



Aging in Place:

Housing Authorities Confront the Nation's
Quiet Crisis Facing Seniors

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A message from Sunia Zatterman:



In September 2008, the Council of Large Public Housing Authorities (CLPHA) convened a wide range of affordable housing stakeholders for a summit to develop a shared policy framework for confronting the challenges facing public housing. The resulting “Future of Public Housing Policy Framework” specifically cited the need to get ahead of the “inevitable trend” of explosive growth in the nation’s senior population. The Framework states:

Public housing will address this issue by incorporating the social and physical needs of seniors into its modernization plans and by looking for opportunities to enter partnerships with organizations that will create resident support programs for the elderly to enable them to age in their communities. Such programs would align the public housing strategy with other federal initiatives...that are working to provide affordable community based living alternatives to prevent premature institutionalization. This would create natural partnerships with service providers to coordinate aging-in-place supports, including, but not limited to, social activities, meals, homemaker services, some health related services, and transportation.

Many CLPHA members had started engaging in innovative partnerships to create senior-focused supports for residents long before the summit. The Housing Authority of the City of Milwaukee's Lapham Park Venture, St. Paul Public Housing Agency's Congregate Housing Services Program, and Cambridge Housing Authority's Neville Communities campus at Fresh Pond, for example, provided long-established successful models for other housing authorities to adapt to their local needs and circumstances.

The summit, however, gave voice to the intention and the imperative to take such efforts to scale, which grows more pressing as 10,000 Baby Boomers reach age 65 with each passing day. Indeed, the historic growth of this senior population, and the rising pressure it places on the availability of affordable housing and the other requirements of healthy aging, have been called a "quiet crisis." It is quiet in that, as a problem, it rarely gets the news media coverage or public discussion proportionate to its magnitude. It is a crisis insofar as the nation has failed to adequately prepare for what lies ahead.

In the years since the summit, CLPHA members have expanded their work aimed at addressing the quiet crisis, actively developing and strengthening both existing and new partnerships, putting a service infrastructure in place to meet the needs of their many senior residents.

Just as this work requires strong partnerships at the local level, so does CLPHA's engagement in the national policy discussion about how to support and expand local senior housing and services systems. We are grateful for the contributions to this publication from our partners at LeadingAge, the American Association of Service Coordinators, Joint Center for Housing Studies at Harvard University, AARP's Public Policy Institute, and from longtime CLPHA friend and colleague, former Secretary of the U.S. Department of Housing and Urban Development (HUD) Henry Cisneros. We look forward to continuing to work with these experts in the field to advance smart policy solutions to the quiet crisis.

We also look forward to working with you! Thank you for your interest in housing authorities' work to support older adults.



Sunia Zatterman, *Executive Director*
Council of Large Public Housing Authorities

A message from Henry Cisneros:



Today, our country, like many other nations around the globe, confronts the tsunami of an aging population. The U.S. population already includes more than 40 million people over 65 years of age, and experts expect that population to double, multiplying to more than 80 million people, by 2040.

Even more precipitous is the rate of growth of the over-85-year-old population. During that same time period, the number of people in that age group nationally will more than triple, increasing from 6 million people today to more than 20 million.

This acceleration of the growth of older populations in the United States is due in great measure to the size of the “baby boomers” cohort, the 78 million Americans born in the 18-year period from 1946 to 1964. The first of the boomers reached 65 years of age in 2011, and it is estimated that about 2.8 million of them will reach 65 every year until 2029.

Many aspects of life will pose challenges for the individuals within this large segment of the population as they age, as well as for the nation itself. Financial security, advancing frailties, health costs, nutritional needs, and retirement pressures are among the most serious challenges. But certainly one of the most immediate and important concerns involves providing age-appropriate housing for an aging population.

Experts expect the senior population to double, multiplying to more than 80 million people, by 2040.

Housing for older Americans must take many forms: from retrofitting of the existing housing stock to building more senior friendly rental units to creating new prototypes of congregate housing such as assisted care and memory care facilities. Because housing costs represent such a large portion of the personal budgets of older Americans on fixed incomes, special steps must be taken to assure that affordability is a key component of housing solutions. This is an aspect of the senior housing challenge which falls squarely within the expertise and experience of the nation's housing authorities and their professional staffs.

We confront serious shortfalls of available, appropriately designed, and affordable housing for our rapidly growing senior population. In order to address this deficit:

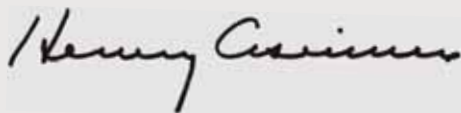
- We need more explicitly framed strategies at all levels of government for meeting seniors' needs.
- We need more resources to fund those strategies.
- We need unprecedented professional dedication and community collaboration to construct the infrastructure for healthy living that older Americans deserve after years of hard work building our communities and building the nation's prosperity.

These imperatives clearly provide a leadership role for our nation's housing authority professionals.

Various federal housing programs have assisted housing authorities with the resources needed to build safe, decent, healthy, and affordable residences capable of enhancing the quality of life of millions of older Americans. I have been impressed over the years on my visits to more than 200 American cities—including during my tenure as Secretary of the U.S. Department of Housing and Urban Development—by how often it is possible immediately to spot the high-quality, well-maintained senior buildings managed expertly by the local housing authority in the community.

Senior housing is an area in which our nation's housing authorities have excelled and in which public housing professionals can take justifiable pride. Housing authorities have established stellar examples and set the pace for an endeavor which the entire nation must now join. Public housing professionals can continue to promote housing solutions for older Americans by setting goals to build more units, by proposing financial options for innovative models, by planning properties in walkable communities, by collaborating with non-profits and housing intermediaries, and by linking senior developments with community services and amenities.

I thank housing authority leaders and staff for their exemplary work in this field of senior housing, which has touched so many lives. The nation needs your design creativity, your construction expertise, your financial acumen, and your compassionate dedication to the public interest to help us act in service of addressing this urgent national priority.



Henry Cisneros, *Executive Chairman*
CityView

Henry Cisneros was HUD Secretary during the William J. Clinton Administration. A former San Antonio mayor and President and Chief Operating Officer of Univision, he is currently Executive Chairman of CityView, a development and investment management company which helps create affordable homes. He is also a member of the Bipartisan Policy Commission's Task Force on Housing and Health. He was president of the National League of Cities and was once named by the National Housing Conference "Housing Person of the Year."

Maintaining Independence

Surveys consistently show that the vast majority of older adults wish to stay in their own homes and communities as long as possible. Unsurprisingly, then, being able to age in place has been shown to be associated with better physical and mental well-being. However, 54 percent of low-income renters have sensory, cognitive, mobility, personal care, or independent living difficulties, which can limit the duration of their time in their own homes. Because many of these individuals cannot afford assistance with tasks of daily living or home accessibility modifications, they may end up prematurely institutionalized in nursing home settings.

Residents of subsidized housing may be particularly likely to find themselves challenged in maintaining their independence. As noted by Alisha Sanders of LeadingAge's Center for Housing Plus Services, older residents of subsidized housing face significantly greater health challenges than their counterparts in the community. At the same time, most senior subsidized housing residents live alone, and they are less likely to have children than other older adults. Generally, 90 percent of seniors who receive help with independent living or personal care activities rely on at least some informal help, most often from spouses or children. Senior subsidized housing residents may not have those informal supports available.

Recognizing these realities, housing authorities have found ways to provide a range of formal supports that allow their residents to stay independent and in their homes. As Judith Chavis of the American Association of Service Coordinators explains, assistance with engaging with local community-based services and accessing available resources can have a profound impact on residents' quality of life and on their ability to stay in the community, while also significantly reducing public costs for long-term care.

In addition to the foundational service coordination, housing authorities have developed partnerships that allow them to bring some needed services on-site to their properties, from transportation to in-home assistance with activities of daily living. They have often refined their approaches over time, in response to the changing needs of residents, the availability of evidence about efficacy, and their ability to marshal necessary resources. These programs serve the mutual interests of housing authorities and their residents in sustaining independent living and avoiding the adverse consequences, such as evictions, of individuals trying to do without necessary supports.





HOUSING AUTHORITY OF THE CITY
OF MILWAUKEE, WISCONSIN

**A NATIONALLY RECOGNIZED
MODEL**



LEADINGAGE

**HOUSING TRANSFORMED:
A PLATFORM FOR HEALTH**



THE HOUSING AUTHORITY
OF THE CITY OF AUSTIN, TEXAS

**BREAKING BARRIERS TO AGING
IN PLACE**



AMERICAN ASSOCIATION
OF SERVICE COORDINATORS

**WHAT SERVICE
COORDINATORS DO**



ST. PAUL PUBLIC HOUSING
AGENCY, MINNESOTA

**AN APPROACH WORTH
BUILDING ON**



Housing Authority of the City of Milwaukee, Wisconsin A Nationally Recognized Model

Lapham Park, a senior housing complex operated by the Housing Authority of the City of Milwaukee is a nationally recognized model of comprehensive care.

“Lapham Park residents are primarily elderly and often very frail individuals, though they generally are not in need of nursing home care,” said Tony Pérez, Secretary-Executive Director of the housing authority. “But many of the residents do qualify for government or other community services, and they need assistance accessing those benefits.” Thanks to a unique partnership with service agencies, they are able to connect with necessary medical care and continue to live independently and age in place.

Two decades ago, the housing authority, Milwaukee County Department on Aging, and social service agencies working at Lapham Park had serious concerns about the building’s population and its residents’ ability to continue to live independently.

“The partners decided it was far more efficient and cost effective to re-think the idea of multiple off-site case managers visiting their clients in the building once a month,” Pérez said of the initiative that was started in 1993. “Why not create an on-site presence at Lapham Park that helps residents remain independent and out of costly nursing care by identifying and arranging treatment for minor health conditions before they become serious?”

The solution was the Lapham Park Venture, a collaborative partnership between a number of stakeholders, currently including the Housing Authority, SET Ministry Inc., the Milwaukee County Departments of Aging and Family Care, Goodwill Industries of Southeastern Wisconsin, and the residents themselves.

“The partnership has evolved to fit our needs over time,” said Catherine Young, CSW, Director of Adult Services for SET, which has been the lead service agency since the Venture’s beginning. “For example, there isn’t a pharmacy in the neighborhood, but we now have a partnership with a local pharmacy to deliver resident prescriptions.”

Funding for the program comes from a variety of sources, including HUD Resident Opportunities and Self Sufficiency (ROSS) grants awarded to the resident organizations of each of the participating buildings. “We estimate that this program saves approximately \$1 million in Medicaid spending per year, and that’s just within the Lapham Park facility,” said Pérez of the 201-unit building. “We’ve replicated it to varying degrees, depending on the needs of the resident population, in 13 other facilities.”





Top: Residents Lela Moore and Catherine Vance with Lula Chambers, Lapham Park's SET service coordinator.

Left: Lou Woodley and her husband Gary Ward credit Lapham Park with linking her to medical care that saved her eyesight.

During the last few months of 2014, Lapham Park residents Lela Moore and Lou Woodley faced health crises that threatened their independence, quality of life, and perhaps more.

Moore was having trouble with her leg. Upon their medical examination, doctors found eight blood clots in the limb, a medical emergency, since such clots can break loose and travel to the lungs or other parts of the body, causing serious complications or worse.

Woodley's eyesight was deteriorating quickly. She worried she would have to give up her job of 17 years.

"That was when things started to get real," said Woodley's husband, Gary Ward. "We needed help. Her eyes were clouding over."

For Moore, Lapham Park's SET service coordinator Lula Chambers not only arranged for immediate and post-operative medical care, she helped Moore establish a relationship with a primary care physician to ensure she stays healthy.

"Little issues can be big things for our residents," Chambers said. "Transportation is a big problem for many of them; so is ensuring the right medical appointments get made."

For Woodley, who was eventually diagnosed as legally blind with cataracts, Chambers worked the phones until she found a local eye specialist who was willing to do the necessary surgery without charge. "Now, I can see just fine, and I'm about to start my 18th year at my job," says Woodley. "If it wasn't for SET and this program, I just don't know where I would be."

