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Aging in Every Place: Supportive Service Programs for High and Low Density Communities

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Over the next three decades, as the baby boomer generation ages, the number of older adults in the United States will rise to unprecedented levels. This population shift is creating a growing urgency within the health care and housing fields to plan and prepare for the growing and changing needs of older adults. Living arrangements, service options, and care provision for the booming population of older adults need to be cost effective, adaptable to different levels of independence or frailty, and attentive to individual preferences. The current paradigm in the United States for assisting older adults who have difficulty living independently is to provide care in an institutional setting, such as a nursing home or assisted living facility. However, delivering care to older adults in institutional settings is extremely expensive. Furthermore, not all older adults with physical limitations or chronic health conditions need the level of care provided by a nursing home or assisted living facility.

Thus, there are several compelling reasons to expand the reach of home- and community-based service programs in communities across the country:

- By 2050, the number of adults age 65 and older will double to over 88 million; more than 19 million will be 85 years or older.[1]
- Over 65 percent of older adults have multiple chronic illnesses, which often limit their ability to complete basic daily tasks like eating or bathing.[2]
- In 2012, the average annual cost of a semi-private room in a nursing home was $81,030. A private room or apartment in an assisting living facility costs an average of $42,600 annually.[3]
- Nearly 90 percent of adults aged 45 and older surveyed by AARP indicated they wanted to stay in their homes "for as long as possible" as they aged.[4]

This report examines several supportive service programs that have been successful in helping older adults age in place.

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Who are Older Adults?

As used in this report, the term "older adults" is broadly applied to individuals who are age 65 or older. This encompasses a diverse set of individuals with a wide range of ages and abilities. Not all older adults are frail or suffer from debilitating health conditions. However, healthy, independent adults of all ages may experience unexpected changes in health that may make it difficult to live independently without support.

These programs have features tailored to the populations they serve as well as the type of community in which they operate—multifamily buildings in dense neighborhoods, single-family homes clustered in a few neighborhoods, and single-family homes dispersed across a county or region. Each program provides older adults with the support they need to safely age in their homes and services that can help stabilize their health and assist them in overcoming barriers to caring for themselves. The supportive service programs described in this report—two in each kind of community—can serve as models for new and expanding supportive service programs in other communities. This report focuses on home- and community-based service models; other aging in place strategies, including home modifications, adaptive technologies, and broader community-level retrofits, while important tools for facilitating aging in place, are not addressed in this report.[5]

Why Home- and Community-Based Approaches?

Within the context of a growing older population and an evolving health care environment, there are several reasons it is important to expand awareness of successful models and to invest resources in providing home- and community-based services instead of institutional care.

Older Adults Strongly Prefer to Age in Their Homes

The vast majority of older adults would much rather remain in their homes as they age instead of moving to institutions such as assisted living facilities and nursing homes. Even if they ultimately need assistance caring for themselves, most older adults strongly prefer having the option to live independently instead of in an institutional setting. In 2010, nearly 90 percent of adults aged 45 and older surveyed by AARP indicated that they wanted to stay in their home "for as long as possible" as they aged.[6]

In order for people to live independently if their health declines or their abilities to complete activities of daily living (ADLs) are diminished, they will need to have access to health care and other supportive services provided in their homes or available in their local communities (see sidebar, "What are Supportive Services?"). The needs of older adults can change—sometimes suddenly—as they age. While it will not always be feasible for adults to stay in their homes as they get older and their health conditions change, opportunities will only be possible for many individuals if home- and community-based supportive services are more widely available.

Home- and Community-Based Supportive Services Are Cost Effective

There is an abundance of research providing compelling evidence that caring for individuals in institutional settings is significantly more expensive than caring for them in their own homes.[7] Several studies on Medicaid long-term care expenditures, which represent about 40 percent of all U.S. long-term care spending,[8] found significant savings in delivering long-term care and supportive services in home and community settings instead of institutions like nursing home facilities.[9] These savings ranged from $22,588 to $49,078 annually per individual, depending on age, physical ability, and insurance coverage.[10] Savings were realized even when factoring in costs of housing assistance and other public supports for the individuals living in their homes instead of nursing facilities.[11] As rising Medicaid costs create increasing budgetary pressure for states, finding lower cost alternatives, such as providing the same quality of care and support to older adults in their homes and in the community, has taken on greater urgency.

What are Supportive Services?

Supportive services consist of medical and non-medical services to help individuals overcome barriers to independence. Supportive services for older adults typically address an individual's difficulty in completing tasks essential to his or her well being—referred to as activities of daily living (ADLs) and instrumental activities of daily living (IADLs). These include:

- Eating
- Dressing
- Bathing
- Grooming
- Getting in and out of bed or chairs
- Walking
- Using the toilet
- Communicating

Supportive services often include:

- Medical services
- Case management
- Mental health services
- Social activities
- Medication management
- Personal care assistance
- Home chore assistance

Many home- and community-based supportive service programs also offer supplemental services such as transportation to medical appointments and shopping to address obstacles to traveling outside the home.

