



Aging In Place...With A Little Help From Our Friends *An Overview for Grantmakers About Aging in the Community*

Aging is not about time and the body, but about relationships...and the meaning of place.

Philip B. Stafford, Ph.D.

Director, Center on Aging and Community, Institute on Disability and Community, Indiana University

What is Aging in Place?

Many think of aging in place as “growing older without having to move.” The Center for Disease Control defines aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.” <http://www.cdc.gov/healthyplaces/terminology.htm>

Nearly everyone wants to grow old in their own home, regardless of physical, cognitive, or economic abilities. Despite major health challenges, many older adults will be able to age successfully at home, often because they have a sense of purpose and ties to family, friends, and neighbors. Sadly, some will achieve their goal of aging in place but feel isolated and lonely. A smaller percentage of older people will not be able to grow old in their homes because of dementia, incontinence, the inability to manage medications, or other physical or mental challenges that require considerable care and assistance.

Good healthcare services are important for all people, but these services do not assure a life worth living. In fact the World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."

Furthermore, *Successful Aging*, a 1998 book by John W. Rowe, M.D. and Robert L. Kahn, Ph.D. summarizing multidisciplinary research funded by the MacArthur Foundation, reports that people with strong social connections and a sense of purpose live longer and are better able to maintain good mental and physical health. A decade has passed since this important book was published, and other research continues to confirm the positive effects of social networks and purpose.

Several years ago, AARP launched a “Livable Communities” initiative. AARP’s Chris Hansen said, “We’re talking about transforming communities so people can age in place so they can continue to lead active lives, so they can continue to have independence and freedom, so they can continue to feel connected and be of service to others...” www.aarp.org

Why Fund Aging in Place?

Communities benefit when older people are connected and involved in the life of their neighborhoods. Older adults have time, talents, and experience to share, and many enjoy lending a caring ear for a youngster, another older person, or a parent. Likely to be long-term residents, they bring stability and a rich knowledge of local history. When home

during daytime hours, they also are available to keep watch in the neighborhood. They are steady customers at local shops and restaurants.

Aging in place is cost-effective for the older person as well as for providers and payers of services. Encouraging and supporting lower-cost or free informal care by friends, neighbors and families can be beneficial to all. Nationwide, many local and county governments have launched “livable communities” and “aging in place” initiatives to help older adults avoid moving away or to assisted living or nursing homes. Most states have undertaken initiatives to help older adults remain in their homes in an effort to conserve public Medicaid funds, which pay for long-term care for people who have depleted their own resources. “Work for Taxes” programs in Colorado, Connecticut, Massachusetts, and South Carolina help older residents pay their property taxes through their paid or volunteer work for the public good.

Aging is Not a Straight Line

How can we keep older people connected to healthcare providers, grocery stores, banks, shops and restaurants, as well as friends and family, and also make sure they have “a reason to get up in the morning?” The answers vary as older adults’ abilities and lives change. The flexibility of programs and services is key.

Physical and mental abilities decline with age, though for some the changes may be minor until they are well into their 80’s. However, most people over the age of 60 live with some chronic condition such as hypertension, arthritis, or diabetes. Some older people will experience periods of illness and incapacitation, and with treatment and rehabilitation recover and return to their home. Generally more assistance is needed to stay vital as people grow older.

Maintaining social connections can be challenging as people age and the world around them changes. Disruptions can occur when friends and family members move away or die, or healthcare providers retire, or favorite nearby grocery stores, pharmacies, restaurants and banks close.

What Is Needed to Age in Place?

Older Americans have one overwhelming thing in common with Americans in general: Most are living in the suburbs where mobility is essential and public transportation is sparse, social services and health care are not uniform, and housing options are limited.

Aging in Place Initiative, Partners for Livable Communities & National Association of Area Agencies on Aging

Different types of support are needed at various periods in the lives of older people, and having access to more than one service can be critical to successful aging in place. Following is a list of programs and services funders might consider, taking into account what is appropriate and sustainable in their target communities.