LeadingAge

Housing Transformed: A Platform For Health

Increasingly, affordable housing providers assert they offer a platform for delivering services and improving residents' quality of life. Anecdotal experience suggests that it's true. Now, researchers are beginning to provide data that support the claim.

In a recent project funded by the U.S. Department of Health and Human Services (HHS) and HUD, LeadingAge partnered with the Lewin Group to merge HUD administrative data with the Medicare and Medicaid data of older adults receiving HUD assistance in 12 geographic areas across the country. The results provide important insights into the health and health care utilization of HUD-assisted residents and why affordable housing is an important place for targeting the delivery of health and supportive services.

"Picture of Housing and Health: Medicare and Medicaid Use Among Older Adults in HUD-Assisted Housing" affirms that older adults receiving HUD assistance are more likely to be dually eligible for Medicare and Medicaid than those not receiving HUD assistance. Compared to peers in their community not receiving HUD assistance, these HUD-assisted Medicare-Medicaid Enrollees (MMEs):

- Have more chronic conditions.
- Have a higher rate of being hospitalized or using the emergency department.
- Have higher health care costs.

Some could view these results as discouraging. But we believe there's a hopeful message about the difference that affordable senior housing properties could make in the lives of low-income older adults.

Imagine the possible impact of using those housing properties as platforms for delivering health and social services to help low-income residents manage their health and improve their functional status—all while saving health care dollars.

Early results from LeadingAge and RTI International's evaluation of the Supports and Services at Home (SASH) program show this can happen. Based in affordable senior housing properties across Vermont, including several public housing communities, SASH helps participants address their health and social service needs. Initial findings show that SASH slowed the growth of total Medicare expenditures for program participants, evaluated in relation to two comparison groups. This suggests that the housing-based SASH program is bringing added value to Vermont's health reform effort.

These two sets of data make it hard to ignore the great need that exists in publicly-subsidized housing properties and the great potential that those properties hold for filling that need. They give advocates some great information about how to intervene to improve health among low-income seniors and where to target resources for the greatest return. They also give housing providers the evidence they need to expand their role in meeting the needs of the "super-utilizers" of health care—and in garnering the support they need to do so.

Becoming a platform to transform health care hotspots means nothing less than reinventing traditional affordable senior housing. Housing providers cannot just collect rent. Instead, they need to recognize how prevalent aging in community is becoming, understand the challenges facing low-income older adults, and want to be part of the solution. Some have already made this shift; now they need to bring the rest of their peers along with them.



Alisha Sanders, *Managing Director*
Center for Housing Plus Services

Medicare and Medicaid data of older adults receiving HUD assistance in 12 geographic areas across the country

Proportion of Medicare beneficiaries dually enrolled in Medicaid

HUD-assisted (n=180,338)



Unassisted in community (n=2,843,291)

Proportion of Medicare-Medicaid enrollees with 5+ chronic conditions

HUD-assisted (n=112,045)



Unassisted in community (n=249,490)

	HUD-Assisted MMEs N=112,045	Unassisted MMEs N=249,490	% Difference
Average Medicare PMPM (Per Member Per Month)	\$1,222	\$1,054	16%

	HUD-Assisted MMEs N=106,764	Unassisted MMEs N=227,186	% Difference
Average Medicaid PMPM (Per Member Per Month)	\$1,180	\$895	32%

To expand the world of possibilities for aging, LeadingAge members and affiliates touch the lives of four million individuals, families, employees, and volunteers every day. The LeadingAge community includes 6,000 not-for-profit organizations in the United States, 39 state partners, hundreds of businesses, research partners, consumer organizations, foundations, and a broad global network of aging services organizations that reach over 30 countries. The work of LeadingAge is focused on advocacy, education, and applied research. We promote home health, hospice, community-based services, affordable senior housing, assisted living residences, continuing care communities, nursing homes as well as technology solutions and person-centered practices that support the overall health and well-being of seniors, children, and those with special needs.

The Housing Authority of the City of Austin, Texas

Breaking Barriers To Aging In Place

The Housing Authority of the City of Austin (HACA) began, in 2009, to collaborate with local governmental and non-profit agencies to promote engagement and activity for its older public housing residents.

HACA's partner Family Eldercare, an organization that provides essential services to seniors, adults with disabilities and caregivers in Central Texas, had received a federal Community Innovations for Aging in Place grant to support a demonstration of efforts targeted to the public housing resident population over age 50. The grant has been the basis for a successful collaboration that has continued to grow during the past five years.

"Never before had HACA had the opportunity to bring this depth and breadth of services to our older adults, particularly using evidence-based practices," said Pilar Sanchez, HACA's Vice President of Housing and Community Development.

With its partners, HACA has attempted to create communities of active and engaged seniors in which barriers to aging in place are addressed by increased opportunities for socialization and learning, and the physical and mental health of older adults is maintained and even improved through research-based practices.

The Living Well! (A Better Way to Live At Home: Education, Resources, and Supports for Older Adults) program brought needs assessment, service coordination, case management, educational seminars, benefits counseling, volunteer opportunities and recreational and socialization activities, to HACA's four elderly or disabled designated public housing properties: North Loop, Salina Apartments, Lakeside Apartments and Gaston Place.

Each site offered a common set of evidence-based practices that addressed three factors impacting premature transition of residents to a more restrictive environment: falls and mobility, medication management, and mental fitness. Service coordinators at each property organized additional programming based on the needs and interests of residents to further promote health and wellness, encourage learning and offer opportunities for socialization and recreation.

For older residents at highest risk of being unable to age in place, a part-time service coordinator provided intensive case management services, including connection to in-home care, home modifications, discharge planning and transitional care, and adult day care.

A volunteer-coordinator also worked with residents and staff to engage the community in actively promoting healthy aging. The coordinator provided leadership opportunities for older residents who designed programs, led classes and supported fellow residents. The volunteer-coordinator also recruited volunteers and local community-based organizations to provide services to residents.

"This collaborative was such a rich experience for both residents and the staff that had the privilege to work on the project," said Joyce Hefner, LMSW, program coordinator and Family Eldercare Director of Housing and Community Services. "It has allowed us to build a foundation for multi-agency partnerships that continue and are growing today."

A total of 402 of 438 residents (92 percent) took part in the program. That high participation rate was accomplished, in part, through an effective incentive program known as HACA Bucks, "currency" participating residents could use to "buy" items at on-site auctions. The program helped establish nine ongoing resident-led activities at three properties and an annual volunteer recognition program.

Of the 30 program participants who received home care to support them and prevent lease violations following a change of condition, 29 remained housed. A formal evaluation of the demonstration is considering the relationship between program activities and residents' ratings of quality of life. It includes an analysis of changes in the activities of daily living that move residents into an "at risk" or "frail" elder status.

Although the Living Well! demonstration program officially ended in 2012, thanks to a continued partnership with Family Eldercare and funding from the City of Austin and the St. David's Foundation, HACA is still able to offer some services to elderly residents, including service coordination and activities to encourage community engagement. Ongoing health services, including flu shots, nurse visits, medication screenings, exercise programs, nutrition education and brain health programs have also been established on site.



Top: A resident flashes a victory sign as residents celebrate Older Americans Month at HACA's annual Senior Mayfest event.

Left: Lakeside residents participate in a game of bingo.

Based on an in-depth needs assessment when the program first started, North Loop resident Bessie Hawkins, 70, has received help with money management, organizational skills, applying for Medicaid and food stamps, and has been a very active participant in the activities brought to the property. She enjoys the Brain Boosters classes and engages in the Badgerdog creative writing classes every week.

Hawkins started exercising in the classes WeViva brought to the property. The service coordinator assisted her with obtaining a reduced membership at the YMCA, and she has started losing weight and getting more fit. In the computer lab she uses skills she is learning in classes to find diet and weight loss information.

Hawkins received a recent warning for a lease violation; she continues to have difficulty keeping organized. However, she received contracted housekeeping services to de-clutter her apartment, allowing her to pass the management inspection.

American Association of Service Coordinators

What Service Coordinators Do

A service coordinator is a social service professional whose primary role is to coordinate engagement with community-based supportive services and provide assistance with accessing benefits, entitlements, and other local resources for the residents of the property where they work.

Service coordinators also act as information and referral resources for low-income residents of public housing or other affordable housing environments. National research has chronicled the widely shared preference of older adults to remain independent and in their own homes and communities for as long as possible.

Congress created HUD's first service coordinator program in 1990 as part of the Cranston-Gonzalez Affordable Housing Act and the profession has expanded in the 25 years since. Though the initial law focused on serving Section 202 Multifamily Housing for the Elderly/Disabled, the American Homeownership and Economic Opportunity Act of 2000 allowed for funding of service coordinators in most HUD-assisted developments designated for the elderly and people with disabilities, including public housing.

Service coordinators eliminate barriers to residents' living independently with dignity by:

- ▣ Screening residents' capacity for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), to determine their respective service needs.
- ▣ Identifying and networking with appropriate community-based supports.
- ▣ Assisting residents with obtaining needed services and/or public benefits.
- ▣ Monitoring and evaluating the effectiveness of the supportive services provided to residents.
- ▣ Advocating on behalf of residents, individually and collectively, to ensure their needs are met.
- ▣ Assisting residents with setting up informal support networks.
- ▣ Assisting residents with resolving tenancy concerns.
- ▣ Developing and securing appropriate education, financial, and health and wellness programs for the housing community.
- ▣ Assisting residents with resident associations, as requested.

In 2008, HUD's Office of Policy Development and Research published a survey: "Multifamily Property Managers' Satisfaction with Service Coordination." It found the strong belief that service coordinators improve the quality of life for residents of federally-assisted properties. The survey also found that resident occupancy appears to be 10 percent longer in properties with a service coordinator, when compared to properties without the position. This increased duration of independent living reduces public long-term care costs. According to calculations by the American Association of Service Coordinators, a frail elderly person's living in a subsidized property that has a service coordinator and receiving supportive services and public benefits costs 66 percent fewer taxpayer dollars than the average cost of nursing home care.*

Despite the potential to reduce public costs, funding for service coordination in public housing remains a critical concern. For years, the federal funds appropriated to housing authorities have been wholly insufficient to meet basic public housing operating and repair needs, much less fund a service coordinator. Despite the fact that HUD has omitted Resident Opportunities and Self Sufficiency service coordinators from its budget requests since FY2010, Congress has continued to recognize that residents of public housing should be afforded access to the information, assistance, and linkages to community-based supports and services that service coordinators provide, by continuing to fund the program. Still, housing authorities need more resources to devote to enabling their residents to live independently and achieve economic self-sufficiency.

* This figure is based on: the average SNAP (food stamp) benefit for seniors of \$121/month; 70% of the national average HUD 2014 Fair Market Rent for a one-bedroom apartment; an estimated cost of in-home health and home maintenance at 40 hours per month; and the average monthly cost of a service coordinator based on AASC's 2014 Service Coordinator Salary Survey. The comparison is to the national average monthly cost of a semi-private room in a nursing home as reported in Genworth 2014 Cost of Care Survey of Home Care Providers, Adult Day Health Care Facilities, Assisted Living Facilities and Nursing Homes.



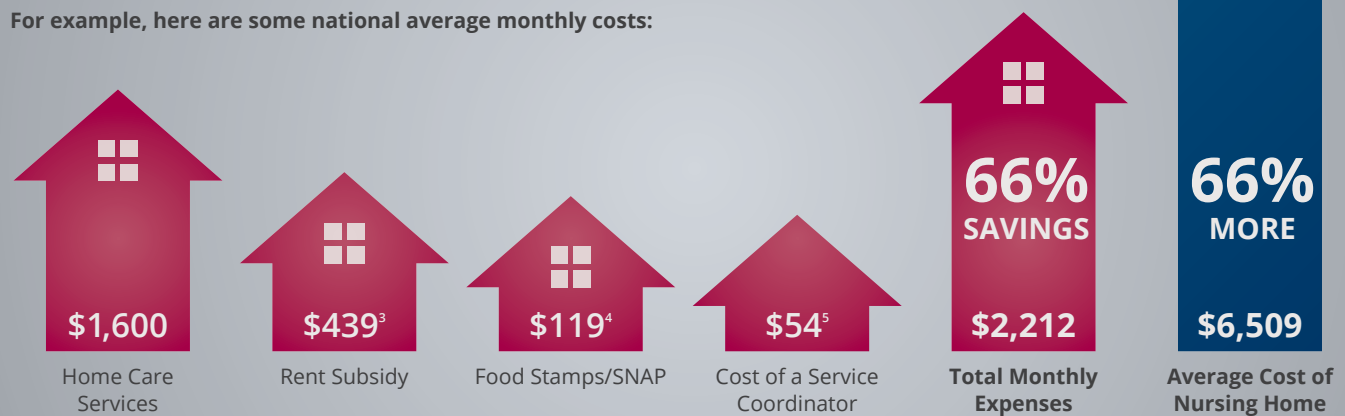
Service Coordinators in Housing for the Elderly **Save Taxpayer Dollars.** *And here's how...*

Service coordinators working with low-income seniors save taxpayer dollars by providing access to community-based supports and services that keep them aging in place in their own apartments instead of having to move to more costly institutional settings such as a nursing home.