Home- and Community-Based Supportive Service Programs Can Achieve Better Health Outcomes

In addition to costing less, supportive services provided to an individual in his or her home, versus a nursing home facility, also can result in better health outcomes. Studies of two supportive service programs that provide long-term care to individuals enrolled in Medicaid and Medicare demonstrate the beneficial health impacts of those home-based services. A study of the Program for All-Inclusive Care for the Elderly (PACE), a national program offering a continuum of acute and long-term care for individuals age 55 or older, found that PACE participants have better health outcomes, better self-reported health, and lower rates of admission to nursing home facilities than non-participants.[12] A study on the Aging in Place (AIP) program in Missouri found that AIP program participants had better clinical health outcomes than similar individuals in nursing home facilities and at lower costs.[13] Not only do these two programs deliver health care and supportive services at lower cost than nursing home facilities, but by achieving better health outcomes, they can help delay further health declines, extending the period of time participants can receive an adequate level of care in their homes instead of in a nursing home facility.

In addition to costing less, supportive services provided at home can result in better health outcomes.

States Have a Legal Obligation to Provide Long-Term Care in Community Settings

The 1999 *Olmstead v. L.C.* Supreme Court decision requires that states provide home- and community-based services to all persons with disabilities, as appropriate for their level of need, to prevent the segregation of individuals with disabilities in institutions. The case was brought on behalf of two women whose transfer from state psychiatric hospitals to the community was delayed for several years because there were no spaces available in community treatment programs. The court decision affirmed that forcing individuals with disabilities to receive long-term care in an institutional setting, instead of being integrated into their community as much as is appropriate for their condition, constitutes discrimination based on a person's disability, which is a violation of the Americans with Disability Act (ADA).

In 2012, approximately 2.6 million older adults reported difficulty in completing ADLs and many would be classified as disabled according to the ADA.[14] The *Olmstead* ruling, and subsequent clarifications, have increased efforts by states to develop the necessary capacity to provide community-based health and supportive services to older adults and other individuals with disabilities.

A Variety of Barriers Can Impact the Ability to Age in Place

Difficulties with a variety of ADLs, such as getting around, caring for oneself, and maintaining the home, can present different levels of barriers to aging in place depending on an individual's needs, the supports and services available, and the type of community in which he or she lives.

Caring for Oneself

The need to care for oneself, particularly with a chronic illness or other major impairments, can limit the ability of many older adults to age in place. Frail older adults and those with chronic illnesses often need regular personal care assistance, particularly if they are living alone. Moves to an institutional setting often stem from an inability to independently accomplish one or more ADLs and a lack of a local support network. Difficulty managing other medical needs, such as taking medications appropriately and keeping track of medical appointments, may also make aging in place impossible without assistance.

The Housing Side of Aging in Place

While this report focuses on services that support aging in place, affordable housing is the essential core. Low- and moderate-income older adults live in a variety of homes and communities. Older households are more likely than the general population to own their home and a sizeable minority still has mortgage debt.[15] Rising property taxes and other homeowner expenses can be challenging for those on fixed incomes.

Older renters may live in market-rate apartments or receive assistance from an affordable housing program. Through HUD's Section 202 program and age-restricted Low Income Housing Tax Credit developments, mission-driven property owners provide affordable apartments with on-site services for older residents. Older adults also live in federally-subsidized affordable housing without age restrictions – renting a home through HUD's voucher program, public housing, or in other Low Income Housing Tax Credit properties.

For guidance and examples of affordable housing policies that address older adults' needs, see the Older Adults toolkit on HousingPolicy.org.

Getting Around

A lack of access to health care, social services, groceries, and other community amenities is a common barrier to aging in place. Driving is the primary means of getting around in most rural and suburban areas and even in many cities. Yet, as individuals age, their ability to drive, particularly in heavy traffic, rainy or snowy conditions, or after dark, can diminish. Public transit systems and mixed-use, walkable neighborhoods can improve accessibility for those without a car or who do not drive, but getting around a city is not necessarily easy for older adults. Navigating on foot or by transit can present a host of challenges, such as difficulties safely crossing wide, high-traffic roads, dealing with out-of-service elevators in transit stations, and walking the distance from home to the nearest transit stop. Older adults living in suburban and rural areas often have few if any public transit options and most do not live in mixed-use, walkable communities.

Managing and Maintaining a Household

Reduced physical capabilities can make maintaining a household difficult for many older adults who want to age in place. Many find it more difficult to enter, exit, and move around their own homes due to declines in mobility and are at increasing risk of falling and injuring themselves. Vacuuming, changing light bulbs, replacing window screens, and other basic home maintenance tasks can become impediments to aging in place, unless family or other support networks are nearby to lend a hand. For individuals with cognitive impairments, keeping track of finances and other basic household management activities can also be a substantial burden.

Staying Engaged

Social isolation is also a common barrier to aging in place. As age brings physical and cognitive impairments, it can be harder to visit family and friends or to host social gatherings. Nearly 45 percent of older adults, about 11.5 million individuals, live alone.[16] Social isolation can lead to negative health outcomes that can precipitate moves to assisted living and nursing home facilities.[17] Lack of access to transportation can also hinder participation in community activities and other social engagements.

Some older adults will remain healthy and active and will find it easy to live independently as they age. However, for many, deteriorating health and lack of local support networks can make it difficult to remain in their homes. Individuals face different barriers to aging in place depending on their physical and mental health. The type of community they live in can also be an important factor in their ability to age in place. Home- and community-based programs that offer comprehensive supportive services in a model appropriate for the community can address a variety of medical and other needs that might otherwise make it impossible for older adults to remain in their homes.