Engagement in the Life of the Community *Social connections, learning, and purpose*

- Leadership training to prepare older adults for community leadership roles
- Development of volunteer jobs as researchers, planners, advocates, mentors, teachers
- Training community agencies in designing meaningful volunteer positions for older people
- Encouraging older adults to pursue “encore” careers for the public good
- Life-long learning and enrichment programs, from computer training to spiritual awareness
- Participation in cultural activities and events

- Opportunities to practice and learn how to create visual, literary, and performing arts
- English as a second language (ESL) for older adults

Economic Security *Maintaining financial stability*

- Helping older adults to find paid employment
- Training and coaching older people to be micro and small business entrepreneurs
- Seminars on financial planning, budgeting, investing, reverse equity loans, powers of attorney, healthcare proxies, living wills, long-term care insurance
- Enrolling elders for the full range of local/state/federal benefits for which they are eligible
- Assistance and advocacy to help elders gain full use of their healthcare and other benefits
- Bill paying and tax preparation assistance

Housing *Affordable, accessible housing near shops, banks, and transportation*

- Home safety assessments
- Home modifications and repairs
- Home energy-saving enhancements
- Housing with diverse levels of affordability
- Homes designed “for a lifetime” regardless of age or functional abilities

Health, Wellness and Social Services *Optimizing mental and physical well-being*

- Walking, yoga, tai chi, other group programs to improve strength, flexibility, mobility
- Preventive health programs like nutrition education, health fairs, and free screenings
- Training and support for self-care of chronic conditions
- Educating older adults to advocate for themselves/others with hospitals, clinics and physicians
- Assistance using, understanding, making choices about Medicare and health insurance
- Daily phone calls to check on physical and mental wellness of older people living alone
- Personal medical alert systems to summon help for an emergency at home
- Home delivery of groceries, prepared meals, prescription drugs, and other necessities
- Help with household chores like changing light bulbs, laundry, and housekeeping
- Trained care managers to coordinate care, services and helpful technology for individuals
- Home healthcare and companion services
- Falls prevention programs
- Adult day services
- Support and education for family caregivers

Transportation and Mobility *Accessible, affordable, reliable, safe transportation*

- Accessible public transportation with routes to places older adults want to go
- Affordable door-to-door transportation to appointments, shopping, worship, family and friends
- Walkability studies leading to improvements in sidewalks, timing of traffic lights, benches

Technology *Innovations to enhance personal independence and avoid institutional care*

- Training for care managers about assistive devices and tools, from low-tech devices for eating and cooking, to stair gliders, phones with photos, devices to enlarge print size, automatic monitoring of vitals, medication dispensers with timers, and devices that detect lack of movement which might indicate a fall or other problem
- Programs that make assistive technology available to low and moderate income people
- Programs to inform older people and their families of devices and tools available

Institutions and Public Spaces *Public places accessible to people of all ages*

- Efforts to make the natural world accessible, including parks, town squares, hiking trails
- Educational, art and recreational programs for older adults in public libraries, parks, hospitals, and academic institutions
- Surveys of older adult consumers to learn what would be useful and appealing
- Training staff to help them become “aging-savvy”

Information and Referral How older people find what they need or want

- One phone number for older people to call to get guidance and find anything needed
- Promotion/publicity on the designated phone number and information available

Programs That Make Aging in Place Possible

Living in community is not a radical idea. In fact, it is our natural state.

Janice Blanchard, former director of the Denver Office on Aging

From "Changing Choices: Aging in Place in the 21st Century" in Aging Well, Summer 2008.

Comprehensive Models

Following are descriptions of successful aging in place models that foundations have helped to launch and sustain. Common factors in these models include opportunities for building social connections, and a well-publicized central source for information and referral that an older person or family member can contact to find whatever is needed.

