with friends or family to get where they need to go, while relatively few use public transportation because of limited destinations, poor accessibility,

concerns about crime and the time it takes to use public transportation.

Many older people prefer point-to-point transportation services, such as senior vans, but a lack of information about such services and problems with availability still limit their use.² Particularly in rural areas, low population density as well as limited health and social services, fewer individual and community resources and inadequate infrastructure complicate efforts to provide public transportation.³ States can collaborate with local communities to increase transportation for seniors who no longer drive.

State and Local Collaboration to Increase Transportation Options

In recent years, collaboration among state transportation systems and between state and local systems has increased, and many states link transportation resources to health and social services. Such coordination is particularly useful in areas with small populations where pooling program resources can make transportation available to participants in a broad range of programs. Current state budget constraints have necessitated better coordination of transportation systems to:

- increase transportation availability,
- provide better access to jobs,
- enhance or expand systems to serve a larger geographic area or extend hours of service,
- make the system more cost effective and
- improve access for all populations—not just older people.⁴

Numerous states and communities are working to improve transportation options for older residents by providing more accessible parking spaces and readable road signs. They also are

grappling with how to fund the point-to-point transportation services. Colorado, Missouri and New York have combined state funding with funds from other sources to establish or enhance transportation options for residents.

- The **Colorado** Medicaid agency partners with a local community to fund two transportation services for seniors and people with disabilities in an outlying area near Denver. [Evergreen Transportation](#) is a point-to-point senior van service that provides assisted transportation to medical appointments, adult day services and other locations. A second program called [Call 'n Ride](#) provides on-demand service along two established routes, offering a less expensive option than Evergreen Transportation for people who are more independent.
- **Missouri's** state transportation, mental health, aging and Medicaid agencies coordinate funding to provide point-to-point and fixed-route transportation to people over age 60 and those with disabilities in 87 of the state's 114 counties. The [OATS](#) program, formerly known as the Older Adults Transportation Service, was founded by volunteers in 1971 to address transportation needs of rural communities, and relies extensively on older adult volunteers for fundraising and administrative support.
- **New York** uses Medicaid, social service block grant, Older Americans Act and transportation funds to maintain a sophisticated, multi-faceted transportation system for older people. In Monroe County, the state, county and local nonprofit organizations collaborate to provide vehicles for three different point-to-point transportation programs. The [Medical Motors Services Program](#) offers seniors transportation through established routes to frequent destinations such as the senior center, individualized point-to-point service and scheduled service to special events.

Create Housing Options to Promote Independent Living

Older residents tend to stay put. More than half of Americans age 45 and older report that they have lived in the same geographic area for more than 30 years,⁵ and 93 percent of all seniors say they want to remain in their own homes for as long as possible.⁶ In fact, about 95 percent of older Americans live in the community rather than institutions. States can help seniors remain in their communities by providing assistance that makes their homes safer and more affordable and creating volunteer opportunities that engage them in community life.



Modifications to Make Housing Safe for Seniors

Small changes in conventional housing can enable older people to continue living independently in their own communities. Older residents may need help with routine housing repair and management or information about how to make homes safer places. Almost half of all nonfatal injuries from falls for older people occur at home;⁷ educational programs can encourage homeowners to reduce the risk of falls by removing throw rugs, improving lighting and using nonslip mats in tubs and showers.

Forty percent of people age 65 and older think it is likely that they will have to make changes to their homes to live there comfortably as they age. About 75 percent of people in that age group say that certain home features are important, especially nonslip floor surfaces, bathroom aids, a personal alert system and an entrance without steps.⁸ More than one-third of homeowners age 50 and older want to make modest home modifications, such as installing bathroom grab bars, but have not done so due to cost.⁹

Some states provide funding for existing homes to be modified to make day-to-day living easier for older people¹⁰—particularly where it is considered a good long-term investment to prevent or postpone the need to pay for institutional services.¹¹ States also can support the construction of new homes designed to meet the needs of older people and multi-generational families. Laws and regulations can be enacted or changed to encourage or accommodate new types of housing or the modification of current housing stock.¹²

- The state of **Georgia** has been at the forefront of legislation and incentives to promote “visitability,” design features to ensure that housing can be lived in or visited by people with disabilities. [Georgia](#) has tax credits, financial and land grants, loans, and now a “seal of approval” kind of certification for building visitable housing.