The Type of Community Shapes the Structure of Successful Programs

The ability for an individual to age in place depends in part on the characteristics of the neighborhood in which he or she lives. The features of different kinds of homes and communities—including, for example, proximity to neighbors, the presence and accessibility of a public transportation system, and the availability of public meeting places for seniors—all influence the kind of assistance that seniors may need as they age. The number of social service networks and institutions serving older adults also varies in different types of communities.

The ability for an individual to age in place depends in part on the characteristics of the neighborhood in which he or she lives.

Successful supportive service programs are developed with the inclusion of, and feedback from, the older adults they intend to serve.

Multifamily Buildings in Dense Neighborhoods

Large multifamily buildings in dense neighborhoods, often found in cities and in some inner-ring suburbs, are characterized by a large number of units and are often located in walkable neighborhoods served by public transit. When these buildings are home to a large share of older adults, they offer some advantages to seniors. Frail older adults in these buildings are relieved of the burden of many elements of upkeep and maintenance because large multifamily buildings are often professionally managed by rental property managers or cooperative associations. A large population of older adults co-located can make providing services and amenities easier.

However, frail older adults living in multifamily buildings can be limited by their lease or mortgage provisions in the kinds of physical modifications they can make to their unit or to the building (such as changing a unit's layout or installing ramps and handrails in common areas). Large multifamily buildings without common areas and activities that encourage socializing among residents can result in anonymity and isolation.

Single-family Homes and Smaller Multifamily Buildings Clustered in Neighborhoods

Small neighborhoods can offer a strong sense of community and frequent opportunities for engagement among neighbors. However, older adults living in single-family homes and small multifamily buildings clustered in a few neighborhoods are usually less likely to have access to public transportation than those living in more urban areas. Frail older adults may find it more difficult to travel to medical appointments and run errands if they do not drive. In addition, older adults living in these types of communities are more likely to be homeowners with home maintenance and repair responsibilities that can be difficult for them to carry out if they have physical impairments.

Single-family Homes Dispersed Across a County or Region

Smaller rural communities often have strong interpersonal ties, but long distances between homes. Older adults living in single-family homes, including manufactured homes, that are dispersed across a county or region can face the greatest challenges in traveling to medical appointments, completing errands, and accessing services. Residents of rural areas typically have few if any public transportation options. Older adults in these communities are also likely to be homeowners; seniors with physical limitations may not be able to manage maintenance and repairs without assistance. Older adults may not be aware of services available to them through county, regional, or state agencies because marketing these services to households dispersed across a region is difficult.

What Can We Learn from Successful Supportive Service Programs

While supportive service programs often differ in their structure, their target population, and the mix of services they offer, the programs profiled in this report have some common features that contribute to their success in helping individuals overcome barriers to safely living in their homes as they age. These common attributes are important regardless of the community setting.

Guided by the Preferences of Older Adults

Successful supportive service programs are developed with the inclusion of, and feedback from, the older adults they intend to serve in order to learn about the kinds of services older adults in the community actually want. Engaging the population targeted by the program leads to high levels of participation and develops trust. Supportive service programs launched without input from the older adults in the community can find it difficult to recruit individuals to the program and are less likely to make a meaningful impact on the well being of individuals who do participate. Service providers may have preconceived notions of what the service needs of older adults are, but seniors are not a homogenous group and not all communities are the same. Health and social service agencies will not know the greatest barriers older adults face in their community unless they spend time learning from those older adults.

Evolved to Serve a Wide Range of Needs

Over time, the needs of older adults may change if they become frail or develop chronic health conditions. Effective supportive service programs seek ongoing input from older adults and regularly collect information about the changing health conditions and needs of program participants, as well

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as older adults who do not participate. With that information, supportive service programs can alter the kinds of services they offer and bring new partners on board with expertise in responding to emerging needs. Many sophisticated supportive service programs measure changing needs by incorporating health data collection and data-driven outcomes assessment into the program. This monitoring allows the programs not only to identify emerging health issues, but also to get an accurate picture of their effectiveness in addressing common health and other issues. Many healthy and active older adults who do not need supportive services also benefit from inclusion in program administration by sitting on advisory boards and offering feedback, as well as volunteering to provide services through the program such as transportation to appointments, help with home chores, and companionship.

Built Upon Partnerships with Service Providers and Community Stakeholders

In order to take a holistic approach to supporting the health and well being of older adults with varying needs, supportive service programs must offer a range of services. Individual service providers are often siloed into different fields—health, social services, and housing—and do not have the capacity to provide high quality services in all those areas as a single provider. The collective expertise and skill of a variety of service partners can create an array of high quality service offerings, from nursing care, to personal care, to help paying bills, or recreational activities. Community groups often have existing relationships with the communities and individuals targeted by supportive service programs and play a key role in publicizing the programs and helping program administrators understand the needs as well as the resources already in place.

Successful Models in Three Types of Communities

Multifamily Buildings in Dense Neighborhoods

Providing supportive services to older adults in multifamily buildings in dense neighborhoods presents both unique challenges and opportunities to home- and community-based service programs. This report profiles one successful program model that has been adopted in cities throughout the country and one program that has successfully served older adults in Northern California.