NORC Programs

Michael Hunt, a University of Wisconsin professor in the School of Architecture and Urban Planning, coined the phrase "Naturally Occurring Retirement Community" in 1984. He defined a NORC as a community not specifically built for older adults, but where at least 50 percent of residents were age 60 or older. In the mid-1980s in New York City, 5,000 of the 6,200 residents of the Penn South cooperative housing community were older adults. Fredda Vladeck helped the co-op management and residents design a unique program of activities, lectures, art classes, and social gatherings, through which older adults could easily be connected with preventive health and social services before a health or safety crisis occurred. For the first three years, Penn South programs were funded by a family foundation of the United Jewish Appeal-Federation of New York.

Several years ago the Daniels Fund challenged Fredda Vladeck and the United Hospital Fund to develop a NORC Blueprint, a web-based tool for communities wishing to create NORC programs. Another helpful resource is an article in the January/February 2008 *DESIGNER/builder* magazine, describing the political and financial challenges of NORCs as well as lessons learned. <http://www.norcblueprint.org/toolbox/designerbuilderarticle/>

Nearly 80 NORC programs have sprung up across the country, 54 in New York State, and 25 others nationwide in rural, suburban, and urban settings. NORC programs are generally financed with a mix of local, state, and federal dollars as well as funds from housing or neighborhood associations and foundations.

Village

Since the early 2000s, determined older adults have been joining together to design bundles of programs and services that will enable them to live at home, remaining independent as long as absolutely possible. One of the earliest and most well-known of these consumer-driven aging in place initiatives is Beacon Hill Village in Boston.

Funded through memberships, and contributions from individuals and foundations, BHV is a comprehensive approach to helping neighbors age in place in their own homes. Members range in age from 50 to 99, with most in their early 70s. Annual membership fees of \$640 for individuals and \$890 for households entitle people to free or reduced-cost

access to a wide range of assistance. A unique “concierge” service helps members connect with “anything and everything” needed to make daily life run smoothly, from finding a computer geek, walking the dog or feeding the cat, to help delivering groceries to the kitchen or weeding the garden. Also, BHV offers activities to connect neighbors with neighbors, such as walking groups and exercise classes, members-only events and programs, and transportation to social and cultural activities. Other membership services include discounts for use of pre-screened vendors for services like home repairs, home health services, and wellness programs. www.beaconhillvillage.org

In addition, Beacon Hill Village offers fledgling community groups across the country how-to manuals and regional conferences designed to help them gain the knowledge and skills they need to start a Village in their own neighborhood. www.vtvnetwork.org

Other communities have begun adapting the “Village” model to better fit the needs and pocketbooks of their neighborhoods. Examples of these modified and less costly villages are Community Without Walls in Princeton, New Jersey, and Watergate Initiative in Washington, DC.

Shared Interest and Co-Housing

“Co-housing,” a term created by California architect, Charles Durrett, joins people of like interests who decide to live together in communal housing. One example is the ElderSpirit Community in Abingdon, Virginia, a 29-household neighborhood committed to spiritual growth and mutual support, funded in part by the Retirement Research Foundation. A more self-directed approach in Davis, California, involves 12 individuals who knew each other from their Unitarian Universalist Church. They created their own community, Glacier Circle, by buying land and building eight homes together. An additional house has common living space, kitchen, and dining room for meals together, and an apartment for a skilled nurse to live and provide care to the residents. <http://www.cohousing.org>

Other shared-interest models include housing communities on college campuses. For instance, a “living and learning” residential retirement community at Lasell College in Auburndale, Massachusetts emphasizes active, intellectually challenging lifestyles. <http://www.lasellvillage.com>

Continuing Care at Home

With planning and implementation grants from the Cleveland Foundation, the Kendal at Oberlin continuing care community launched a new initiative to bring a continuum of care into the home. Members of Kendal at Home gain access to a Care Coordinator who works with the member and his or her physician to develop a plan designed to help the older person stay healthy and maintain the highest possible level of independence. Services adjust as care needs change, and include educational programs, wellness seminars, fitness events, social and networking programs, home safety assessments, home health services, homemaker/companionship services, adult day care, hospice, meals, and transportation. <http://kahome.kendal.org>

Funders’ Priorities and Aging in Place Fit Together

Most grantmakers have a clear idea of the types of projects they will consider for funding, and many have spent considerable time researching and crafting a targeted and strategic approach to grantmaking. Following are examples of how three foundations have approached aging in place using strategies derived from their own funding perspectives.