According to national data and reports regarding delivering home and community based long-term care services and supports, the average cost of support services for one month is just \$1,600¹; **the average cost of one month of nursing home care is \$6,509².**

The national average cost of in-home support services is 66% less than nursing home care.

For example, here are some national average monthly costs:



Therefore, if one month of nursing home care costs \$6,509 and maintaining a low income elderly person in their own apartment through accessing benefits and community-based supports and services costs \$2,212...

Taxpayers have saved \$4,297 every month one low-income senior lives independently!

The American Association of Service Coordinators (AASC), since 1999, has been dedicated to the advancement of the service coordination profession through leadership, education, training, professional standards, guidance and advocacy. Our mission and vision is to support our members who serve individuals, families, the elderly and persons with disabilities in subsidized and other affordable housing situations.

¹ MetLife Mature Market Institute. October 2011. "Market Survey of Long-Term Care Costs: The 2011 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs." Available at: <http://www.aarp.org/content/dam/aarp/livable-communities/learn/health/the-metlife-market-survey-of-nursing-home-assisted-living-adult-day-services-and-home-care-costs-2011-aarp.pdf>. Figure based on combined hourly rates of \$21/hour for Home Health Aide and \$19/hour for Home Care Aide at an average of 40 hours per month for all services. ² Ibid. Figure represents average cost of semi-private nursing home room per month. ³ U.S. Department of Housing and Urban Development. 2012. "2012 Fair Market Rents." Available at: <http://www.huduser.org/portal/datasets/fmr/fmr2012f/index.html>. Figure based on 70% (typical rent subsidy percentage) of FY2012 Fair Market Rent for a 1BR apartment at \$627. ⁴ Eslami, Esa, Kai Filion, and Mark Strayer. 2011. "Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2010." Submitted by Mathematica Policy Research, Inc. to U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. ⁵ American Association of Service Coordinators. 2012. "2012 Service Coordinator Salary Survey." Figure based on \$37,500 avg. annual salary + 30% benefits for 12 months with a caseload of 75 residents (avg.) per property.

St. Paul Public Housing Agency, Minnesota

An Approach Worth Building On

The St. Paul Public Housing Agency's (PHA) Congregate Housing Services Program (CHSP) has provided assisted living in public housing developments for 32 years.

Combining the public housing subsidy and a HUD CHSP grant with sliding scale client fees, Medicaid waiver payments, and other resources, the program provides affordable housing and services to up to 125 residents at a time in five St. Paul PHA high-rises. These residents have physical or mental infirmities, and sometimes both, that would otherwise require placement in a nursing home or other institution.

The national CHSP was authorized by the Housing and Community Development Amendments of 1978. The St. Paul PHA received a federal CHSP grant in 1980 and opened its first CHSP site in 1982. Congress has continued to fund the renewal of existing CHSP grants annually, but has not provided funds for any new CHSP sites since 1995.

Individuals who are interested in St. Paul PHA's CHSP services must be approved by an independent Professional Assessment Committee. Approved applicants who are not yet public housing residents receive priority on St. Paul PHA's public housing waiting list, for which they must meet the usual eligibility requirements of a favorable housing history and no disqualifying criminal record.

Congress created CHSP in recognition that "a large and growing number of elderly and handicapped residents of public housing projects...face premature and unnecessary institutionalization because of the absence of or deficiencies in the availability, adequacy, coordination, or delivery of...supportive services" (42 USC 8001). Accordingly, the program serves both elderly and non-elderly disabled persons in need of services. About 40 percent of current St. Paul PHA CHSP participants are elderly, 62 or older, and 60 percent qualify by way of a diagnosis of developmental disability, mental illness, or brain injury. For the St. Paul PHA, the goal is the same whether the resident is elderly with memory loss or middle-aged with mental health issues – to surround eligible residents with the kind of support services that lets them remain part of their communities.

St. Paul PHA's CHSP provides residents with two nutritious, well-balanced meals every day of the year, including weekends and holidays. CHSP staff provides scheduled weekly housekeeping and laundry services, as well as daily "wellness checks," socialization opportunities, and social services coordination. During the fiscal year ending March 31, 2014, St. Paul's CHSP served 168 residents, providing about 55,000 meals, 7,000 hours of housekeeping, and 4,000 hours of case management services.

St. Paul PHA's CHSP staff includes a program manager, program coordinators, and program service assistants. CHSP also relies on strong partnerships with community social service agencies. As one Ramsey County case manager noted, "CHSP provides the needed services that allow my clients the opportunity to transition back to an independent setting more safely." Transitions from institutions to the community are not only in the individual's interest, but also in the community's interest, as they reduce public costs for supporting these individuals.

The St. Paul PHA's current budget for this program is about \$2 million, including the HUD CHSP grant of about \$800,000. The PHA's average per-resident annual cost for CHSP housing and services is less than \$9,000, excluding in-kind contributions. For comparison, in 2014, the median annual cost for a private nursing home room in the Minneapolis-St Paul area was around \$95,000.

"We're proud of the way CHSP helps as many as 165 public housing residents each year avoid premature hospitalization or nursing home placement by remaining healthy and self-reliant in their homes," says St. Paul PHA Executive Director Jon Gutzmann. "For over 40 years, CHSP has been generating savings in health care costs while promoting residents' well-being. It works, and it stands ready to be taken to scale."



Top: A resident and staff member talk at meal time.

Middle: Residents relax and interact in a garden at a CHSP location.

Left: A staff member and resident pass the time in a community room.

Mike, 53, is about a decade shy of meeting HUD's definition of elderly. He is one of the more than 200,000 non-elderly disabled public housing residents nationwide. Unlikely to be able to afford housing without assistance for the foreseeable future, these individuals represent the next generation of assisted housing residents who are both elderly and disabled. Providing supports that enable them to successfully age in place could mean these disabled clients enter their elderly years in far better shape than they would otherwise, with the attendant lower healthcare and societal costs.

Mike at one time received residential treatment for his mental illness in an institutional setting, later moving into a St. Paul PHA high-rise that did not provide CHSP services. He was on the verge of eviction and at risk of becoming homeless because of his hoarding behavior, poor personal hygiene, and anti-social behavior. He also faced malnutrition.

Then, he voluntarily transferred to a PHA high-rise with CHSP services. His life changed. He now cooperates with CHSP staff to maintain his apartment on a regular basis and participates in daily meals, even dining in the community room with fellow residents. He seeks out staff to assist him with his daily routine and regularly interacts with others.

Mike enjoys walks in his neighborhood and arranges his own medical appointments. He continues to have challenges with his mental illness, but his quality of life, as well as his self-esteem, have improved dramatically, thanks partly to CHSP. "I like living here, and it makes me happy to be in a safe place," Mike said.

Creating Communities

With a rapidly growing senior population, the U.S. faces a serious deficit of senior housing. One projection indicated that the national demand for senior housing will increase from approximately 18,000 units per year in 2010 to nearly 76,000 units per year in 2030. Yet, the senior living inventory grew only 1.7 percent over 2014.

Meanwhile, the nation also has a severe shortage of low-income housing. In 2013, there were only 65 affordable and available units for every 100 very low-income households (with incomes less than 50 percent of the area median), with an even bigger gap for those with extremely low incomes.

Looking at the interaction of these two situations, resources need to be devoted to growing the low-income senior housing supply. Elderly households without children account for 19 percent of very low-income households with worst case housing needs, paying more than 50 percent of income for housing or living in substandard conditions, or both. As explained by Jennifer Molinsky of Harvard's Joint Center for Housing Studies, in coming years, more and more households will fall into the very low-income elderly category, requiring significant investment in supporting their housing needs just to keep pace with current rates of assistance.

While any increase in low-income housing would benefit low-income seniors, housing authorities have taken the opportunity to act strategically in support of improving the life outcomes of their current and future senior residents. Many seniors living alone experience social isolation, stemming from their physical isolation. Thus, simply building dedicated senior living communities can reduce social isolation, with significant effects. Research has shown that social isolation of seniors is associated with long-term illnesses such as chronic lung disease, arthritis, impaired mobility, and depression, with the need for home long-term care services, and even with increased mortality.

Still, housing authorities have, by and large, taken even greater steps to serve the needs of the seniors in their communities. Some have co-located new construction senior housing with service facilities and senior centers. Some have targeted specific subpopulations, such as grandfamilies or those in need of memory support. Some have taken steps to enhance community cohesion in traditional senior/disabled "mixed population" public housing developments so that residents can feel more at home. All of these types of efforts aim to enhance the options available to seniors challenged by the scarcity of affordable housing options available to them.





FAIRFAX COUNTY REDEVELOPMENT
AND HOUSING AUTHORITY, VIRGINIA
REALIZING A VISION



Joint Center for Housing Studies
of Harvard University

JOINT CENTER FOR HOUSING STUDIES
OF HARVARD UNIVERSITY
**THE SENIOR HOUSING CRISIS AHEAD:
FROM BAD TO WORSE**



HOUSING AUTHORITY OF KANSAS
CITY, MISSOURI
**GRANDPARENTS AND
GRANDCHILDREN, TOGETHER**



CAMBRIDGE HOUSING AUTHORITY,
MASSACHUSETTS
CREATING A CONTINUUM OF CARE



HOUSING AUTHORITY OF
BALTIMORE CITY, MARYLAND
BRIDGING THE AGE DIVIDE



Fairfax County Redevelopment and Housing Authority, Virginia

Realizing a Vision

Herndon Harbor House is a thriving senior community developed by Fairfax County Redevelopment and Housing Authority in cooperation with the Town of Herndon. With modern conveniences and historic charm, the community is nestled close to the revitalized downtown area of Herndon that boasts new municipal buildings and a busy retail area.

Herndon Harbor House was built in three phases. The first phase, completed in 1998, involved the construction of 60 affordable, independent senior living units in two buildings that included attractively appointed and spacious common areas for entertaining and socializing. The buildings provide affordable housing to low- and moderate-income seniors making up to 50-60 percent of the area median income in an area where affordable housing has been increasingly difficult to find. This is especially true for seniors, who often live on fixed incomes.

Phase Two of the construction, completed in 2001, included an additional 60 affordable units of independent living and an Adult Day Health Care Center. The Center is for adults with disabilities who require supervision, health care and support services during the day and is operated by the Fairfax County Department of Health.

The Herndon Senior Center was the third and final phase of the Herndon Harbor House development and was completed in the summer of 2005. The two-story masonry structure provides approximately 23,000 square feet of floor space for seniors to participate in daily activities such as ceramic or art classes; access to computers and computer classes; ongoing games including cards, board games, chess, checkers and mahjong; and ping pong and billiards. There is often entertainment from the outside community and the opportunity to participate in singing and musical groups. The Senior Center also provides an afternoon meal, which many of the Harbor House residents enjoy. The Senior Center's program is operated by the Fairfax County Department of Neighborhood and Community and Services.

Activities are also offered within the Herndon Harbor House apartment community. The Resident Association for Herndon Harbor House meets every month to plan social events for residents. The association also works very closely with property management and meets with them on a quarterly basis to discuss issues impacting the community.

"Offering activities and programs through the Herndon Harbor House apartment community and Senior Center encourages residents to come out of their apartments, have a say in their community, and be more independent in their lives," notes Michele Lingenfelter, Regional Property Manager for Quantum Real Estate Management, the management firm for the Herndon Harbor House apartment community. "Having interaction with others is a positive factor on our residents' overall mental health."