Naturally Occurring Retirement Community Supportive Service Programs

Naturally occurring retirement communities (NORCs) are buildings or neighborhoods, without explicit designations as retirement or assisted living communities, which, over time, have developed a concentration of older adult residents. NORC Supportive Service programs (NORC-SSPs) are a model for offering supportive services to respond to the growing needs of the aging residents living in NORC buildings or NORC neighborhoods. The NORC-SSPs provide supportive services through partnerships with property managers, condo or cooperative associations, health care agencies, social service agencies, and philanthropic organizations.

The first NORC-SSP was launched in 1986 in New York City when the residents sitting on the co-op board of the Penn South co-op building determined that providing on-site supportive services would help their large older adult population to remain in the building as many became frail. There are NORC-SSPs in at least 26 states across the country.[18] While these programs differ in terms of eligibility requirements, most criteria are based simply on age and

residency in the NORC and do not include income restrictions. NORC-SPPs often serve people whose needs are not met by Medicare, Medicaid, and Older American Act services due to gaps in services offered or individual ineligibility.[19] The services are usually free.

Funding for NORC-SSPs usually comes from the partners, philanthropic grants, and government grants, typically from area agencies on aging. To cover administrative costs in some NORC-SSPs that are not fully funded, program participants are charged small fees, either in the form of membership dues or fees for services.[20]

While the details of their administration and service offerings differ, NORC-SSPs typically provide health services such as:

- Care coordination
- Medication management
- Nursing care

They also provide supportive services such as:

- Case management
- Personal care assistance
- Assistance with household chores
- Social activities
- Transportation

Guided by the Preferences of Older Adults

The NORC-SSP model emphasizes flexibility in program and service offerings so that the program can adjust to the changing needs of its aging population. Most NORC-SSPs are formed because residents have expressed interest in services to property managers or co-op boards, and social service agencies have seen a need and want to better serve that particular community. NORC-SSPs are managed and administered by partnerships of social service organizations. Many NORC-SSPs have older adult residents sit on the board, participate in program administration, and volunteer in the program. By empowering residents, this program model contributes to better psychological outcomes among program participants as they engage in the program and their community.[21] This involvement is also critical to understanding residents' needs and developing residents' trust and support for the program. NORC-SSP programs created by service agencies without initial feedback from residents about their needs and desires found it difficult to address more than short-term needs, because they were not very successful in engaging residents and gaining their trust.[22]

Evolved to Serve a Wide Range of Needs

Evaluations of NORC-SSP programs consistently find that large majorities of participants report improvements in health and social engagement as a result of participating in the program.[23] In addition to responding to individual participant needs, many NORC-SSPs identify a common health condition or barrier to aging in place in their community and develop a community-wide approach—through educational group programs, innovative protocols, or implementation of proactive strategies with service partners—to address the issue. Some examples of the health conditions and barriers to aging in place that NORC-SSPs address include:

- High rate of hospital readmissions
- Poor diabetes management
- Fall risks
- Untreated mental health conditions

In addition to improved health outcomes and reduced health risks among participants, some NORC-SSPs have observed some additional unexpected positive outcomes from these community-wide approaches. For example, participants and doctors have become more proactive about initiating discussions on prevention options for various health conditions and risks, and negotiations with property managers have resulted in property modifications to reduce fall risks, such as installing handrails for steps.[24]

Built Upon Partnerships with Service Providers and Community Stakeholders

NORC-SSPs rely on the varying expertise and capacity of the housing, health, and social service providers that form the partnership to address the multifaceted needs of older adults in the NORC. Many successful NORC-SSPs incorporate regular information sharing among the partners about individual participants' health and changing conditions to better

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respond to individual service needs and tailor the programs to widespread community needs.[25] NORC-SSPs also often have an educational and training component for staff and partners so that the partners use the same terms and language to effectively discuss targeted health and supportive service needs of individual participants.[26] However, forming successful partnerships can be difficult. Some NORC-SSPs report varying degrees of support, particularly among building managers and owners, because some fear that a NORC-SSP on-site will make the building look like a nursing home and be less desirable to households of all ages.[27] When property managers and cooperative associations do not actively support the operations of NORC-SSPs, it can inhibit the success of the programs in recruiting participants and addressing their specific housing needs.

WellElder Program

The WellElder program, located in the San Francisco Bay Area, is a supportive service program that offers older adults living in federally subsidized housing complexes service coordination, health monitoring, and wellness education to enable them to continue living in their apartments if their health declines. It was created in 1991 by Northern California Presbyterian Homes and Services (NCPHS), an affordable housing provider, when many of its residents expressed interest in remaining in their affordable homes even as their worsening health made living independently in the community more difficult.[28]

The WellElder program is currently offered in four federally subsidized multifamily properties in the San Francisco Bay area—three buildings are operated by NCPHS and one is operated by Bethany Center Senior Housing. The WellElder staff at each building includes one on-site service coordinator, expanding the service coordinator position in federally subsidized housing for older adults and persons with disabilities, and one nurse health educator to address social service and health service needs of residents. Residents of the properties must become members of the WellElder program, free of charge, to receive direct services, though all non-member residents can participate in educational and social activities, such as group wellness education seminars on health topics like exercise and nutrition. NCPHS and Bethany Center Senior Housing fund the salaries of their on-site service coordinators. The nurse educators are paid by the regional nonprofit health and social service agency, the Institute on Aging.[29]

WellElder staff recognized early on that being located on-site in the affordable housing buildings was key to engaging residents, as well as informally monitoring their well being.

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Many non-member residents report a great sense of security from knowing they have someone on-site who could help them respond to health issues should they ever need help.