Financial Assistance to Increase Housing Affordability

Although homes account for about 79 percent of median wealth among people age 65 and older,¹³ the costs associated with home ownership, such as property taxes and home repairs, can be a significant financial burden. In a national survey of adults age 65 and older, 34 percent of respondents said they are not confident that their housing will remain affordable as they age. Some 31 percent of people over 65 have housing expenses that exceed 30 percent of their income, and an additional 15 percent have housing costs that exceed 50 percent of income. This is particularly true of older people living in the Northeast.¹⁴

A variety of programs provide some assistance to older homeowners with low incomes through property tax exemptions and assistance to pay for utilities. For low-income and other older Americans who do not own their homes, public housing is an important component of affordable housing. Between 600,000 and 700,000 people age 62 and older live in public housing, and the numbers are rising. In fact, seniors comprise a higher percentage of the population in public housing than in the general population.¹⁵

- In Boston, **Massachusetts**, the [Senior Vacant Unit Initiative at Nuestra Comunidad](#) uses a combination of funds to provide loans and grants to older homeowners who are longtime community residents for the repair of two- or three-family homes with empty rental units. The program improves living conditions for seniors while increasing the stock of affordable housing in the community.



Home and Community-Based Services to Support Seniors

Frail older people or people with disabilities who need help with daily activities often receive care in institutions, but prefer to remain at home if possible. Their ability to do so depends in part on whether affordable community-based services are available. In the last decade, the supply of home and community-based services has increased. The Medicaid program has contributed to this increase by shifting some of the expenditures for nursing home care to home and community-based care.¹⁶ The private sector has followed suit, substantially increasing the proportion of expenditures for home health care. In addition, the use of adult day care centers, more extensive home care services, assisted living facilities and hospice services has also increased¹⁷ Currently, some communities are developing comprehensive plans to improve long-term care and supportive service systems.¹⁸

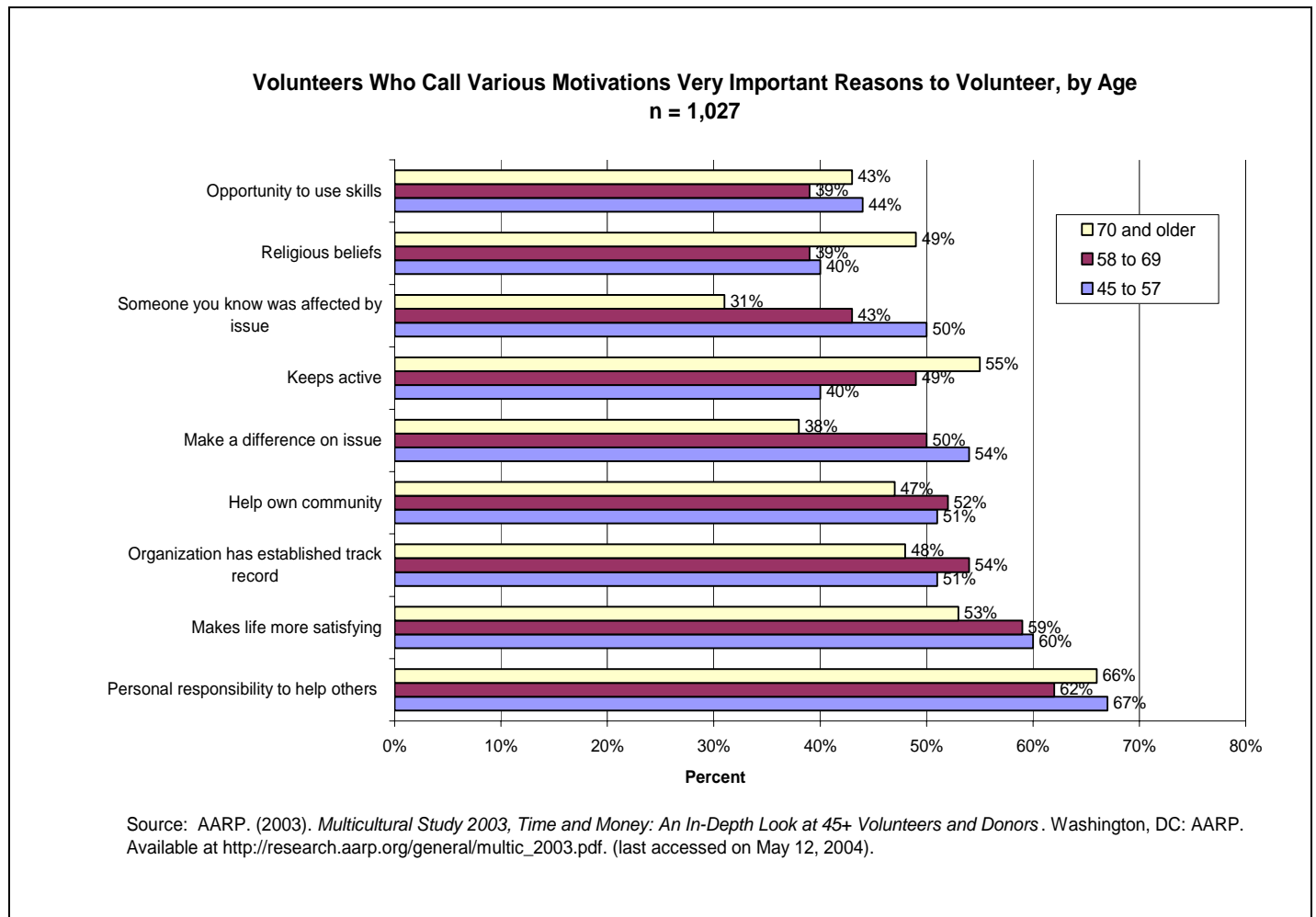
- In **Wisconsin**, [The Lapham Park Venture](#) combines federal, state and local public funds to give residents access to a range of coordinated health, social and support services. With housing operated by the Milwaukee Housing Authority, and a service collaborative organized by the Milwaukee Department on Aging, Lapham Park uses a continuing care retirement community model to coordinate and deliver health and social services to low-income older adults who live in the housing development. Medicaid and Medicare funding provides options for long-term care services at the housing facility to help seniors who live there “age in place.”