Connecting Herndon Harbor House to downtown is Fortnightly Boulevard; a pedestrian-friendly boulevard that begins at Herndon Harbor House and ends in the center of downtown near the library. The boulevard provides an urban environment with retailing easily accessible to Herndon Harbor House residents.

The completed construction of all three phases of Herndon Harbor House was the realization of a vision to transform the onetime site of a factory and a municipal garage into a bustling hub for residential life.

The financing for the entire Herndon House project included such funding sources as Low Income Housing Tax Credits, Fairfax County Housing Trust Fund, Community Development Block Grant, HOME, Tax-Exempt bonds and private financing. As a partner in the development, the Town of Herndon leases a portion of the site to the county for a nominal fee.

The Herndon Harbor House campus is a successful example of community building and partnerships that address the need for affordable senior housing in a revitalized area.



Top: The entrance to Herndon Harbor House's management office.
 Left: A sign points to Herndon Harbor House's adult day care facility.

Eleanor Benedict, an original resident and president of the Resident Association loves her community. "I would recommend Herndon Harbor House to any senior looking for a place to call home," she said. "Location is key. I am able to enjoy Herndon Community Center, the library, and of course the Herndon Senior Center without having to travel too far."

Joint Center for Housing Studies of Harvard University

The Senior Housing Crisis Ahead: From Bad to Worse

The nation's older population has grown tremendously since the first of the Baby Boomers turned 50 in the mid-1990s. The population aged 65 and older is now projected to soar to 73 million by 2030, an increase of 33 million in just two decades. In just 15 years, one in five people will be at least 65. By 2040, the aging baby boomers will push up the population aged 80 and over to 28 million, more than triple the number in 2000.

Recent work by Harvard's Joint Center for Housing Studies, motivated by this dramatic growth in the older population, finds the nation unprepared to affordably and safely house America's older adults, particularly those with low incomes. There is simply not enough affordable, accessible housing in areas well-connected to the services older adults require to remain independent and engaged in their communities. Without it, seniors face unsafe living conditions, are forced to scrimp on food and healthcare, become isolated in their homes, and may move prematurely to nursing facilities because of poorer health and lack of options for supportive services in the home.

As incomes fall during retirement, there is a rising incidence of "housing-cost burdens," where households pay 30 percent or more of their income on housing. Over half of renters 65 and older are cost burdened but particularly hard hit are those with the lowest incomes: fully 70 percent of older renter households with incomes less than \$15,000 per year (about the income of one full-time worker at the federal minimum wage of \$7.50 for 50 weeks) and 66 percent of those earning between \$15,000 and \$30,000 face cost burdens – and many of these are severe, where households pay more than half their income on housing. Housing cost burdens force households to cut back on other necessities including food, health care, transportation, and, for those still working, retirement savings.

Going forward, assuming income distributions remain similar to today, the expanding older population means millions more older renters will have very low incomes and potential housing affordability problems in the years ahead. This surge in the older low-income population will strain the capacity of programs providing affordable housing. At last estimate in 2011, just 1.4 million of the 3.9 million eligible older households (62 and older, without children, and with very low incomes) benefited from federal rental assistance.¹

Yet as the older population grows, we estimate that 6.5 million will be eligible for rental subsidies by 2030. Just to keep the share receiving rental assistance at its current level, the number of older renters receiving assistance would have to rise by 900,000 by 2030, an increase of 64 percent – still leaving 3-4 million income eligible older households to find their own housing in the private market. Research consistently shows that a large majority of very low income households not receiving assistance faces worst-case housing needs, living in severely inadequate units, paying excessive housing costs, or both.

On top of these concerns, contracts for hundreds of thousands of units in the subsidized rental stock are set to expire over the next decade. And other trends may lead to even larger increases in the low-income older population: fewer of today's workers earn pensions that have traditionally provided support for moderate-income retirees; meanwhile, real incomes have been falling for those in their pre-retirement years, likely reducing assets that can be drawn upon later in life.

Compounding these challenges is the dearth of rental units that are both affordable and accessible, offering universal design features such as no-step entries, wide halls and doorways and lever-style handles that make them functional and safe to the growing numbers of older persons with disabilities. The population aged 65 and over receiving HUD rental assistance is more likely to have chronic health conditions that require accessibility features and services.² While HUD-assisted units are more likely than unassisted low-cost rentals to offer these features, many more affordable and accessible units are needed, both within the assisted stock and beyond it, given the growing numbers of eligible older households who will not be beneficiaries of housing assistance.³



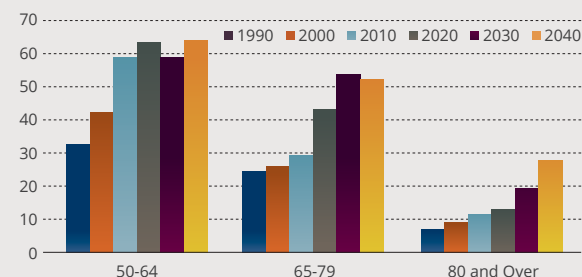
Joint Center for Housing Studies
of Harvard University

Jennifer Hrabchak Molinsky, *Senior Research Associate*
The Joint Center for Housing Studies at Harvard University
and Lecturer at the Graduate School of Design

Though the significant growth of the U.S.' senior population is well underway, the largest effects of the demographic shift are still a decade or more in the future when millions more households reach ages when physical, financial, and social challenges escalate rapidly. The nation still has time – but only if it starts now – to prepare to meet the needs of older adults by expanding the supply of housing that is affordable, safe, and accessible.

The Older Population Is on Track to Increase Dramatically

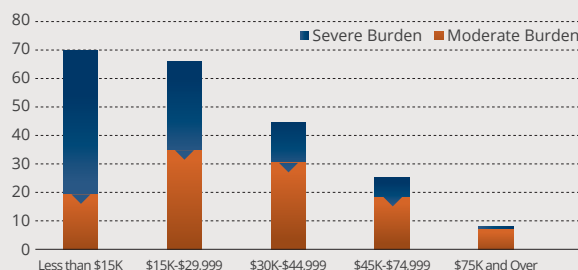
Population by Age Group (Millions)



Source: US Census Bureau, Decennial Censuses and 2012 National Population Projections (middle series).

Over Half of Renters Over 65 Face Cost Burdens

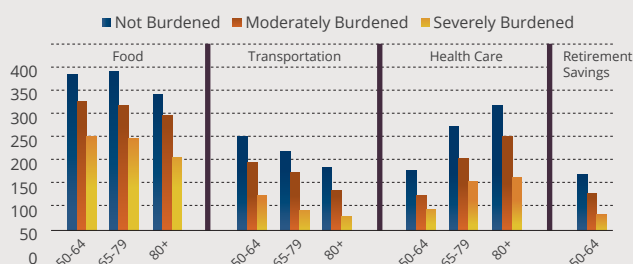
Share of Renter Households Aged 65 and Over (Percent)



Note: Moderately (severely) cost-burdened households spend 30-50 percent (more than 50 percent) of income on housing costs.
Source: JCHS tabulations of US Census Bureau, 2013 American Community Survey.

Low-Income Households with Housing Cost Burdens Have Much Less to Spend on Other Critical Needs

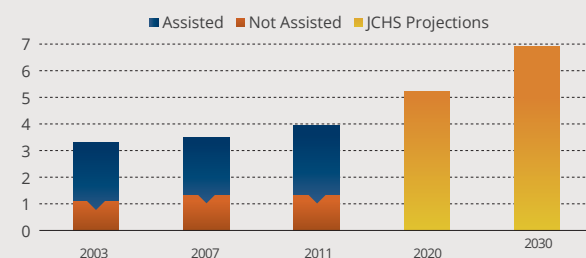
Average Monthly Spending by Households in the Lowest Expenditure Quartile, by Age Group (Dollars)



Notes: Moderately (severely) cost-burdened households spend 30-50 percent (more than 50 percent) of income on housing costs. Lowest spending quartile is a proxy for low-income households.
Source: JCHS tabulations of the US Bureau of Labor Statistics, 2012 Consumer Expenditure Survey.

Rapid Growth in Older Eligible Renters Will Put Even More Pressure on Housing Assistance Programs

Very Low-Income Renter Households Aged 62 and Over (Millions)



Notes: Eligible households have very low incomes (at or below 50 percent of area median). Projections assume the number of eligible renters aged 62 and over grows at the same rate as renter households aged 60 and over.
Sources: JCHS tabulations of US Department of Housing and Urban Development, Worst Case Needs Reports to Congress, and JCHS 2013 Household Projections.

The Harvard Joint Center for Housing Studies advances understanding of housing issues and informs policy. Through its research, education, and public outreach programs, the center helps leaders in government, business, and the civic sectors make decisions that effectively address the needs of cities and communities. Through graduate and executive courses, as well as fellowships and internship opportunities, the Joint Center also trains and inspires the next generation of housing leaders. The center's report, *Housing America's Older Adults—Meeting the Needs of an Aging Population*, is available in full at www.jchs.harvard.edu.

¹ HUD, Worst Case Housing Needs 2011: Report to Congress, 2013.

² HUD, Section 811 Project Rental Assistance: Bringing Permanent Supportive Housing to Scale, 2014

³ HUD, Worst Case Housing Needs 2011: Report to Congress, 2013.

Housing Authority of Kansas City, Missouri

Grandparents and Grandchildren, Together

Opened in 2011, Pemberton Park for GrandFamilies is Kansas City, Missouri's response to a national trend: growing numbers of grandparents who, of necessity, are responsible for their grandchildren. In 2012, according to the Census Bureau, 2.7 million grandparents were raising their grandchildren.

Local affordable housing developer Brian Collins felt compelled to act after seeing Census data indicating that more than 10,000 grandparents in the Kansas City area were their grandchildren's guardians, due to their own children's inability to care for offspring when death, substance abuse, incarceration, health, or another challenge interfered.

To address the needs of this growing population, Collins partnered with architect Jim Scott and Housing Services of Kansas City (HSC), the Housing Authority of Kansas City's (HAKC) non-profit development arm. The partners built a two-building, 36-unit development on HAKC property. HSC owns the buildings, with most units receiving ongoing HAKC project-based Housing Choice Voucher subsidies. The federal government's 2009 economic stimulus act funded most of the development costs, after the stalled economy rendered the previous plans to use Low-Income Housing Tax Credits for financing untenable.

The partnership recognized that grandfamilies, especially the nearly half with incomes below the poverty line, face unique challenges. The entire household must integrate the loss of the parent, while also facing the stress of a new sort of relationship; they need specialized supports.

The grandparent may require certain physical accessibility features, which are often found primarily in studio or one-bedroom units, leaving few housing options for this family configuration. If affordability is a concern, which it often is, most subsidized senior housing developments do not allow child residents.

The model for Pemberton Park, whose resident households include grandparents at least 55 years of age who are living with at least one grandchild under the age of 18, reflects feedback from grandparent caregivers themselves. Children's Mercy Hospital's Family Friends program, which provided support to seniors who are parenting their grandkids, organized focus groups to determine what features they needed.

As a result, the team sited Pemberton Park within walking distance of parks, a community center, a shopping center with a grocery store, a daycare facility and a health clinic, to make it as convenient to live there as possible. The focus groups also led to the creation of community spaces to give seniors much-needed breaks from their child-rearing duties, including large community porches and a grandparents' lounge.

All units are handicapped-accessible. Currently nearly half of the grandparents are mobility-impaired and have selected the site because of its accessibility and support. The units also have window guards and childproof locks to protect their younger residents. Grandparents especially like that each unit has its own washer and dryer. There's a playground, as well as indoor play spaces. A well-equipped computer lab provides grandchildren an ideal place to do homework and grandparents a way to stay connected with family and friends. For all who need it, the community contains a food pantry.

An on-site social worker provides individual counseling and runs support groups and also arranges recreational activities for the community. These program and activities are often arranged in partnership with community groups. The most recent program in development is high-speed Internet connectivity and computers for each family in partnership with Connecting for Good, a local non-profit.

The challenges shared by grandparents raising their grandchildren, and by grandchildren being raised by their grandparents, have helped create a strong sense of community.