Guided by the Preferences of Older Adults

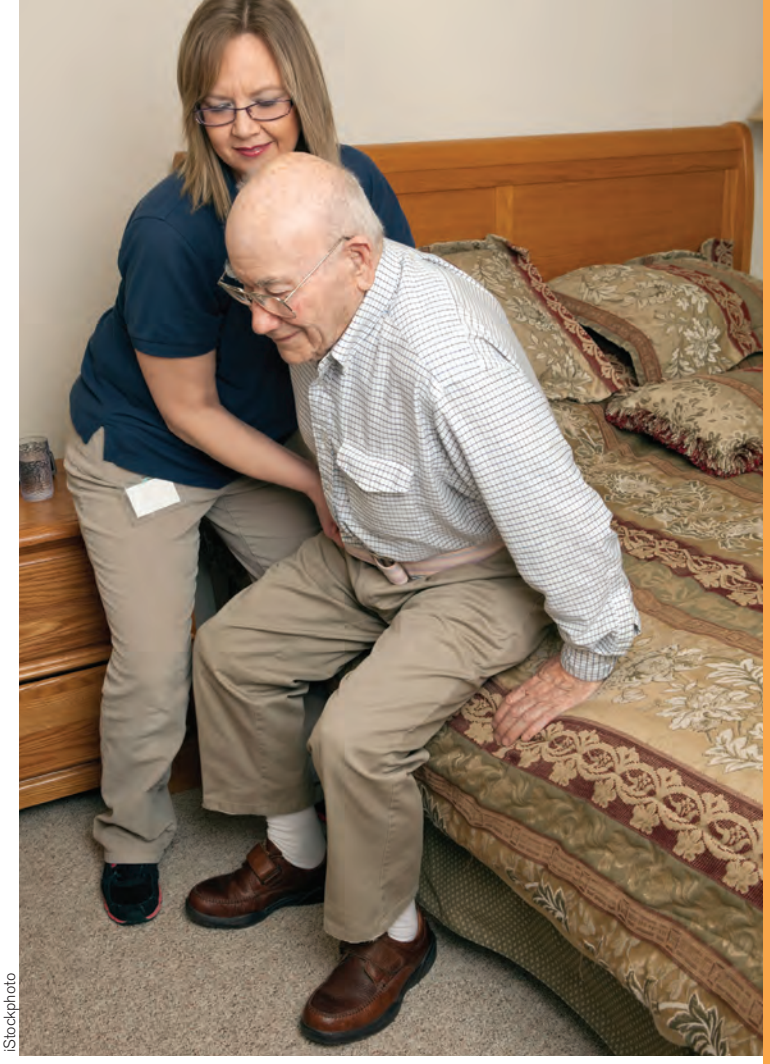
The WellElder program was created at the request of residents in the community. The interactions between program members and staff are tailored to the individual member needs. The WellElder service coordinators offer numerous member services, including:

- Needs assessments
- Help with applications to access and maintain public benefits
- Help with reconciling medical bills
- Monitoring after a health incident
- Assistance with discharge planning after a hospitalization
- Supportive counseling
- Coordination of medical care scheduling
- Grief counseling
- Maintenance emergency health information for members

The nurse educators offer services such as:

- Monitoring blood pressure or weight
- Health education on a variety of topics
- Explaining medical instructions
- Giving instructions on self-care
- Conducting health assessments
- Discharge coordination
- Coordinating a member's medical care

The WellElder program has been successful in helping members maintain their health and live independently. Nearly 95 percent of the members reported that the program was helpful to them, and over 60 percent believed it helped them access services faster than they could have on their own. Well over half believed the program would also help them stay in their apartment longer.[30]



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Evolved to Serve a Wide Range of Needs

WellElder staff recognized early on that being located on-site in the affordable housing buildings was key to engaging residents, as well as informally monitoring their well being. WellElder and property management staffs are able to observe changes in members' health or needs and discuss those changes with residents' medical providers, with permission from the participant, or engage the individual directly to proactively address issues. Many non-member residents report a great sense of security from knowing they have someone on-site who could help them respond to health issues or understand medical instructions and paperwork if they ever needed it.[31]

Built Upon Partnerships with Service Providers and Community Stakeholders

While separate in their duties and service offerings, most WellElder service coordinators and nurse educators report that they work closely with each other to evaluate and respond to member needs. They also meet quarterly with the property managers to communicate about and resolve resident problems, such as late rent payments or hoarding. WellElder service coordinators and nurse educators also meet with property managers to discuss recruiting activities, service utilization, and whether service offerings should be modified.

A great deal of time and effort was devoted to developing and strengthening the relationships over time, now considered by NORC-WOW staff to be critical to the program's success.

Though the strength of the relationships between WellElder staff and property managers vary, some of the property managers have noted that the WellElder program is a benefit to them as well as to residents. It reduces the time they spend addressing resident issues, reduces turnover by keeping residents functioning independently, and prevents disruptions by more effectively dealing with residents who are struggling with issues such as mental illness and hoarding.[32]

Single-Family Homes and Smaller Multifamily Buildings Clustered in Neighborhoods

Older adults living in single-family homes clustered in a neighborhood, characteristic of many suburban communities, face many of the same obstacles to aging in place that older adults in dense, multifamily buildings must cope with. However, because older adults in single-family home neighborhoods are more likely to be homeowners[33] and have more limited access to public transportation,[34] they may have difficulty with home maintenance, traveling to appointments, and running errands. While home modifications like handrails and chairlifts can sometimes address mobility and safety challenges, these approaches are outside the scope of this report.[35] Effective supportive service programs in clustered single-family neighborhoods offer the same kinds of health and social services as programs in densely clustered multifamily buildings, but also include services that address transportation needs and issues related to homeownership.