Provide Opportunities for Older Residents to Stay Active in the Community

Although almost 90 percent of respondents in a national survey of older Americans said they had socialized with friends, attended religious services or participated in recreational activities in the past week, 28 percent said they would like to be doing more.¹⁹ People are happier as they age when they continue to be engaged in things that are important to them. Being part of an active network of people increases the opportunity and motivation for productivity.²⁰

Moreover, aging residents make important contributions through their participation in employment, volunteer, education, cultural, religious and other community-based activities. Over 8.1 million people over age 65 volunteered in 2003, contributing services and expertise valued at approximately \$266.4 billion annually.²¹ On average, older people volunteer 88 hours each year, with nearly half working for faith-based organizations.²² The types of activities that older volunteers are most likely to participate in include collecting, preparing, distributing or

serving food; providing information; fundraising; and providing professional or management assistance.²³ When seniors stop volunteering, it is usually because of health concerns.



Volunteer opportunities abound across the country, but many are not necessarily focused on capturing the expertise of older adults or providing meaningful work that allows seniors to feel productive and helpful. **Florida, Illinois and Texas** have changed that by supporting opportunities for older people to provide much needed services to state residents.

- **Florida’s [Volunteer Health Care Provider Program](#)** provides health care services to uninsured, low-income individuals, using volunteer physicians, nurses and dentists—a portion of whom are retired. The state assigns limited license status at no cost to doctors and dentists upon application, and issues retired nursing certificates for volunteer nurses who provide services at no cost. Since most retired health care professionals no longer carry malpractice insurance, the state provides them with sovereign immunity, by which the state assumes liability in any lawsuit brought as a result of donated health care services provided through the program.

- The state of **Illinois** has frequently partnered with the Mather Foundation to create meaningful volunteer opportunities for seniors and to promote independence. In Chicago, [Mather's – More Than a Café](#) offers culturally appropriate food and activities at an attractive meeting place to help seniors stay connected in their communities. Unlike traditional senior centers of the past, the four Mather's Cafés appeal to older people of all socio-economic backgrounds and functional abilities. The Illinois Department of Insurance and Secretary of State have worked with the Mather's Cafés to renew driver



licenses, issue state ID cards, and host the Seniors Health Insurance Counseling Program. The Illinois Department of Public Health has funded Mather to provide education on menopause and heart health for women, educating populations the state would otherwise be unable to reach.

- **Texas** supports the [Seniors/Volunteers for Childhood Immunization](#) program, which recruits and trains Texas seniors to encourage the timely receipt of immunizations for pre-school children. The program relies on support from the Texas Department of Health, private donations and charitable foundations.

Conclusion

Working together, states and localities can ensure that communities will be attractive places where seniors and others can live independently. Collaborative efforts that blend funding sources and promote innovative service delivery have the potential to improve the quality of life for all residents.

COLORADO

Seniors' Resources Center-Evergreen Transportation and Call 'n Ride

With funding from the Colorado Medicaid program, the county and other sources, the Evergreen Seniors' Resources Center operates two programs that give older people in the community options for transportation. SRC-Evergreen Transportation has been in operation for many years, providing transportation for older and disabled people to local medical appointments, adult day care and other destinations. Call 'n Ride, which has been operating for about two years, provides a less expensive option for people who are more independent. It does not offer curb-to-curb service, but provides service on demand during day and early evening hours.

Call 'n Ride is a prime example of older residents' successful advocacy and volunteer activism. A group of retired men—known as the Curmudgeons—who meet weekly to discuss community issues were able to demonstrate a demand for public transportation in the area. They also showed that even though Evergreen residents contributed significantly through the sales tax to funding for regional transportation, they had no transportation services in their area. The Curmudgeons facilitated collaboration among organizations that had not worked together before to bring the new service to the community.