Revitalizing Neighborhoods

With forty percent of Baltimore, Maryland homeowners age 60 or older, the *Neighborhoods for All Ages* initiative was established to help stabilize and improve Baltimore neighborhoods, and enable low-income older homeowners to continue living independently in their own homes.

This aging in place initiative combines health and social services with practical help for elderly homeowners. Up to 100 low-income senior homeowners in two targeted neighborhoods are receiving grants averaging \$6,000 to cover costs of home repairs, energy-efficient enhancements, home safety and accessibility improvements. In addition, a social worker assists older residents with needs like gaining access to public benefits, healthcare, and legal services.

The Harry and Jeanette Weinberg Foundation supplied half of the \$1.0 million required for *Neighborhoods for All Ages*. Other funders, which vary in size and type, are the Abell Foundation, Baltimore Community Foundation, Baltimore Equitable Insurance Foundation, Betty Lee and Dudley P. Digges Memorial Fund, Enterprise Community Partners, France-Merrick Foundation, Goldseker Foundation, Hoffberger Foundation, Hirschhorn Foundation and Leonard and Helen R. Stulman Charitable Foundation. *Neighborhoods for All Ages* is powered by a partnership between two local affinity groups housed at the Association of Baltimore Area Grantmakers (the Baltimore Affinity Group on Aging and the Baltimore Neighborhood Collaborative), and is a direct outcome of the EngAGEMENT Initiative of Grantmakers In Aging, funded by The Atlantic Philanthropies.

Improving Community Health and Wellness

A thoughtful and strategic grantmaker, The Horizon Foundation is dedicated to improving community health and wellness in Howard County, Maryland, a large and growing metropolitan area between Washington D.C. and Baltimore. The Foundation defines wellness “as a state of optimum health and well-being, achieved through the active pursuit of good health and the removal of barriers to healthy living, both personal and community wide... Wellness pertains to the ability of people – and Howard County’s diverse communities – to reach their fullest potential in the broadest sense.”

Launched by The Horizon Foundation in collaboration with public and private sector partners nearly 10 years ago, the Aging in Place Initiative combined existing and new services and systems to enhance the safety and wellbeing of older adults living at home. The Initiative now provides affordable in-home care and mental health services, as well as home modifications and repairs. Information and referral is available by telephone and online for people over age 50 and younger adults with disabilities. In addition, community workshops teach older people practical techniques for managing their chronic diseases like diabetes, arthritis, and depression.

A “Partners Group” meets regularly to measure progress and keep the Initiative functioning smoothly. In addition to The Horizon Foundation, community partners include the local Office on Aging, the County, faculty and clinicians from Johns Hopkins University and the University of Maryland, the Howard County Hospital and other local nonprofits.

www.thehorizonfoundation.org

Encouraging Social Connections and Purpose

The Helen Andrus Benedict Foundation is committed to creating good places to grow older in Yonkers and Westchester County, New York. Believing an aging-friendly community is one where older adults enjoy a wide range of opportunities for social connections and purpose, the Foundation's grants engage older adults in the life of their community—learning and practicing leadership skills, tutoring school children, advocating for grandparents raising grandchildren, cleaning and greening vacant lots, helping other adults find paying jobs, learning how to start their own businesses, teaching others about Medicare rights and benefits and how to navigate a hospital stay, sewing quilts and teddy bears for childcare centers, and creating high-quality art to share with the community.