"The residents here really seem to lean on each other, support each other, and encourage each other in a more close-knit family kind of way than any other development that I've seen," XinhXan Bradt, then a manager with the housing authority, told a reporter for a local public radio station in 2011.



Top: Rose Stiggers, Pemberton Park's first grandparent-tenant and now its site manager, holds the top scissor handle at the 2011 ribbon cutting. HAKC Executive Director Edwin Lowndes, on the far left, joins her and others at the ceremony.

Left: The first grandparent-residents gather after the ribbon cutting in 2011.

Center: An excited grandchild outside her new apartment.

Right: Supportive Services Coordinator Stephanie Bolling with young Pemberton Park residents.

Rose Stiggers, 62, and her granddaughter I'nesha, 12, became the first residents of Pemberton Park after enduring a number of setbacks, including Stiggers being repeatedly laid off, her car breaking down, and poor housing conditions - one home was infested by snakes. Pemberton Park stabilized their lives.

Stiggers had become legal guardian of her son's daughter when the girl was 5. I'nesha's parents had encountered personal difficulties, she told a journalist. During what was supposed to be a weekend visit with her grandmother, the girl asked if she could remain with her for good. Stiggers made the necessary arrangements. Since then, another of her grandchildren, Alexis Stiggers, has joined them.

Stiggers became something of an unofficial spokesperson for the development that she now calls home, giving testimonials repeatedly in news media interviews. Meanwhile, the management company liked her so much it offered her a job, which she accepted, at one of its other properties. Ultimately she was promoted to be the current site manager of Pemberton Park.

Life at Pemberton Park has given I'nesha the chance to dream big, not just to worry about daily survival. She hopes to one day attend the University of California, Berkeley. She wants to be a lawyer.

"I'm so glad they did this," Stiggers told Olivia Gentile, who wrote about the development for America Moves Forward. "Because I don't know where I would be right now" if they hadn't."

Cambridge Housing Authority, Massachusetts

Creating a Continuum of Care

Completed over a decade ago, the creation of the Neville campus remains one of the most collaborative and innovative development efforts undertaken by the Cambridge Housing Authority (CHA) in its 80-year history. In that decade, the facilities on the campus have served to ensure the availability of a range of high quality, compassionate, affordable housing and health care options for frail seniors.

CHA partnered with the City of Cambridge, Cambridge Health Alliance, and the Cambridge Affordable Housing Trust to redevelop the site of a municipal nursing home into a senior living campus providing a continuum of care, in the form of a 71-unit licensed assisted living facility and a 122-bed skilled nursing and rehabilitation facility.

These partners created an umbrella non-profit, Neville Communities, Inc. (NCI), that is responsible for all physical, financial, and programmatic aspects of the Neville campus. CHA was able to co-develop these facilities as part of NCI by using Moving to Work (MTW) flexibility to leverage over \$17 million through partnerships with local, state, and national organizations.

In the 1990s, Cambridge faced a crisis: an aging and increasingly frail low-income elderly population with little affordable supportive housing to serve these residents. While many cities across the country confronted similar challenges, Cambridge's problem was particularly acute.

Because residents of CHA's elderly public housing had moved in when the developments were built, they were aging together as a group. In 1998, the authority housed 1,800 elderly households, with an unusual proportion of very old residents: almost 40 percent were aged 75 or older.

As they aged, many of these residents were finding basic activities of daily life difficult and needed to leave CHA housing for nursing homes. Between 1996 and 1998, more than 40 percent of the CHA residents over the age of 62 who moved out of elderly public housing left because they had difficulty living independently. These low-income residents had very few places to go. In August 1999, there were 246 assisted-living or supportive housing units for frail elderly in operation in Cambridge. Of these, only 37 units were designated for low-income residents.

To address the significant local shortage of affordable supportive housing, CHA planned new developments that would create a citywide continuum of care for the frail low-income elderly. In tandem, CHA began employing service

coordinators in some of its existing elderly housing properties and offering meal programs and more comprehensive services in others.

These efforts culminated in the development of Neville Place, a mixed-income assisted living facility in a historic building on the Fresh Pond Reservation, a 162-acre preserve surrounding a lake in the heart of an urban environment, in an area of the city originally landscaped by Frederick Law Olmsted.

The state-of-the-art facility opened its doors to 71 residents in 2001 and offers daily meals; 24-hour on-site personal care and assistance; a full program of social, educational, cultural, and wellness activities; and extensive amenities including walking paths, common spaces, outside patios, and a beauty parlor.

Neville Place serves a wide range of needs and has a specialized residential program catering to individuals with memory loss and early-stage Alzheimer's. The Compass Memory Support Neighborhood offers residents a comprehensive, holistic treatment program in a comfortable, dignified residential setting. Through affiliation with the Boston University School of Medicine Alzheimer's Disease Center, the program puts cutting-edge research into action.

Each resident's day is enriched by a "brain healthy" diet, a curriculum-based adult learning program, aerobic and strengthening exercise, and the structured activities that provide residents with opportunities for self-expression, spiritual growth and joy. Neville Place residents also have access to the skilled nursing center next door, which was also developed by CHA in conjunction with NCI, and which offers short-term rehabilitation and long-term care.

At Neville Place, low-income residents' housing and services costs are subsidized through a combination of HUD Housing Choice Vouchers through CHA's participation in HUD's Moving to Work program, the Massachusetts Medicaid Group Adult Foster Care Program, and PACE (the Federal Program of All-Inclusive Care for the Elderly). Low-income residents with Medicaid pay between \$1,095 and \$1,255 each month out of pocket for rent and services, often using Supplemental Security Income, as compared to residents of the moderate and market-rate units, whose fees range from \$4,250 to \$5,250.

Neville Place is managed by Senior Living Residences, an experienced assisted living service provider. Neville Center is managed by Landmark Health Solutions.



Neville Place gave nonagenarians Anne Alach (l) and Lenore Dickinson a higher quality of life.

Anne Alach, 91, and Lenore Dickinson, 95, have become fast friends at Neville Place, where each benefits from the combination of Section 8 and service subsidies which enable them to afford an assisted living lifestyle that might otherwise have been out of their reach.

Both turned to Neville Place when their respective medical conditions made it unsafe for them to remain in their homes. Now, they have access to the supports that they need to keep them safe and healthy. They agree that the natural surroundings, the rich activity programs, and the new friendships that they have developed are among the highlights of their new home.

"I feel very lucky. I never could have had all this without the subsidies," said Alach.

Housing Authority of Baltimore City, Maryland

Bridging the Age Divide

Recent years have witnessed a national rise in non-elderly disabled families in public housing developments previously almost exclusively occupied by elderly residents. Changes to the Fair Housing Act of 1988 to bar discrimination against people with disabilities and trends toward deinstitutionalization and mainstreaming, created more significantly mixed populations than before.

As more non-elderly disabled residents moved into what had been the Housing Authority of Baltimore (HABC) City's senior building, many elderly tenants viewed them as disruptive troublemakers, sometimes justifiably, and reacted with fear and distrust. Non-elderly residents often felt unfairly blamed for problems. This bred discord.

After HABC learned of the tensions, in 2009 it created a task force at its Bel-Park Tower mixed-population site. The goal was to foster positive interactions between elderly and non-elderly residents. The task force had HABC staff from various divisions, including the Lease Enforcement Unit, Housing Operations, and the Office of Resident Services.

The task force surveyed residents about the biggest challenges of living in a mixed-population building. The survey revealed three main concerns: drug-related crime in the building, loitering, and maintenance.

With that as a blueprint, the task force started a community board, with elderly and non-elderly residents. This proved an excellent way to build a sense of community as the board negotiated intergenerational conflicts and planned social, recreational and educational activities to bring residents together.

Patrols by the Baltimore City Police Department were arranged and the HABC Lease Enforcement Unit instituted a "Knock and Talk" strategy with known troublemakers.

To address health and safety issues, the task force partnered with nearby service providers including the faith-based community, community associations, hospitals, universities and the city's health department. The Mayor's Office of Employment and Development was also engaged, because the survey revealed that many non-elderly residents wanted job training and jobs.

To gauge these strategies' impact, HABC gathered data. On-View Controlled Dangerous Substance (CDS) calls increased 100% in 2010 as did 911 calls for CDS violations. One reason for such a dramatic increase may be that residents felt more empowered to call and report drug activity. HABC only has anecdotal evidence to support this theory, however. During the second year of the task force 911 calls for CDS violations fell 57% from 2010 while On-View calls remained the same. From this HABC has inferred that drug-related crime inside of the building decreased while open-air drug deals on the outside remained the same.

Resident participation rose. In 2009 the Office of Resident Services reported serving 726 Bel-Park residents (the same resident may be engaged in several of the activities offered). In 2010, HABC documented 1,074 Bel-Park Tower residents receiving counseling services and participating in social, recreational and educational activities.

In 2011 that number increased to 1532; a 53% increase over 2009 and a 30% increase over 2010. In 2012 that number showed a slight decrease to 1,296 due to a change in counting method.

The task force's strategies have spread to other HABC mixed-population sites. At the J. Van Story Branch Sr., Apartments, the Happy Circle Club provides social activities that bring residents together. The Charles Village Community Partnership, a homeowners association; businesses, and non-profit organizations also help by providing services. A full-time service coordinator is on site as is a Community Action Center staffed by a Baltimore City Police Department Community Liaison Officer.

HABC executive staff has welcomed the involvement of the community beyond its public housing developments. "HABC residents do not live in a vacuum," said Anthony Scott, HABC's Deputy Executive Director. "In order for a community to thrive, that community must use all of its resources to change the status quo."

The J. Van Story Branch Sr. Apartments where HABC created the Happy Circle Club to improve relations between older and younger residents.



Staying Engaged & Connected

Research has linked loneliness and social isolation to numerous negative health outcomes, not only mental health concerns such as depression, but high blood pressure, cardiovascular disease, and chronic lung disease. A recent meta-analysis found that the heightened risk for mortality from a lack of social relationships, controlling for multiple other factors, is greater than that from obesity. Feelings of loneliness have also been linked to poor cognitive performance and quicker cognitive decline.

The fact that approximately 1 of 3 older adults in the U.S. reports being lonely, thus, presents a serious public health concern. It also suggests that caring for senior residents' health needs must include providing opportunities for social interaction. Organizing community activities cannot be brushed off as an insignificant or inconsequential service; it can have real implications in the lives of participants.

Housing authorities have taken a variety of approaches to assisting their senior residents to build and maintain connections, and some residents respond better to some approaches than others. For example, though research shows that Internet use reduces the probability of depression for older adults by about 33 percent, the reduction in depression is largest for people living alone. Some more extroverted senior residents may be more excited by social programming like book clubs. Others may be better served by a program that helps them to find employment or volunteer opportunities, though still others will not be able to work, due to various impairments. Many will benefit from health education and practical support with managing those issues that come up with age, such as bereavement and end-of-life decisions.

Housing authorities that own and manage senior communities have a unique opportunity to facilitate social interaction in those settings and ensure that congregate housing reaches its potential as a support for older adults. While clearly many of the residents of those communities need more than social interaction, the potential impact of relatively small investments in this area should not be forgotten, even while working to build partnerships and to sustain resources for investment in more intensive health-focused services.





VANCOUVER HOUSING
AUTHORITY, WASHINGTON
SENIORS LEAD THE WAY



ATLANTA HOUSING AUTHORITY,
GEORGIA
HIGH TECH, HIGH TOUCH



HOUSING AUTHORITY OF THE
CITY OF PATERSON, NEW JERSEY
VIEWING AGING DIFFERENTLY



CHARLOTTE HOUSING
AUTHORITY, NORTH CAROLINA
**HELPING SENIORS TAKES
A TEAM**



Vancouver Housing Authority, Washington

Seniors Lead The Way

How can seniors be kept engaged and connected to their communities? The Vancouver Housing Authority (VHA) in Vancouver, Washington is exploring one possible answer with its Senior Health Advocate (SHA) Program.

Health Advocates are VHA residents who understand well the challenges of living on a very limited income and the dynamics of VHA communities since they are already community members. They work directly with residents at assigned properties to create health and wellness activities and promote community engagement in a manner that recognizes low-income residents' unique priorities and challenges.