NORC Without Walls

In 2003, the United Jewish Appeal-Federation partnered with the Fan Fox and Leslie R. Samuels Foundation to create and initially fund a suburban NORC-SSP in Queens, New York. Referred to as NORC Without Walls (NORC WOW), the program launched with outreach to over 900 individuals, age 60 or older, in 1,800 single-family homes in eastern Queens neighborhoods. [36] The supportive service program components include traditional NORC-SSP services such as:

- Case management
- Health care services
- Referral services
- Health education
- Social services
- Recreational activities

The social services are provided to members by the two social workers on staff at the NORC-WOW, in addition to referrals to other local social service agencies as needed. A nurse from a local health care provider, the North Shore-LIJ Health System, offers health and medical services twice a week. The NORC-WOW program is housed at, and run by, the Samuel Field Y, a local community and service center.[37]

To participate in the NORC-WOW program, community residents pay an annual membership fee of $60. Program operations are now primarily funded through grants from the New York State Office for the Aging and New York City Department for the Aging.[38]

Guided by the Preferences of Older Adults

At the launch of the NORC-WOW program, staff hosted town hall meetings and focus groups with residents of the community to learn about the kinds of services older adults in the community needed as well as the services already available, to avoid duplication. In addition to core supportive services, the initial feedback from older adults provided suggestions for services that might not have been offered otherwise, such as snow shoveling services.[39] NORC-WOW members also sit on the program's senior advisory board, along with other community leaders and provide suggestions and feedback on the program.[40]

Members can receive health and social services in their homes or via phone, if they have difficulty traveling, or at the NORC-WOW office located at the Samuel Field Y community center. While most group exercise and social activities are hosted at the Samuel Field Y, NORC-WOW staff will also schedule group events in the homes of members who have difficulty leaving their homes but would like to participate.[41] NORC-WOW members also have access to taxi vouchers to use to travel to medical appointments and to local grocery stores through their membership.[42]

Evolved to Serve a Wide Range of Needs

The NORC-WOW program also offers services that specifically address the homeownership challenges facing frail older adults, such as home repair and maintenance. Basic repairs and maintenance are completed by volunteers, often other older adults in the community.[43] Volunteer opportunities and positions on the advisory board provide an opportunity for older adults in the community to be engaged with their neighbors and be valued for what they contribute to their community.

Built Upon Partnerships with Service Providers and Community Stakeholders

When the NORC-WOW program was first getting off the ground, it hired the Jewish Community Relations Council, a community organizing group, to help the program identify and reach out to important community leaders to form relationships and engage these individuals in the NORC-WOW program. A great deal of time and effort was devoted to developing and strengthening the relationships over time, now considered by NORC-WOW staff to be critical to the program's success. Many of the individuals identified in the initial outreach to local businesses, faith communities, local government, elected officials, and civic organizations sit on the senior advisory board, which meets monthly. They offer feedback on the program and share information important to older adults in the community, such as notification by the police department of scams being perpetrated against older adults or local government officials letting the program know about individual constituents who could benefit from joining the program.[44]

Since the neighborhoods in the NORC are filled with owner-occupied single-family homes without a homeownership association, the NORC-WOW's "housing partner" is actually a community organization, the Samuel Field Y.[45] Because residents are not clustered in one building or complex, outreach and recruitment is more difficult than in multifamily communities. To publicize the program, the NORC-WOW program sends out mailings in the neighborhoods it targets and works with local churches and community leaders to spread the word about NORC-WOW.[46]

Community Partners

In 2003, the Jewish Federation of Greater Washington launched the Community Partners program in suburban Montgomery County, Maryland. The Community Partners program initially targeted older adults in NORCs in nine rental and condo buildings in two neighborhoods in the county. The program started as a free membership program funded through grants from the U.S. Department of Health and Human Services' Administration on Aging and Montgomery County.[47] In 2008, in anticipation of the end of the program's federal grant in 2009, the program converted to a fee-for-service membership organization open to older adults county-wide—in single-family homes as well as multifamily homes.[48]

Renamed Coming of Age in Maryland, the program currently relies on state funding from the Department of Housing and Community Development, in the form of proceeds from Community Investment Tax Credits, and philanthropic grants from the Jewish Federation of Greater Washington and United Jewish Endowment Foundation.