Through the Call 'n Ride program, SRC saw an opportunity to bring public transportation to the community, expand options for older riders and add a new source of revenue for the organization. Operated through a contract with the Regional Transit District, the program is available to people of all ages. Bus drivers on two established Call 'n Ride routes act as dispatchers so they can schedule trips directly when riders call. One older patron who previously used the SRC-Evergreen Transportation program to reach a local school where she tutors can now use Call n' Ride, reducing the cost of her transportation from \$8 to 55 cents per trip.

One indication that the transportation programs complement each other is that the number of riders in both programs has increased. For the first quarter of 2004, SRC-Evergreen Transportation provided almost 12,000 rides and Call 'n Ride provided 7,000.

Contact

Jane Weinberger
SRC-Evergreen Director
Senior Resources Center - Mountain Services
5120 Highway 73
Evergreen, CO 80439
Phone: 303-674-2843 FAX: 303-674-8874
E-mail: jweinberger@srcaging.org
Web site: <http://www.srcaging.org/transportation.html>

**MISSOURI
OATS Transportation Program**

OATS, Inc., (formerly know as Older Adults Transportation Service) provides reliable point-to-point and fixed-route transportation services to residents age 60 and older, people with disabilities and some others who live in 87 of Missouri's 114 counties. Founded in 1971 by volunteers who saw a need for transportation in Missouri's rural areas, OATS continues to rely extensively on volunteers, most of whom are also riders. As members of county committees, they perform tasks such as fundraising, promoting OATS services, scheduling and making calls to remind riders of scheduled rides. In 2003, OATS provided almost 1.5 million one-way trips; 31 percent were related to employment.²⁴

The Missouri Elderly and Handicapped Transportation Assistance Program, and four Missouri state departments provide state funding for the program's annual budget of \$16.25 million. In addition, since 1997 the Medicaid program has provided reimbursement when its beneficiaries use transportation for medical services. Federal funding sources include Medicaid, Older Americans Act funds from the U.S. Administration on Aging and resources from the Federal Transportation Administration, which provides 80 percent of the cost for each replacement vehicle purchased. OATS must raise matching funds for the remaining 20 percent, raising \$160,000 in 2003.²⁵ Currently OATS operates with over 600 vehicles, 49 of which were purchased in 2003. Local funding comes from rider contributions, voluntary contributions, and special billings for charter or other contract services.

Types of Trips Made by OATS Riders, 2003

n = 1,497,142

Purpose of Ride Percentage of Rides

<u>Recreation</u>	<u>1%</u>
<u>Education</u>	<u>3%</u>
<u>Business</u>	<u>5%</u>
<u>Essential Shopping</u>	<u>12%</u>
<u>Nutrition</u>	<u>15%</u>
<u>Medical</u>	<u>16%</u>
<u>En Route Stops</u>	<u>17%</u>
<u>Employment</u>	<u>31%</u>

Source: OATS, Inc. (2003). OATS Fiscal Year 2003 Annual Report, Washing, DC: OATS, Inc. Available online at: www.oatstransit.org

Contact

Linda Yaeger

Executive Director

OATS, Inc.

2501 Maguire Blvd.

Columbia, MO 65201

Phone: 573-443-4516 or 888-875-6287 FAX: 573-874-1914

E-mail: lyaeger@oatstransit.org

Web site: www.oatstransit.org

NEW YORK
Medical Motors Services Transportation Program

In Monroe County in upstate New York, the long-established, not-for-profit Medical Motors Services provides door-to-door transportation to people without other means of transportation, using vehicles provided by the state transportation department. Medical Motors Services, a community organization, collaborates with a broad range of other not-for-profit and private entities to identify people in need of transportation services and uses a variety of funders including Medicaid and private insurance to finance the services. Its programs include three for the senior population: the Senior Center Program, Connect-A-Ride, and Wegman's Shopping Shuttle.

The Senior Center Program assigns vehicles and drivers for a specified number of hours to participating senior centers. Overall, 335 hours of transportation per week are allocated among 16 senior centers, and additional service hours can be purchased by each center for special events. Each center is responsible for deciding how the vehicles will be used. The program receives Older American Act funds through the state and county offices for the aging and in 2003 obtained financial assistance from the Monroe County Office for the Aging, United Way and participant contributions. Individuals age 60 or older and their spouses are eligible to use the service at no cost, but seniors are encouraged to contribute \$1 per round-trip. The program provides 71,700 trips a year to 520 people.

Connect-A-Ride provides door-to-door transportation every day to approximately 150 older adults or individuals with disabilities living in suburban or rural areas in Monroe County. Riders purchase coupon books for six or eight rides at \$3 per ride, and the county reimburses Medical Motors an additional \$20 per one-way trip. The program is funded by the New York State Department of Transportation and Monroe County through a HUD/Community Development Block Grant, and provides over 2,000 one-way trips annually.