VHA has used Community Health Advocates in its Skyline Crest Public Housing development for the past three years and has seen a demonstrated increase in participation in health and wellness classes and community events, compared with previous efforts created by housing authority staff.

As a result, VHA has incorporated this peer-to-peer approach in many resident services programs—not just those traditionally associated with this model.

Currently, the Senior Health Advocate program is being piloted at three of VHA's ten senior/disabled facilities. SHAs are VHA employees. They work five hours per week and are paid a monthly stipend of \$200. They use their time to plan communication strategies, events and to meet with residents.

During this early trial phase, stipends are paid out of the agency's general fund. Eventually, advocates will potentially become part of the budget for each property. Operating only since March 2014, the program is already showing results.

At Columbia House, a 150-unit senior high rise, SHA Pat Jonak has introduced craft classes and active games. Regular visits by the Vancouver Public Library are also popular. The library brings a selection of books for residents to check out and library representatives host a book club where residents participate in book discussions. Marikate, one of the residents, said, "It is so nice to have the library come to our place. Many residents intend to go to the library but never do."

"These activities fight isolationism by getting residents out of their apartments and relating to other people," says Columbia House Service Coordinator Jeanne Holliday. "The residents really connect well to Pat; they feel comfortable with her. Because she is active and involved in many things, Pat is a good example for other seniors."

Though working at Columbia House, Pat lives at another VHA senior property. As she continues to build trust with Columbia House residents, she will introduce other types of activities and information on topics like exercise and healthy eating.

"One of the challenges of adopting this model is the need to be patient and trust the process to work," says Sharon Linn, who manages the Community Health Advocates program at VHA. "Our experience has shown that residents recognize the benefits of good health and community engagement. Our peer-to-peer approach results in activities that are different than traditional staff would develop but, thanks to our advocates, they resonate with the community we serve. We see increased participation and less social isolation."

In choosing Senior Health Advocates, VHA selected residents who were enthusiastic about program goals and have the ability to connect with people and get them involved. The advocates attended one-and-a-half days of classroom training and six weeks of online training on community health principles, health issues, and available resources. They also had to present a case to their instructor before receiving a Washington Community Health Worker certificate.

The SHAs quickly went to work establishing rapport in their assigned buildings. They are learning to tackle the challenge of being realistic about what can be achieved in only five hours a week.

"This program is off to a good start," says Jan Wichert, VHA Director of Resident Services. "We are excited about the benefits it can bring to those we serve."



Top: VHA Senior Health Advocate Pat Jonak (left) and Columbia House resident Marikate talking about books during a Vancouver Community Library visit to Columbia House.

Bottom: VHA Senior Health Advocate Pat Jonak (left) assists Columbia House resident Mary (not visible) and Mary's caregiver, Jody (with the pen) sign in for an event.

Atlanta Housing Authority, Georgia

High Tech, High Touch

When awarded funds from the American Recovery and Reinvestment Act of 2009 (ARRA), the Atlanta Housing Authority (AHA) recognized a rare opportunity to make significant capital improvements of \$19 million in its 11 high-rise communities whose populations are primarily elderly, near elderly (ages 55-61), and disabled residents.

AHA designed renovations that would encourage more socializing and interaction in group settings and promote an active, independent lifestyle. The combination of physical improvements (computer rooms, exercise facilities, open common spaces, walking trails) and services (computer instruction and support, aerobics classes, health education seminars) have created environments in which seniors and persons with disabilities can thrive. More recently, community gardens have been added to foster further opportunities for physical, intellectual, and socialization activities.

AHA has continued to develop and expand its Aging Well strategy over the six years since receiving the ARRA grant. As part of this effort, in December 2010, AHA worked with LeadingAge to complete a needs assessment – including surveys, focus groups and town hall meetings — to determine what facility features and services AHA seniors want and need to successfully age in place.

That assessment resulted in AHA investing in supporting computer technology to help seniors maintain social and emotional bonds with family and friends or create new connections. In partnership with LeadingAge, AHA discovered that its residents wanted to know more about computer technology. There are now technology centers at all AHA high-rises. To encourage residents to use the centers, AHA engaged Connected Living, a computer training service provider dedicated to helping seniors bridge the digital divide. Connected Living created a custom, web-based portal that provides a simple, safe, and secure network for the beginning student. AHA residents now use the portal to go online for email, web browsing, games, and to share photos with family and friends. Senior-friendly language and a picture-based email design, along with touch screens and large format keyboards allow even those who struggle with literacy to gain computer and Internet skills.

“Connected Living is driven by social impact and committed to the idea that a ‘connected life’ transforms the experience of aging,” states Beth Resendes, Connected Living’s Vice President of Operations and Account Service.

Connected Living’s staff Ambassadors are key to the program, leading residents in classroom training, group discussions, and individual practice sessions. Virtual Ambassadors provide telephone support when needed. Resident Ambassadors also lead a peer training program.

Within the program’s first two years, Connected Living Ambassadors had conducted over 4,000 small group classes, with each resident attending multiple sessions. Based on the number of residents with portal access credentials, 62 percent of residents, 1,200 people, are regularly using online services.

Learning how to use email and programs such as Skype strengthens bonds with family and friends and reduces isolation. Increasingly, residents feel more self-confident and are using the computers for online banking and bill pay, thereby gaining more control over their daily lives.

Joy Fitzgerald, AHA’s Interim President and Chief Executive Officer, believes that the Connected Living program has been a success. “Giving our residents the opportunity to gain computer skills has been integral in helping them maintain connections with their families and communities,” she says.

AHA has also worked to enhance ongoing investments in the traditional support of service coordination. Resident service coordinators at each AHA community create activities designed around the “Seven Dimensions of Wellness” model promoted by the International Council on Active Aging (ICAA). According to the ICAA, active aging involves enabling aging individuals to live as fully as possible by attending to these seven overlapping dimensions of wellness: intellectual, spiritual, physical, environmental, vocational, emotional, intellectual and social.

Each month, AHA service coordinators develop activities focused on a particular dimension. Often the activities provide opportunities for social engagement and education. Recent activities include working with the Atlanta Chapter of The Links, Inc. to host presentations by AARP about its benefits and its resources to help seniors protect themselves against fraud and identity theft.



Top: AHA residents get instructions on using the Internet at the Cosby Spear Highrise Technology Center.

Left & Center: A trainer with the Connected Living program explains to a resident the finer points of email.

Right: Residents search the Web at the Marian Road Highrise Technology Center.

"I did not know how to use the computer. I wanted to stay in contact with my daughter, brother, and friends, but I was a little worried about learning something new," states Chris Forte, a resident of the Georgia Avenue Highrise community, who is the resident association president.

"Then, I started to go to the Connected Living classes at Georgia Avenue, and I really loved it," said Forte, who has participated in the technology program for four years. "Because I now know how to use email, I stay in touch with my family and friends," continues Forte. "I don't feel like just because I am a senior, I cannot do 'young' activities. I even have my own blog!"

Housing Authority of the City of Paterson, New Jersey

Viewing Aging Differently

Housing authorities' efforts to support resident job training and employment often focus on the non-elderly, non-disabled population. However, older adults also have significant concerns about their economic situation, their autonomy, and their ability to be engaged in activities and relationships that are important to them.

As they mature, these residents' ability to pursue self-sufficiency and independence may drastically change due to loss of income, illness, death of family members, and disconnect from social circles.

Seniors need support in building economic resiliency and maintaining productivity, as well as in sustaining the connections between themselves and others in order to encourage long-term stability and prevent unnecessary dependency. For this reason, the Housing Authority of the City of Paterson's (HACP) places keeping elderly residents linked to community resources high among its many goals. "Community partnerships play a key role in providing elderly residents with a support structure that allow them to live an independent and productive lifestyle," says HACP Executive Director Irma Gorham.

A partnership with PathStone, a Paterson organization designed to provide training and employment services to low-income individuals ages 55 and older, fosters increased prospects for HACP residents' economic self-sufficiency. Some services offered by PathStone are skills and interest assessments; individual career counseling; resume assistance; supportive services; and follow up services after job placement.

HACP and PathStone's Regional Director, David Zuidema, customized an agreement which employs six security monitors for the Authority's senior housing developments. The monitors will be on duty five days per week, five hours per day, and will be compensated initially by PathStone.

This initiative supports senior HACP residents in two ways, for as Gorham points out, a small group of residents will have the ability to learn new skills or hone existing ones, "staying engaged and connected" while also "enhancing the security of the agency's elderly residents."

HACP has also partnered with the Center for Alcohol and Drug Resources, a program of local nonprofit Children's Aid and Family Services, to bring the Wellness Initiative for Senior Education (WISE) program to HACP senior residents.

The WISE program aims to help seniors reframe how they view aging, to get them to see that while getting older certainly can have many challenges, it can be rewarding as well. It seeks, over its six-week course, to facilitate participants' sense of self, autonomy and engagement in relationships and social networks. The theory is that seniors who have a positive attitude about getting older will be less likely to isolate themselves.

The WISE sessions give seniors a chance to come together to interact socially, while also covering practical topics aimed at keeping them safe. Participants get information on the risks of drug interactions, including over-the-counter drugs and herbal remedies that can interact with their medications.

Other elements of the program include horticultural therapy, nutrition counseling, and exercise. Sessions focus on a diverse set of topics, from making best use of life experiences, to developing health care plans with providers, to exploring public transportation options.



Senior resident Enid Goodman checks to see what's ready to harvest in a community garden.

Enid Goodman is a 20-year resident of the Dr. Andrew McBride Homes, one of HACP's senior buildings, and a participant in the WISE program, which helped her "connect with her peers," she said.

The program was an eye-opener for her. It covered, for instance, issues of diversity and culture associated with aging, increasing her awareness of the varying needs of seniors from backgrounds different than her own. Many Latino elderly residents, for instance, would require Spanish speaking and culturally sensitive social service and healthcare providers, making it more challenging to provide them assistance.

As for her own healthcare, Goodman said WISE improved her understanding of how to manage her medications and decrease the risk of problems in her regimen.

For her, a highlight of the program was "learning how to access transportation and read the NJ Transit schedule."

Charlotte Housing Authority, North Carolina

Helping Seniors Takes A Team

The Charlotte Housing Authority (CHA) is committed to increasing the quality of life for all of its residents through top-notch supportive services. CHA's Resident Opportunities and Self-Sufficiency (ROSS) Elderly/Disabled Services Coordinator program puts that commitment into action by providing elderly and disabled residents with programming that enables them to remain independent and avoid, if possible, placement in a full-care facility.

This work is carried out by service coordinators who organize supportive services and activities for ROSS program participants, as well as the entire community. Since 2011, CHA's ROSS service coordinators have assisted over 700 residents with individual needs, while providing community-wide congregate services for over 950 residents.

"We believe that our seniors deserve the opportunity to age in place with dignity," said A. Fulton Meachem, Jr., CEO and President of the Charlotte Housing Authority. "We are proud to be able to partner with many outstanding community organizations that offer vitally important services to our senior residents as an added benefit."

Community engagement is key to addressing the needs of this population. As such, CHA has partnered with several community service agencies, nonprofits, and faith-based organizations, including the Charlotte Mecklenburg Senior Center, Charlotte Mecklenburg Senior Nutrition Program, and the Centralina Area Agency on Aging to provide services to ROSS program participants. These organizations offer a wide range of services, using evidence-based programs to educate residents on topics such as healthy living, nutrition, high blood pressure, and diabetes testing to name a few.

Hospice Palliative Care offers a number of valuable programs, such as bereavement classes that provide residents with the tools needed to cope with the loss of loved ones. In addition they provide information on estate planning and advance directives. Participants receive one-on-one assistance with completing the necessary paper work needed for living wills and powers of attorney. These programs are necessary for CHA's senior and disabled residents as they become increasingly concerned about their final years.

Because social interaction is important to a higher quality of life for CHA senior residents, service coordinators organize holiday events and opportunities, as well as encourage self-advocacy and civic involvement. In addition, they create reading clubs and sessions on computers, budgeting/money management and more. The transportation services that Service Coordinators arrange give residents the chance to interact with people beyond their housing community.