The Community Partners program offered a variety of services, in the homes of participants as well as in common spaces inside the residential buildings, including:

- Social work services
- Medical and nursing services
- Educational health seminars
- Recreational trips and educational activities in local community centers
- Transportation[49]

Guided by the Preferences of Older Adults

Program offerings in the Community Partners program were developed based on responses to a survey on baseline health conditions and interest in various services sent to residents in the targeted buildings, in addition to information gathered through resident interviews. An evaluation of the Community Partners program found that participants reported high levels of satisfaction with the social services and recreational activities provided by the program and moderate levels of satisfaction for the health services.[50]

Evolved to Serve a Wide Range of Needs

While the Community Partners program was still in place, program administrators conducted surveys of program participants and non-participating community residents to gauge overall changes in the needs of older adults living in

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Nearly 30 percent of the county's older adults receiving services in their home would be living in a nursing facility otherwise.

the targeted community as well as participant satisfaction with the program's services offered.[51] When the Community Partners program expanded county-wide and became Coming of Age in Maryland, it developed more extensive recreational and social activities in response to the popularity of the programming among members and to attract new members.[52]

Built Upon Partnerships with Service Providers and Community Stakeholders

The Community Partners program consisted of a partnership of six nonprofit service providers offering health and social services.[53] Coming of Age in Maryland is now administered by the Jewish Social Service Agency in partnership with three other health and social service providers:

- Jewish Community Center of Greater Washington
- Jewish Council for the Aging
- Premier Homecare

Single-family Homes Dispersed Across a County or Region

Older adults living in single-family homes dispersed across a county or region, often in rural communities, face similar challenges to aging in place as do older adults in living in single-family or multifamily homes clustered in a neighborhood. However, rural residents may face even greater barriers to accessing health and other services because they live at much greater distances from health facilities, community centers, grocery stores, and other amenities. Additionally, the programs that serve them do not benefit from a concentration of older adults and the efficiencies that can be realized from serving older adults in a centralized location.

Pulteney Aging in Place Project

In 2009, upon receiving grants from the New York State Office for Aging and philanthropic organizations, Steuben County assessed the needs of older adults in the county, as well as the services that existed to meet those needs. To address the gaps between needs and existing services, the Steuben County Office for Aging collaborated with the Steuben Senior Services Fund, in consultation with county residents, to launch the Pulteney Aging in Place Project. Designed to bring supportive services to older adults aging in their homes in the rural county, the program is funded by the Steuben County Office for Aging and a grant from the Keuka Area Fund.[54]

Guided by the Preferences of Older Adults

Based on feedback from surveys of the county's older adults, and discussions with older adults sitting on the project advisory board, the program developed an array of services based in Pulteney township that consists of:

- Delivered meals
- A quarterly newsletter to notify older adults of health and social services available
- Assistance with minor home repairs
- Transportation to health centers
- Referrals for health services

Local volunteers provide many of the services, particularly transportation and meal delivery.[55]

Evolved to Serve a Wide Range of Needs

The supportive service program served 1,200 individuals in its first two years. After two years, there was a significant increase in awareness among older adults of available transportation and community services.[56] The Steuben County Office for Aging estimates that nearly 30 percent of the county's older adults receiving services in their home, through the Pulteney Aging in Place Project and other programs, would be living in a nursing facility if in-home services were not available. The ability to serve these older residents in their homes has saved approximately $3 million a year due to the cost effectiveness of in-home care.[57]

Built Upon Partnerships with Service Providers and Community Stakeholders

The program is administered by the Steuben County Office for Aging in conjunction with the Pulteney Aging in Place advisory board, which is made up of community members, local church groups, and local volunteer groups and service providers in the region. The partners are not only integral to providing services to program participants, but also to publicizing the services available to older adults in a variety of settings.[58]

HealthMobile Program

Established in 2000, the Idaho State University Senior Health-Mobile program delivers health services to adults age 60 and older in rural southeastern Idaho. The program uses interdisciplinary teams of health care providers made up of advanced students and faculty from the university in the areas of nursing, physical therapy, occupational therapy, pharmacy, and dietetics. The teams focus on providing services to support the health and wellness of the targeted adults. They travel throughout the

state to carry out community assessments and deliver services to older adults in their homes and in rural senior centers. The program is jointly funded by Idaho State University and a grant from the U.S. Department of Health and Human Services.[59]

Guided by the Preferences of Older Adults

Older adults interested in receiving services from the mobile team can be connected to the program through their health care providers, local government, senior center, or by calling the HealthMobile program directly to schedule an appointment. Participants undergo individual assessments to determine their needs. The nurse faculty member from Idaho State University acts as the field coordinator for the patients' care. The team members offer services such as:

- Health assessments
- Medication management
- Home safety evaluations
- Health education
- Memory loss assessment
- Mental health assistance
- Nutrition assistance

Evolved to Serve a Wide Range of Needs

The teams carry out regular assessments of program participants to track their well being and identify changes in individual and overall community needs. The team delivers services to older adults in an RV that travels to and parks at various senior centers on a bimonthly schedule. For older adults who cannot travel to the senior center, the team takes the RV to their homes to provide their services.

Built Upon Partnerships with Service Providers and Community Stakeholders

The HealthMobile program collaborates with regional agencies on aging, local community partners, local service providers, community leaders, and senior center directors to publicize the program and recruit older adults. The HealthMobile team also collaborates with its local partners to develop a plan to deliver services to the community as a whole and determine whether there are gaps in its service offerings.[60]

Important Considerations for Serving Older Adults in Different Kinds of Communities

Many of the core services offered by home- and community-based supportive service programs—health care services, personal care assistance, home chore assistance, and social activities—are essential supports that enable older adults with chronic conditions or physical or mental limitations to age in place regardless of the kind of community they live in. However, the most successful programs are those that recognize the opportunities and constraints of different kinds of communities.