Wegman's Shopping Shuttle is a relatively new alliance with Medical Motors to operate pre-scheduled trips three days a week to take residents of 55 senior housing complexes to the 14 Wegman's stores to buy groceries and prescription drugs. Wegman's Food Markets pays the cost of the shuttle service—an average of \$4.82 per trip—and Medical Motors provides the vehicles, which also can be used to provide transportation on other days of the week to other senior groups. The shuttle drivers also assist the seniors in handling their purchased goods. LifeSpan, a volunteer group, provides volunteer escorts for the passengers, and trains the drivers assigned to the program in working with the older population. The alliance provides about 61,000 one-way trips a year to approximately 600 people.

Contact

William McDonald
Executive Director
Medical Motors Service
One Mustard Street, Suite 200
Rochester, NY 14609
Phone: 585-654-7030 FAX: 585-654-5628
E-mail: W_mcdonald@medicalmotors.org
Web site: www.medicalmotors.org

GEORGIA Efforts to Promote Housing Visitability

The State of Georgia has been at the forefront of legislation that promotes housing “visitability”—design features that accommodate people with disabilities who visit or live in the home. Three basic requirements for visitability are at least one no-step entrance, wide doors and hallways and a bathroom on the first floor with a doorway that is wide enough to accommodate a wheelchair.

Atlanta passed the nation’s first visitability ordinance in 1992. The ordinance requires certain features in any single-family home or duplex built with any type of subsidy from the city—tax incentives, a city loan or financial grant, land grant or local disposition of funds from a federal block grant or other grant. More than 600 visitable homes have been built under the ordinance.

A 1998 Georgia law provides a tax credit toward the cost of selected home features for persons with disabilities, defined as persons who have parking permits for the disabled. For new single-family homes, a tax credit of \$500 is available if the home provides a no-step entrance, wide interior passage doors, reinforced bathroom walls and accessible light switches and outlets. The estimated cost of including these features in new construction is about \$200.²⁶ The Georgia law also allows a tax credit of up to \$500 for retrofitting existing single-family homes, based on the actual cost of up to \$125 per feature. In addition, the Georgia Single-Family Basic Access Bill of 2000 provides that private single-family affordable housing constructed with state or federal funds shall contain certain accessibility features.

A coalition of public and private entities launched the newest statewide visitability venture, the EasyLiving Home Program.²⁷ This voluntary program encourages builders to incorporate certain features in new homes by providing a certification of visitability. To date, the program has certified 48 homes across the state.

Contact

Eleanor Smith

Concrete Change

600 Dancing Fox Rd.

Decatur, GA 30332

Phone: 404-378-7455

E-mail: concretechange@mindspring.com

Web site: Concrete Change: www.concretechange.org

EasyLiving Home Program: www.easylivinghome.org

MASSACHUSETTS
Senior Vacant Unit Initiative at Nuestra Comunidad

In Roxbury and Boston, Massachusetts, the Nuestra Comunidad Development Corporation's Home Ownership Program operates the Senior Vacant Unit Initiative. The initiative provides loans and grants to older homeowners, who are longtime community residents, to finance the repair of two- or three-family homes with empty rental units. The program also offers help with maintenance and management for the refurbished rental units. The initiative provides extra income for older residents, additional affordable housing for the community, and employment for a number of community residents who make repairs or manage and maintain the properties.

As a Community Development Financial Institution, the organization is eligible for low-interest loans from the Federal Treasury. It also receives grants from the city of Boston and private foundations to help finance the project. In the two years that the program has been in operation, it has issued loan and grant packages ranging from \$40,000 to almost \$200,000, funding the repair and rental of 19 properties. More are under construction, and the program has a waiting list.

One factor that has contributed to the success of the program is its operation by a well-established, community-based organization. A large network of social service agencies and churches make referrals to the program. In addition, the program has its own property management company, which employs people who not only care for the properties but also understand the interpersonal aspects of working with older property owners. In some instances, property managers make referrals to social service agencies when a need for assistance among the homeowners is identified. Currently, funds from private foundations support these property management services, but as the program grows, management fees will provide more support.

Contact

Evelyn Friedman

Executive Director

Nuestra Comunidad Development Corporation

56 Warren St., Suite 200

Roxbury, MA 02119

Phone: 617-989-1202 or 617-427-3599 FAX: 617-989-1216

E-mail: efriedman@nuestracdc.org

Web site: www.nuestracdc.org

WISCONSIN Lapham Park Venture

The Wisconsin Medicaid agency has helped both in planning and operating The Lapham Park Venture, which uses a continuing care retirement community model to coordinate and deliver health and social services to low-income older adults who live in a city housing development. The flexibility offered by the use of waivers in the Medicaid program and the coordination of Medicaid and Medicare funding provides options for long-term care services at the housing facility and helps seniors who live there to age in place.