"Without the services of the ROSS Elderly/Disabled services coordinator program, many of our residents would have difficulty connecting with community agencies to meet their critical needs, while making important business decisions in a vacuum," says Corsha Caughman, ROSS Services Coordinator Supervisor. "Additionally, their feelings of isolation and loneliness would increase, because our residents would have limited opportunities for educational programming related to senior advocacy or congregational events that happen on- and off-site."

The program is evaluated annually to measure changes in knowledge and behavior as a result of program participation. In early 2014, Gause Educational Solutions Inc., conducted an independent evaluation of CHA's ROSS Services Coordinator grant program. Questionnaires and focus groups captured the following findings:

- 90% of respondents indicated that services improved their quality of life.
- 87% of respondents indicated that they like the services provided.
- 82% of respondents indicated that services were more of a lifeline.
- 80% of respondents indicated that the services assist them in making healthy lifestyle choices.
- 78% of respondents indicated that they would be less active if services were not provided.



Life at her senior high rise has been much more fulfilling for Liz Turner than she expected.

Liz Turner lived at a family public housing site when she was younger and thought her experiences would be similar at a senior/disabled high-rise. When she moved to CHA's Parktowne Terrace at age 57, she was impressed with the service coordination activities and programs offered, and she decided to join in.

"Participating in these programs has changed my life. They have provided me with encouragement, inspiration, knowledge and information, and I'm exposed to things that I never had experiences with. The program has improved my self-esteem and has encouraged me to stay active," Turner says.

Turner recognizes other benefits from her involvement with the service coordination program. Information and sponsored activities by nonprofit groups, businesses, and the faith community have given her the confidence to engage with the larger community. Exercise classes and health and wellness programming have increased her overall wellness, especially helpful since she has a history of traumatic back injury.

Turner points out that the transportation provided is critical for her and others because it provides access to the Charlotte community and the ability to shop for food and other necessities. More than "just a ride," this is also a time when people can escape the isolation and loneliness they sometimes feel. Transportation offers opportunities to connect with neighbors during the rides and to continue to build relationships within the CHA community. "No one should be bored here!" Turner stated.

Coordinating Care

According to the National Council on Aging, 77 percent of older adults have at least two chronic diseases, most commonly heart disease, cancer, high blood pressure, or diabetes. This means, for example, that though 23 percent of older adults have diabetes, less than 10 percent of adults with diabetes only have diabetes. Despite the prevalence of comorbidity, however, the medical system in the United States is largely designed to treat one condition at a time. This design flaw is even more pronounced with regard to treating co-occurring chronic disease and other health problems, such as addiction disorders, mental illness, or dementia.

The nearly 6 million low-income older adults who are “dually eligible” for Medicare and Medicaid have even higher rates of diabetes, pulmonary disease, stroke, Alzheimer’s, and mental illness than the general Medicare beneficiary population. These individuals face an even greater challenge to effective treatment: the need to navigate two systems of care with three sets of rules and regulations: Medicare for primary coverage of health care services, Medicare Prescription Drug Plan, and Medicaid for additional benefits like long-term services and supports.

Recent research shows not only that subsidized housing residents are much more likely to be dually eligible than unassisted older adults in their areas, but that the dually eligible residents of subsidized housing have significantly higher incidence of multiple chronic conditions than dually eligible residents of unassisted housing in their communities.

The many older adults with multiple health conditions who are served by housing authorities, thus, must contend with multiple health care plans and providers, who may recommend and cover various treatment regimens and may potentially prescribe incompatible medications. They face the risk of conflicting medical advice, duplicative tests and treatments, adverse drug interactions, and unnecessary hospitalization, all of which can exacerbate their underlying conditions and threaten their well-being.

The difficulty of managing one’s care across systems for treatment of multiple chronic conditions does not only present risk to the individual; it costs the public. Expenditures for treatment of chronic disease account for more than three-quarters of U.S. health care spending. Dually eligible individuals incur costs nearly five times greater than other Medicare beneficiaries, because of their complex needs. Research has shown that even small improvements in continuity of care can result in significant reductions in costly use of emergency rooms and hospital admissions. For that reason, as detailed by AARP Public Policy Institute’s Wendy Fox-Grage, the Affordable Care Act includes a variety of incentives to improve coordination of care for those with multiple chronic conditions and for the dually eligible population. Housing authorities, who serve so many in need of care coordination, can provide a strong anchor for such efforts.





AKRON METROPOLITAN
HOUSING AUTHORITY, OHIO

**NURSING SENIORS TO
HEALTHIER LIVES**



OKLAHOMA CITY HOUSING
AUTHORITY, OKLAHOMA

**THE FUN BUS MAKES
A DIFFERENCE**



AARP

**ASSISTED HOUSING'S VITAL ROLE
IN THE AFFORDABLE CARE ACT'S
SUCCESS**



HOME FORWARD, OREGON

**NAVIGATING TOWARD
WELLNESS**



HOUSING AUTHORITY OF
THE CITY OF LOS ANGELES,
CALIFORNIA

SERVING THOSE WHO SERVED



Akron Metropolitan Housing Authority, Ohio

Nursing Seniors To Healthier Lives

The Personal Health Partners program at the Akron Metropolitan Housing Authority (AMHA) grew out of a volunteer effort by staff members from Laurel Lake Retirement Community, a not-for-profit continuing care retirement community operating on a 150-acre campus in Hudson, Ohio.

While providing social activities to residents living in Stephanie Keys Towers, a 100-unit AMHA building in nearby Stow, Ohio, Laurel Lake staff noticed many of the elderly and disabled residents had difficulty accessing health services and managing their care. With AMHA's support, they polled residents to see if they would be interested in on-site regular access to a registered nurse. The answer was an enthusiastic "yes."

Laurel Lake obtained a grant to support a part-time nurse at Keys Towers to do health risk assessments beginning in 2000. Soon after, AMHA offered a private office space for the nurse, and Laurel Lake began expanding program offerings. Working with other community groups, wellness activities were established with a goal of empowering residents to manage their health needs effectively with more emphasis on prevention and management of chronic illness and less reliance on emergency services. Collaborative relationships were established with the AMHA service coordinator and community agency case managers to enhance case-finding and avoid duplication of services.

The part-time nurse soon was helping a core group of residents develop and follow individual plans to practice healthy behaviors. They also sought her counsel on daily decisions about medications and preparing for medical visits.

"People who weren't participating on a regular basis would also come to me to 'just look' at them and see if they needed to go to a doctor. Many times I was confirming that this was the time to go to avoid hospitalization," states Carol Telesman MSN, RN, Program Coordinator, who was instrumental in initiating the partnership between AMHA and Laurel Lake. "While these aren't always life and death issues, people go through a lot of misery that can be avoided. If we can catch the problem early, we can prevent the misery as well as hospitalization and expense."

Residents spread the word. "Having a nurse available gives me a safe feeling. Whatever I need help with, she takes her time. I'm appreciative of having her here," one resident shares. By 2003, the program expanded to another 185-unit AMHA building, Sutliff I Apartments in Cuyahoga Falls, Ohio.

Program Services include:

- Comprehensive health assessment and support with special emphasis on teaching how to manage care.
- Health education programs focusing on prevention and management of chronic illness.
- Prevention screenings.
- Wellness programming, including exercise, mental, social, nutrition and spiritual initiatives.

Outcomes have been monitored since the program's inception, with data demonstrating improved overall wellness, health literacy, and preventative care practices. One recent survey found that 38 percent of program participants used emergency services in the past year compared with 73 percent of non-participating respondents.

"The 14-year collaboration between AMHA and Laurel Lake has added to the increased quality of life our residents deserve. We look forward to continuing the program and empowering even more residents to make sound decisions regarding their health to live independently and age in place," states Christina Hodgkinson, Director of AMHA Resident Services.



Top: Keys Towers residents participate in aquatic class at Laurel Lake.

Left: Resident Audrey Ward collaborates with student helpers on her memoir.

Right: Barbara Phoenix discusses oxygen levels with nurse Jodi Neu.

Pat, 67, moved to Keys Towers to live independently after treatment for a stroke that left her with major weakness on one side. Pat was easily fatigued, used a wheelchair, and was somewhat fearful of living alone. Assessment revealed a need for multiple services, including physical and occupational therapy, lifeline, food stamps, and transportation. She needed guidance regarding management of weight, blood pressure, and continence, and support as she navigated the losses in her life.

The Personal Health Partners (PHP) nurse referred Pat to the AMHA service coordinator to help her access services. In addition, the PHP nurse taught her about her medications, monitored her blood pressure, discussed continence training, and counseled her in dietary management to lose weight. She provided assistance with submitting a request for reasonable accommodation for modifications in the unit, including installation of an elevated toilet and grab bars. The nurse encouraged Pat to participate in walking group and water exercise classes to further strengthen her gait after therapy ended. She was supported through multiple setbacks, including falls, recurrent depressive episodes, minor fractures, and skin injuries. After three years and much effort on her part, she had lost 24 pounds, could walk one-half mile, stabilized her blood pressure, was able to manage her care and service providers independently, and was a cheerful volunteer at a local hospital. Eight years later, Pat is still living independently and remains an active and engaged resident at Keys Towers.

Oklahoma City Housing Authority, Oklahoma

The Fun Bus Makes A Difference

Watching frail residents enter nursing homes prematurely because they have no other alternative has long been a concern of the Oklahoma City Housing Authority (OCHA). OCHA has therefore partnered with not-for-profits to help its senior residents remain in their homes.

In a collaboration that started in 2007 with key partner Variety Care, Inc., a federally qualified health center, OCHA has worked to encourage residents to find a regular primary care provider instead of relying on emergency rooms for routine medical care. But transportation emerged as a major obstacle for residents.

In response, OCHA purchased a bus in 2009 through a grant from the Oklahoma State Department on Aging. The Fun Bus, as OCHA named the vehicle, serves each of OCHA's ten senior communities on one day every other week. The Fun Bus transports residents to a Variety Care site, some of which are relatively close to OCHA communities, where residents are assured of early appointment times that allow them to see their doctors, complete necessary tests, pick up their medications from the pharmacy, and return to their communities in time for the noon meal.

The program proved so successful that OCHA purchased an additional bus for medical transportation for twenty hours each week. It's not only used to transport residents to doctors' appointments but, if there's room, to give other residents a chance to get away from their communities and see other parts of the city.

These early successes led OCHA and Variety Care to jointly create a 501(c)(3) called Variety Care Senior Health (VCSH). The partners then created a Program for All Inclusive Care of the Elderly (PACE). PACE is a federally-funded Medicare and Medicaid program that provides comprehensive coordinated medical care to individuals who are at least 55, meet state requirements for nursing home care, and can live safely in their homes.

To prepare for PACE, OCHA remodeled its Shartel Towers Senior Center activity area, adding a medical office. Before its scheduled opening as a PACE facility in the second half of 2015, the clinic, staffed by Variety Care doctors, was available to OCHA residents and the community beyond.

OCHA's successful work with Variety Care led to other partnerships: one with an adult day center, another with Baptist Village Communities. In the process of remodeling one of its senior public housing properties, the Wyatt F. Jeltz Senior Center, OCHA incorporated an adult day center and medical office. The Daily Living Center operates the adult day center five days a week, with an average of 125 weekly participants, and Baptist Village Communities provides on-site medical education and flu vaccinations. In addition, OCHA furnished a computer lab, which is overseen jointly by OCHA and the Daily Living Center. OCHA also funds a nutrition and activity program for less frail residents of the Jeltz Center.

OCHA also coordinates with community providers to ensure services are available to prolong residents' independence. The Oklahoma County Metropolitan Library maintains a library in each of OCHA's ten senior communities. The Regional Food Bank brings a program to all OCHA communities monthly. Mercy Hospital and Baptist Village Communities provide flu shots for the agency's 1,400 senior residents. Oklahoma County Senior Nutrition funds nutrition and activity programming at OCHA sites.

"It is very humbling that through our collaborations with not-for-profit organizations, we have been able to offer services which have allowed many residents to remain living independently and avoid premature placement in nursing homes," said OCHA Executive Director Mark Gillett.



Top: A resident works on perfecting his short game at an OCHA senior housing property.

Left: A health care provider measures an OCHA resident's blood pressure.