<http://foundationcenter.org/grantmaker/benedict>

With support from the Foundation, older Westchester adults created a new nonprofit, the Center for Aging in Place Support, which fosters grassroots efforts by Westchester residents to help themselves and their neighbors age in place. The Center's services include training and technical assistance, access to insurance for unincorporated community groups, information on how to organize community meetings and how to assess neighborhood needs using surveys or focus groups. The Center hosts monthly "Village Council" meetings attended by representatives of a half dozen up-and-running aging in place initiatives as well as additional developing groups. These meetings foster information-sharing and problem-solving of common issues. The Center makes small grants to aging in place initiatives, screens and "vets" service providers and negotiates fees for all member groups. A shared database helps each aging in place group track contacts between staff, volunteers, and members to encourage use of services and measure resource utilization. Next steps include a website designed to host all members' sites, as well as the refinement of a Patient Advocacy Training Program, which prepares members of aging in place groups to provide health-focused support for other older adults.

Rob Waldman, the Center's president, says "One of the biggest lessons we have learned is that many communities are not ready, willing, or able to create a Beacon Hill Village-style aging in place initiative, but they want to help their neighbors. What they need from us is support to help them do that." For example, Bronxville, an affluent Westchester town, has launched a robust "village model" with support from the town, individuals, small foundations, and memberships. However, other areas of Westchester have many low and moderate income neighborhoods with great diversity, typical urban concerns, and few well-to-do volunteers with professional or business expertise. The Center for Aging in Place Support and its members are pioneering new territory by creating aging in place models for people of modest means. www.aipsupport.org

Funding Specific Components of an Aging-Friendly Community

While comprehensive approaches would be ideal in most communities, the reality is that not all funders have the staff time and resources equal to that approach. Also, some funders support aging in place by focusing selectively and strategically on specific components of an aging-friendly community. Here are a few examples:

Preventing Older People from Falling

The Archstone Foundation has committed millions of dollars over five years to a Fall Prevention Initiative. (Falling is a major and significant health risk for older people.) The

Foundation's goals are to make fall prevention a key public health priority in California and to build a comprehensive State-wide fall prevention system. To that end, Archstone is supporting the testing and evaluation of fall prevention programs in order to identify the most effective and sustainable models. www.archstone.org

Enrolling Older Adults in Benefits Programs

In partnership with several other foundations and the State of Arizona, the Virginia G. Piper Charitable Trust funded an innovative online internet tool created by the National Council on Aging. Through public screening sites at locations like libraries and senior centers across the state, or by going online at www.benefitscheckup.org/link/az, Arizona residents can access a tool that includes over 1,200 federal, state, and local benefits for which they might be eligible. More than 18,000 Arizona residents have used BenefitsCheckUp, a huge "plus" for lower-income older adults who are having difficulty paying household and medical bills. www.pipertrust.org

Building Affordable Housing Near Public Transit

One of the three goals within the Aging priority at the Rose Community Foundation in Denver is to increase the mobility of older adults by expanding and improving their access to transportation. A goal within the Foundation's Child and Family Development priority is affordable housing for families. Joining resources from both priority areas, the Rose Community Foundation recently helped fund the development of affordable housing near Denver's public transit lines. www.enterprisecommunity.org and www.rcfdenver.org

Enhancing Mobility Through Transportation

An operating foundation in Albuquerque, New Mexico, the Beverly Foundation is committed to transportation for older adults. Its programs include national research, community demonstrations, and technical assistance for communities interested in starting a volunteer driver program. Each year Beverly Foundation makes \$5,000 to \$10,000 STAR Awards for Excellence to innovative and cutting-edge volunteer driver programs. The Beverly Foundation, the AAA Foundation for Traffic Safety, and the Independent Living Partnership co-sponsor a web-based resource for education and networking among peers working in transportation programs for older people. Included among its new materials is a *Volunteer Driver TurnKey Kit* that offers communities practical help in planning, implementing, and evaluating volunteer driver programs. www.stpexchange.org

With affiliates in 16 communities, ITNAmerica provides "door-to-door, arm-through-arm" transportation for thousands of older adults nationwide. In addition, the Harry and Jeanette Weinberg Foundation is offering matching grants to help ITN develop a new transportation solution for smaller towns and rural areas. www.itnamerica.org

Conclusion

We are changing the discussion from long-term care to long-term living. It's moving the mindset, and recognizing that older adults... have roles to fill in their community. It's up to us to find those appropriate roles and recognize that it's not just about putting in a service; it's about addressing the quality of life of older adults.