Planning for the program began in the early 1990s because of concerns about growing frailty of the residents of the 200-unit Lapham Park building. By September 2000, building renovations were completed. The basement of the building, which previously had been used for storage, now houses clinical space as well as a craft room, gym, congregate dining area, barber and beauty shop, movie theater, billiards room and bathing spa.

The Housing Authority of the City of Milwaukee provides building space for Lapham Park, managed the renovation and operates the program with several partners. The housing authority works with the Lapham Park Resident Organization, which provides feedback on issues related to housing and on programs and services and also organizes activities in the building. The Milwaukee County Department on Aging funds a congregate meal site, transportation for residents and case management services, which are provided by S.E.T. Ministry, Inc., another partner in the venture. S.E.T. Ministry provides other social services on site as well, and receives private donations to help fund some of these services.

With funding from the Medicare and Medicaid programs, the Community Care Organization provides community-based, long-term care services on site to frail residents who otherwise would qualify for care in a nursing home. At present, 42 residents receive long-term care services at Lapham Park, and all residents have access to on-site physician services provided by St. Mary's Family Practice Clinic, funded mainly by the Medicaid program.

Program planners and staff believe that one factor that helped ensure the success of the program is that early in the process, S.E.T. Ministry conducted a series of focus groups in which residents indicated that on-site medical care was one of their highest priorities. Planners also were aware of a need to coordinate services. Today, S.E.T. Ministry not only arranges care for residents, but also handles the payments for services. When one entity coordinates care and payment, barriers to care for residents can be overcome and available resources can be used effectively.

The state operates two long-term care waiver programs financed by Medicare and Medicaid, which provide community-based care, and the Wisconsin Family Care Program, a Medicaid waiver program, has been designated an entitlement program for the elderly in the County of Milwaukee. As a result, program applicants—including residents of Lapham Park—never face a waiting list for services as they might in some other locations where the number of waiver program participants is constrained. There is some evidence that this approach can save money as well. The Lapham Park Venture reports that in 1999, the cost to provide care to the 43 residents who qualified for placement in a nursing home would

have been more than \$1.8 million. The cost to provide this level of care through the venture services was \$675,000, a savings of over \$1 million.

Inspired in part by the success of The Lapham Park Venture, the Milwaukee Housing Authority is planning a new facility to house a population of all ages, including 21 residents who currently live in nursing homes.

Contact

Susan July

Managing Director Economic Development and Support Services

Housing Authority City of Milwaukee

Lapham Park Venture

809 North Broadway

Milwaukee, WI 53202

Phone: 414-286-2177

E-mail: sjuly@hacm.org

Web site: http://www.hacm.org/programs/lapham_park_venture.htm

FLORIDA
Volunteer Health Care Provider Program

The Florida Department of Health administers the Volunteer Health Care Provider Program (VHCPP), which provides health care services to individuals who have incomes at or below 150 percent of the federal poverty guidelines and have no health or dental insurance covering the treatment being sought. VHCPP allows public/private partnerships and community organizations, such as faith-based clinics and homeless shelters, to use volunteers to provide access to health care to a limited number of low-income, uninsured residents of Florida. Retired health care professionals, including doctors, dentists and nurses, play a vital role in the program, comprising a significant portion of the program's provider base and offering primary care services in clinics.

The program provides sovereign immunity to volunteer physicians, nurses and dentists who have been approved by VHCPP and are contracted as agents of the state, which means the state of Florida assumes liability in any lawsuit brought as a result of the providers' donated services. This liability protection enables highly qualified medical practitioners to volunteer their time and services to those who might otherwise not receive the care they need. Eleven regional volunteer coordinators manage the state's sovereign immunity contracts and offer technical assistance in health-care needs assessment and recruitment of providers.

In addition to providing sovereign immunity, the state has taken a number of steps to facilitate retired professionals' participation in the program, including assigning limited license status upon application, at no cost to doctors and dentists and issuing retired nursing certificates for nurses who provide uncompensated care to eligible clients.

The Florida Department of Health sponsors and monitors the program with a staff of 12 employees and an annual budget of \$483,000. Health care providers in VHCPP donated \$108 million in services to eligible clients in state fiscal year 2002-2003. More than a \$500 million in services have been donated since the program's inception in 1992.

Contact

Jean Gonzalez

Director

Florida Volunteer Health Services

4052 Bald Cypress Way, Bin #C23

Tallahassee, FL 32399-1743

Phone: 850-245-4104

FAX: 850-488-4944

E-mail: Jean_Gonzalez@doh.state.fl.us

Web site: www.doh.state.fl.us/tobacco/VHS/Volunteer/

TEXAS
Seniors/Volunteers for Childhood Immunization

The Texas Department of Health provides the primary support for the Seniors/Volunteers for Childhood Immunization (SVCI) program, which uses volunteers, 90 percent of whom are seniors, to encourage the timely receipt of immunizations for pre-school children. Administered by the University of North Texas, the program has been in operation for 10 years and served about 150,000 families. Twenty-five communities across Texas have participated in the SVCI model; currently, 18 cities have the program.