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Multifamily Buildings in Dense Neighborhoods

In multifamily buildings located in dense neighborhoods, the housing development itself serves as the foundation for many effective supportive service programs. Strong and collaborative relationships with the property managers or co-op boards develop "buy in" to the program. When they are engaged with the service providers, building managers often provide funding and on-site space for program staff and activities. Property managers also benefit from the effectiveness of supportive services in addressing housing-related issues like hoarding and helping residents make timely rent payments. Strong relationships with property managers and co-op boards make it easier for supportive service programs to advocate for property modifications, such as handrails and ramps, to enhance the mobility of older adults. Locating services and staff on-site at multifamily buildings is important for recruiting and building relationships with the older adults and fostering a sense of community.

Single-family and Multifamily Homes Clustered in Neighborhoods

In less dense communities characterized by smaller multifamily buildings and single-family homes, it can be more difficult to locate supportive service programs in peoples' homes. However, successful programs in these types of communities offer services at convenient locations, such as centrally located multifamily buildings or community centers, and also serve individuals in their homes. When services are not located in a resident's building, providing transportation services so that older adults are able to travel to medical appointments and run errands is critical. Many programs also address the fact that older adults in less dense communities are more likely to be homeowners and often need help with upkeep and completing repairs by offering assistance with basic home maintenance and repair.

Single-family Homes Dispersed Across a County or Region

In communities where older adults live in single-family homes in sparsely populated areas, transportation is a major challenge since residents can live great distances from medical centers and other service centers. Successful community-based supportive service programs find locations that are relatively central and well known to older adult communities, such as existing senior centers. For older adults who are not able to travel to community centers to receive supportive services, many programs send staff to their homes to provide services. Successful programs often utilize existing community volunteer networks to provide transportation to medical appointments and social events.

Opportunities for the Future

The home- and community-based service programs profiled in this report can, in many cases, support prolonged independence and improve the health and quality of life of frail older adults. Expanding these programs will require a concerted effort to ensure that all communities remain welcoming and livable as their residents age. We recommend that the housing, human services, healthcare, and planning communities coalesce around long-term and short-term opportunities for expanding and strengthening these programs.

Plan Livable Communities

As communities evolve, local governments can encourage the development of physical characteristics and community amenities that accommodate the needs of all residents through the different stages of life. Livable communities apply the concepts of universal design by considering the ability of a wide range of individuals to live there without significant adaptation. In the community context, this often means that neighborhoods are walkable, connected and served by several forms of accessible transportation. Livable communities also include a range of housing choices for people of all ages, abilities, and incomes. Planning inclusive and livable communities will lay the groundwork for adding strong supportive service programs.

Demonstrate Evidence of Impact

Careful evaluation of program impacts can demonstrate the value of home- and community-based supportive service programs. If more programs tracked important measures of health and well being, this evidence could make the case for more funding to expand successful programs and could facilitate the replication of programs and models in other communities. Researchers are focused on understanding the impacts of service-enriched housing, but the diversity of supportive service programs makes it important to document each program specifically, and to understand the specific mechanisms by which programs have a positive impact. Further evidence about the cost-effectiveness of aging in place with supportive services can build momentum for shifting the paradigm away from caring for frail seniors in institutional settings to promoting extended independence.

Take Advantage of Health Care Reform

Effective aging in place programs can play an important role in managing public spending on health and long-term care for seniors. Currently, supportive service programs rely heavily on non-guaranteed funding from the federal Administration on Aging and philanthropic organizations. These grants can typically be used for programming and services, such as recreational activities and transportation, which could not be paid for through the more reliable, long-term funding streams from Medicaid and Medicare. Collaboration between healthcare, human services, and housing providers may

unlock opportunities to access healthcare funding for at least a portion of the wellness-supporting activities offered by supportive service programs.

With the expansion of Medicaid eligibility in many states under the Affordable Care Act, combined with the growing interest among states to "rebalance" their Medicaid expenditures from more expensive institutional care to home- and community-based care, supportive service programs may try to qualify for Medicaid Home- and Community-Based Services (HCBS) funding. However, the restrictions on Medicaid funding will present challenges for supportive service programs whose clients are less frail or have higher incomes. Changing existing supportive service programs to comply with Medicaid requirements would likely eliminate the ability of these programs to fill the gap in services for older adults whose incomes are too high to be eligible for Medicaid services but who cannot afford to pay for these services on their own. The flexibility of the supportive service programs highlighted in this report is one of their greatest strengths, and it is not clear if they would continue to be as effective if altered to comply with Medicaid funding requirements. Supportive service programs should identify whether their client base overlaps enough with Medicaid Home- and Community-Based Services program eligibility before spending much time chasing these funds.

Conclusion

Supportive services open up opportunities for aging in place across a wide variety of communities and housing types. Successful programs take into account the realities of older adults' living situations, whether it be an apartment in a large multifamily building in the city near services, or a single-family home in a rural county with limited health care offerings, and adapt their services and management to address the unique needs of individuals and communities. This report describes various models of home- and community-based supportive service programs that have been successful in facilitating aging in place in different kinds of communities. These models can support the health and well being of the growing number of older adults in communities across the country.

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Formed in 1931, the nonprofit National Housing Conference is dedicated to helping ensure safe, decent and affordable housing for all in America. As the research division of NHC, the Center for Housing Policy specializes in solutions through research, working to broaden understanding of America's affordable housing challenges and examine the impact of policies and programs developed to address these needs. Through evidence-based advocacy for the continuum of housing, NHC develops ideas, resources and policy solutions to shape an improved housing landscape.

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