Fredda Vladeck, Director, Aging in Place Initiative, United Hospital Fund

Nearly everyone wants to grow old at home, regardless of physical, cognitive, or economic abilities. Over 35 million Americans are now age 65 or older, and the first cohorts of Baby

Boomers have begun retiring. In addition, people over age 85 are the fastest growing population group. Communities are not prepared to meet this demand.

Some informed community leaders, funders, and determined older adults have already created and launched good program models for successful aging in place. Several offer toolkits and training to enable others to replicate their programs.

Abundant opportunities remain for grantmakers, including those interested in neighborhoods, health, social services, community development, housing, transportation, education, arts and culture, and aging. Funders of all sizes, both local and national, might consider funding projects that

- assess communities to identify existing resources and gaps in older adult services;
- foster collaborations of government, educational institutions, hospitals, nonprofits, older adults and others to plan, coordinate, and monitor services;
- disseminate to care managers, older people and their families, information about user-friendly in-home technologies that enhance independence and help avoid the need for costly institutionalization;
- reform public policies and practices that hinder aging in place;
- replicate, enhance and sustain proven aging in place models.

Several overarching concerns must be taken into account when planning aging in place initiatives. Isolation is a serious risk factor for older adults, especially those who live alone. Aging in place strategies must encourage a wide variety of opportunities for older adults to be actively engaged in their communities. Affluent people are likely to find aging in place somewhat less challenging than those of modest means, though social isolation can also be an issue for them. Pioneering work is needed to assure that cost-effective options are available to people with low and moderate incomes.

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www.healthcaregeorgia.org

Helpful Resources

Funders interested in aging in place may find the following national resources helpful:

For comprehensive approaches:

- *Aging in Place 2.0--Rethinking Solutions to the Home Care Challenge* (<http://www.metlife.com/mmi/research/aging-in-place.html>). For a description of a coordinated aging in place model that incorporates efficient use of available resources, technology, home adaptation, and care management.
- *AdvantAge Initiative* (www.vnsny.org/advantage). For elder-friendly community assessments and community planning.
- *Aging in Place Initiative* (www.aginginplaceinitiative.org) of Partners for Livable Communities and National Association of Area Agencies on Aging (N4A), and funded by MetLife Foundation. For community workshops, a Blueprint for Action, Best Practices and other resources.
- *Atlanta Regional Commission* (<http://www.atlantaregional.com/html/392.aspx>). For an *Aging In Place Toolkit* for use by cities, towns, and counties.
- *Village to Village Network* (www.vtvnetwork.org) For information about this network of “aging in place” villages across the country.
- *Creating Aging-Friendly Communities Conference* (www.icohere.com/agingfriendly/) To hear presentations by nearly 30 national experts on aging in place topics.
- *NORC BluePrint* (www.norcblueprint.org). For planning, integrating, and coordinating services and programs in a Naturally Occurring Retirement Community, a geographic area with many older people.

For specific components of an aging-friendly community:

- *AARP WorkSearch* (www.aarpworksearch.org/pages/default.aspx). For in-the-community computer-based assessment and other tools to help older adults find paid employment.
- *Beverly Foundation* (www.beverlyfoundation.org). For older adult transportation research and model transportation programs.
- *CAST (Center for Aging Services Technology)* (www.agingtech.org/index.aspx). For technologies that assist people in their homes.
- *Harvard School of Public Health –MetLife Foundation Initiative on Retirement & Civic Engagement* (www.hsph.harvard.edu/chc/reinventingaging/). For research and reports on involving older adults in the community.
- *National Center for Creative Aging* (www.creativeaging.org/index.htm). For research, publications, and directory of local art programs for older adults.