The Texas Retired Seniors Volunteer Program recruits and trains some 250 senior volunteers who work with new mothers at hospitals and birthing centers, as well as with parents in the community, to educate them about the importance of early childhood immunizations and to encourage them to enroll in an Immunization Reminder Program. Once families enroll, volunteers enter information in a database to track the immunization schedule. Reminder postcards are sent and phone calls are made when it is time for children to be immunized.

Seniors are seen as an effective volunteer group because they have time to devote to the activity. In addition, because they have witnessed the devastating effects associated with preventable childhood diseases, they come to the project as committed advocates. The program hopes to expand its efforts and use seniors to educate other older adults about the importance of receiving flu shots and other immunizations to maintain their health.

Contact

Kathy Dreyer
Director
Seniors/Volunteers for Childhood Immunization
University of North Texas
P.O. Box 310913
Denton, TX 76201
Phone: 940-565-3450 FAX: 940-565-3141
E-mail: Kdreyer@scs.unt.edu
Web site: <http://www.cps.unt.edu/svci/>

ILLINOIS
Mather's – More Than a Café

Mather's – More Than a Café operates in four Chicago, Illinois, communities, providing programs and services to help adults age 55 and older—especially those who are typically not interested in attending traditional “senior” venues—stay connected in their communities. The “Café Plus” model emphasizes older adults’ capacity and empowerment rather than their needs or dependency. The cafés include restaurants that are open to the public and offer reasonably priced, varied menus for breakfast and lunch. The cafés also serve as gathering places, educational centers and sources for programs and services. The first café was established in 2000 and three more have opened in the northwest side of Chicago, in communities with a large share of middle-income, older adults—a group that tend to have difficulty accessing affordable services that meet their needs.

All of the café menus and programs offered were created based on feedback provided by older residents of each community through needs assessments, surveys and focus groups conducted by Mather LifeWays, a nonprofit organization that promotes well-being for older adults. The activities are designed to address well-being, engagement and basic support. For example, computer classes are a popular activity, and exercise, cooking, art and dance classes are available. Day trips are also planned. The cafés provide information about activities and services in the broader community as well, and customers have opportunities to meet with a nurse or social worker to discuss individual concerns. The cafés have a strong volunteer component and plan to involve older people more in teaching classes and staffing the cafés.

Each day more than 400 adults visit the four cafés daily, buying a combined 200 meals. Customers take more than 2,200 classes and 144 field trips each year. The cost of the meals range from about \$5 to \$8 and the programs offered range from \$2.50 per exercise or dance class to \$50 for computer or Spanish language classes. There are also many classes and services offered free of charge, such as health and caregiving informational classes.

Two factors help account for the popularity of the cafés. First, older adults have a feeling of ownership and have become volunteer spokespersons because they were involved throughout the planning process. Second, from design to operations to service, the cafés appeal to a diverse group of older people with a broad range of capabilities, needs and tastes.

Contact

Carla Windhorst
Vice President, Community Initiatives
Mather LifeWays
1603 Orrington Ave., Suite 1800
Evanston, IL 60201
Phone: 847-492-6801 or 847-492-7500
E-mail: cwindhorst@matherlifeways.com
Web site: www.matherlifeways.com

*This Issue Brief was researched by Laura Summer, MPH and Katherine Mack, BA at the Center on an Aging Society, Health Policy Institute at Georgetown University under contract with the National Governors Association's Center for Best Practices. It was written by Laura Summer, Katherine Mack and Melanie Starns. Funding for this Issue Brief was provided by Robert Wood Johnson Foundation under a grant supporting the NGA's Center for Best Practices' *Aging Initiative: State Policies for a Changing America*.

¹ Mathew Greenwald & Associates, Inc. (2003). *These Four Walls...Americans 45+ Talk About Home and Community*. Washington, DC: AARP. Available at http://research.aarp.org/il/four_walls.html.

² Ritter, A.S., Straight, A., & Evans, E. (2002). *Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+*. Washington, DC: AARP. Public Policy Institute. Available at http://research.aarp.org/il/2002_04_transport_1.html.

³ Kershner, H. *Rural Transportation and Aging: Problems and Solutions*. White Paper #4. Pasadena, CA: Beverly Foundation. Available at http://www.beverlyfoundation.org/stor_cat.cfm#32.

⁴ NGA Center for Best Practices, (2002). *Improving Public Transportation Services Through Effective Statewide Coordination*. Washington, DC: National Governors Association. Available at <http://www.nga.org/center/>.

⁵ Bayer, A.H., & Harper, L. (2000). *Fixing to Stay: A National Survey on Housing and Home Modification Issues*. Washington, DC: AARP. Available at http://research.aarp.org/il/home_mod.html.

⁶ AdvantAge Initiative, (2004). *A Tale of Two Older Americas: Community Opportunities and Challenges*. New York, NY: Center for Home Care Policy and Research, Visiting Nurse Service of NY. Available at <http://www.vnsny.org/advantage/resources.html>.

⁷ NGA Center for Best Practices. (2003). *A Lifetime of Health and Dignity: Confronting long-term care challenges in America*. Available at <http://www.subnet.nga.org/ci/brief1.html>.

⁸ Mathew Greenwald & Associates, Inc. (2003). *These Four Walls...Americans 45+ Talk About Home and Community*. Washington, DC; AARP. Available at http://research.aarp.org/il/four_walls.html.

⁹ NGA Center for Best Practices, (2003). *A Lifetime of Health and Dignity: Confronting long-term care challenges in America – Fast Facts: Community Based-Care*. Washington, DC: National Governors Association.

¹⁰ Pollak, P.B. (1999). *Livable Communities: An Evaluation Guide*. Washington, DC; AARP, Public Policy Institute. Available at http://research.aarp.org/consume/d16905_communities_1.html

¹¹ National Resource Center on Supportive Housing & Home Modification, (2000). *Housing Highlights: Home Modification and Repair*. Available at www.homemods.org; and Administration on Aging. (2003). *Home Modification*. Fact Sheet. Washington, DC: US Department of Health and Human Services. Available at <http://www.aoa.gov/press/fact/fact.asp>.

¹² Technical Assistance Project. *Making Homes Accessible: Assistive Technology and Home Modifications*. Arlington, VA: RESNA. Available at <http://www.resna.org/taproject/policy/community/HMRG.htm>.

¹³ Orzechowski, S. & Sepielli, P. (2003). *Net Worth and Asset Ownership of Households: 1998 and 2000*. Current Population Report P70-88. Washington DC: U.S. Census Bureau. Available at <http://www.census.gov/prod/2003pubs/p70-88.pdf>.

¹⁴ The AdvantAge Initiative. (2004). *Housing Cost Burden Casts a Shadow Over Older People's Future*. Fact Sheet. New York, NY: Center for Home Care Policy and Research, Visiting Nurse Service of NY. Available at <http://www.vnsny.org/advantage/resources.html>.

¹⁵ The Housing Research Foundation. (2002). *Public Housing for Seniors: Present, Past and Future*. Washington, DC: HRF. Available at <http://www.housingresearch.org>.

¹⁶ Burwell, B. *Medicaid Long-Term Care Expenditures, FY 1998 – 2001 – Summary Table*. Available at http://hcb.org/browse.php/topic/35/type_tool/129/of/10/

¹⁷ Centers for Medicaid and Medicare Services (CMS). *National Health Accounts – Historical National Health Expenditures by Type of Service and Source of Funds: Calendar Years 1960-2002*. Available at <http://www.cms.gov/statistics/nhe/default.asp>; and Burwell, B., *Medicaid Long-Term Care Expenditures, FY 2002*. Available at the Clearinghouse for the Community Living Exchange website, http://hcb.org/browse.php/type_tool/129/of/30/. Does not account for services provided in hospital-based facilities.

¹⁸ Community Partnerships for Older Adults, (2004). *Eight Communities Receive Grants to Improve Local Services for Older Adults*. Available at <http://www.partnershipsforolderadults.org/>.

¹⁹ AdvantAge Initiative, (2004). *A Tale of Two Older Americas: Community Opportunities and Challenges*. New York, NY: Center for Home Care Policy and Research, Visiting Nurse Service of NY. Available at <http://www.vnsny.org/advantage/resources.html>.

²⁰ Rowe, J.W., & Kahn, R.L. (1998). *Successful Aging: The MacArthur Foundation Study*. New York, NY: The John D. & Catherine T. MacArthur Foundation.

²¹ Independent Sector. *Giving and Volunteering in the United States: Value of Volunteer Time*. Available at www.independentsector.org.

²² Bureau of Labor Statistics. (2003). *Volunteering in the United States, 2003*. Washington, DC: U.S. Department of Labor. Available at <http://www.bls.gov/news.release/volun.nr0.htm>.

²³ Ibid.

²⁴ OATS, Inc. (2003). *OATS Fiscal Year 2003 Annual Report*, Washington, DC: OATS, Inc. Available at: <http://www.oatstransit.org>

²⁵ Ibid.

²⁶ National Resource Center on Supportive Housing & Home Modification, (2000). *Housing Highlights: Home Modification and Repair*. Available at <http://www.homemods.org>; and Administration on Aging. (2003). *Home Modification*. Fact Sheet. Washington, DC: US Department of Health and Human Services. Available at <http://www.aoa.gov/press/fact/fact.asp>.

²⁷ EasyLiving Home, (2004), *Coalition and Partners*. Available at: <http://www.easylivinghome.org/coalition.htm>.