In 1992, when Sharon (not her real name) moved into her apartment, she told OCHA staff that her new home was the nicest place she had ever lived. She continues to tell OCHA staff how happy and safe she feels in her home.

Back then, although already aged 71, she was able bodied and always the first to help neighbors with a meal, provide friendship, or run an errand. She was mobile.

Now 93, she has several health issues — walking is difficult, for instance — and she has outlived many of her friends and family. Still, she participates in the adult day center and rides the bus to medical appointments and shopping. She enjoys the fresh fruit and vegetables she gets from the food bank, which supplement what she could otherwise afford. An avid reader, she especially enjoys the large print and audio books in her building that are provided by the Metropolitan Library.

Not long ago, the day center staff noticed something about her wasn't quite right. When they checked her blood pressure, it was dangerously high. They got her to her doctor, who told her that she was fortunate the day center's staff was so alert; she had been in the danger zone. Instead, she received treatment and was able to return home.

This nonagenarian's gratefulness for being able to stay in her home is frequently apparent. She hugs OCHA staff who visit her building, thanking them for the home she loves, and telling them she is never moving.

AARP: Assisted Housing's Vital Role in the Affordable Care Act's Success

Nearly a half million older households that live in public housing or receive Section 8 Housing Choice Vouchers have disabilities. Many of them need services to stay in their homes. Getting help with daily activities such as bathing, dressing, or mobility can extend community living and delay nursing home placement, which is the clear preference of most people.

A recent HHS study found that 7 out of 10 Medicare beneficiaries who live in HUD-assisted housing were dually eligible for both Medicare and Medicaid. Although they are a diverse group, “dual eligibles” typically are poorer and sicker than other Medicare beneficiaries, use more health care services, and thus account for a disproportionate share of both Medicare and Medicaid spending. This is in part because they often use many different providers, which can result in expensive duplication and fragmentation of services.

The Patient Protection and Affordable Care Act of 2010 (ACA) strives to better coordinate care for people with chronic conditions, in order to help contain or reduce those health care costs driven by asynchronous care. The new care coordination programs aim to ensure that patients receive recommended services, avoid unnecessary care and receive the information they need to better manage their conditions. Some of the initiatives also improve care transitions when patients move between one care setting or provider to another. These efforts could prevent costly hospital admissions and readmissions for residents of public and assisted housing, especially since many of them are at higher risk.

ACA also established a new federal Medicare-Medicaid Coordination Office that is providing financial incentives for states to coordinate care specifically for dual eligibles who may need acute, chronic, or long-term care. So far, most states that have launched or plan to launch dual demonstrations are testing risk-based, capitated, managed care models in which health plans receive a per member, per month fee.

In addition to paying for health care costs, the Medicaid program is the largest payer for long-term services and supports, which provide assistance with performance of everyday tasks, such as self-care activities and household tasks. Although states have been shifting toward more home and community-based service approaches, most of them are still “out of balance” and rely too heavily on nursing homes to fill this function, particularly for older Medicaid beneficiaries and those with physical disabilities.

The ACA provides a number of new optional Medicaid financial incentives to encourage states to expand home and community-based services.

Assisted housing programs could play an important role in making these initiatives work. The lack of affordable, accessible housing presents one of the biggest challenges to expanding home and community-based services to people with low incomes. The increasing population of adults with mobility and functional limitations requires the creation of more publicly subsidized housing.



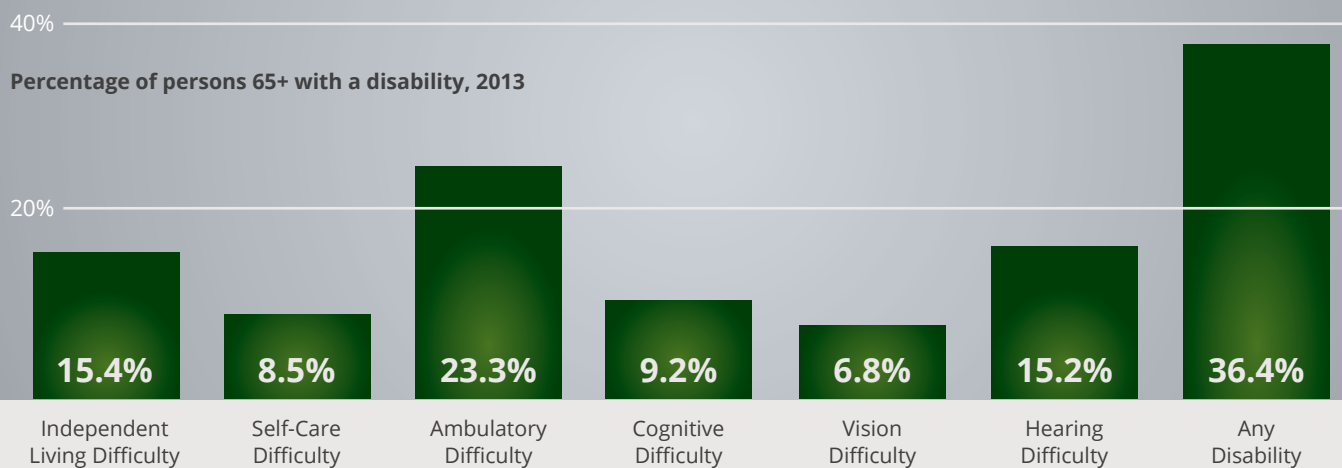
Wendy Fox-Grage, Senior Strategic Policy Advisor
AARP Public Policy Institute



A St. Paul Public Housing Agency staff member wipes down a kitchen counter for a resident.

AARP supports initiatives for developing affordable housing that promote successful aging in place; for expanding home and community-based services to give consumers and their families services they want and need; and for creating comprehensive, coordinated approaches to financing and delivering a wide range of needed care to people with chronic conditions.

The AARP Public Policy Institute informs and stimulates public debate on the issues we face as we age. The Institute promotes development of sound, creative policies to address our common need for economic security, health care, and quality of life.



Source: U.S. Census Bureau, American Community Survey.

Using limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to measure disability, in 2012, 33% of community-resident Medicare beneficiaries age 65+ reported difficulty in performing one or more ADLs and an additional 12% reported difficulty with one or more IADLs. By contrast, 96% of institutionalized Medicare beneficiaries had difficulties with one or more ADLs and 83% of them had difficulty with three or more ADLs. [ADLs include bathing, dressing, eating, and getting around the house. IADLs include preparing meals, shopping, managing money, using the telephone, doing housework, and taking medication.] Limitations in activities because of chronic conditions increase with age.

Except where noted, the figures above are taken from surveys of the noninstitutionalized older adults. Although nursing homes are being increasingly used for short-stay post-acute care, about 1.3 million older adults are in nursing homes (almost half are age 85 and over). These individuals often need care with their ADLs and/or have severe cognitive impairment due to Alzheimer's disease or other dementias.

Sources: U.S. Census Bureau, American Community Survey. Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Home Forward, Oregon

Navigating Toward Wellness

In Portland, Oregon, a group of housers, health care providers, and government partners have aligned around a mission to keep low-income seniors in their homes as long as possible. The effort, called Housing with Services, involves coordinating health care services on behalf of residents in subsidized apartment communities.

Home Forward, the housing authority serving Portland and Multnomah County, was an early participant. “The program helps people who may not know what’s available to them to manage their health. Our hope is that their health care will improve, and they can remain in their homes longer as they age,” says Michael Buonocore, Home Forward’s executive director.

The initiative launched in early 2014 with funding from a variety of sources, including grants from national foundations and the state of Oregon’s Department of Human Services. It serves residents in 11 subsidized apartment buildings throughout the city, including four Home Forward public housing communities.

Residents have access to visiting health navigators, who help them connect to primary care providers, mental health professionals, and social services. The navigators,

who are trained health care professionals, also help them get durable medical equipment and refer those with the highest needs to a specialist team. Initial data indicated that about 40 percent of participating residents have mental health issues, so the program is adding on-site visits by mental health services providers.

Another critical need that has emerged is for prescription medication management. With the help of pharmacists, residents review their medications to make sure they work together well and receive simple tools to help them remember when to take them.

Researchers from Portland State University are evaluating the program. In addition to Home Forward, program participants include founding partner Cedar Sinai Park, which operates four of the apartment communities; REACH Community Development, which operates three of the apartment communities; CareOregon, a health care plan and the state’s largest Medicaid provider; mental health providers Cascadia Behavioral HealthCare, LifeWorks NW, and the Asian Health and Service Center; Providence Elderplace; and Multnomah County Aging and Disability Services.





Top: CareOregon, a non-profit health plan serving the needs of low-income Oregonians, has donated to the initiative the services of two health care professionals, Judy Bicknell, left, and Krissy VanDoorn-Logan, right, (pictured on the previous page with a resident.)

Left: Franklin Crews

Franklin Crews tells a story sadly familiar for many seniors. No sooner had he retired than his health went downhill. He didn't know how bad it was until he went to the hospital with a cold he couldn't shake. He left with a defibrillator in his chest and a diagnosis of Type 2 diabetes.

Today, he battles COPD (Chronic Obstructive Pulmonary Disease) and neuropathy in addition to a heart condition and diabetes. "My health is pretty bad," he says, "but people have looked after me really well." His circle of support includes two health navigators from CareOregon. The navigators visit the Home Forward public housing apartment community where Crews lives as part of the Housing with Services program that coordinates health care for seniors in subsidized housing in the hope they can live independently longer.

Initially attracted by the tote bags full of information they were giving away, Crews has developed a close relationship with the health professionals. "I asked if I could have a bag, and they told me to sit down," he recalls. "They are very helpful and knowledgeable. I talk to them about my health every time they come in." Through these conversations, navigators Judy and Krissy learned that Crews was struggling with the dizzying array of pills he takes. They contacted his pharmacy, which created daily bubble packs for his medicine divided by morning and evening. The pharmacy agreed to waive charges for the special packaging. "Now I don't forget what pills to take," Crews says.

The simple step of keeping on track with his medications has made a big difference. Site staff report he is in better spirits and more engaged in activities at the building. Crews agrees the health professionals have been a positive development. "I want help," he says, "and now I really look forward to their visits."

Housing Authority of the City of Los Angeles, California

Serving Those Who Served

In 2013, the Greater Los Angeles Homeless Count identified 276 military veterans experiencing homelessness in East Los Angeles County; 45 percent of all homeless veterans in L.A. County are over the age of 55.

The newly constructed Guy Gabaldon Apartments offers subsidized permanent supportive housing to this vulnerable population of senior veterans. It is the first affordable housing development east of downtown Los Angeles to provide that option.

The building, named for a World War II Navy Cross recipient, has a total of 32 one-bedroom units and had its grand opening on November 10, 2014, Veterans Day eve.

The Housing Authority of the City of Los Angeles (HACLA) awarded developer East L.A. Community Corporation (ELACC) 32 project-based HUD-Veterans Affairs Supportive Housing (HUD-VASH) vouchers to subsidize the units and keep them affordable. As part of the HUD-VASH program, the VA Greater Los Angeles Healthcare System will refer eligible veterans to HACLA and provide ongoing supportive services.

ELACC partnered with New Directions for Veterans (NDVets), a non-profit specializing in providing social services for veterans, to create a permanent supportive housing model that will promote independent living and housing stability, with case management, mental health services, and coordination of other services. In addition to the VA, social service partners include, Los Angeles County Department of Military Affairs, Behavioral Health Services, and Weingart East LA YMCA.

The building's amenities reflect the desire to create an environment that shows residents the respect they deserve and encourages their self-esteem. They include: a community room, program offices, recreational patios and gathering spaces, semi-private yards and raised vegetable gardening beds.

The project is designed to mitigate sound from the adjacent freeway both inside the units and in the outdoor recreational spaces. It also includes energy efficient features, like gray-water irrigation in landscaped areas and tankless water heaters.



Gabriel Virgil, an Army veteran, said his new home has given him "hope."

An ornate Christmas tree with bright holiday lights brings cheer to visitors at Gabriel Virgil's home. A veteran of the U.S. Army, Virgil spent eleven years experiencing homelessness before receiving housing assistance at Guy Gabaldon Apartments.

Virgil graduated from high school and joined the military, proudly serving in the U.S. Army from 1978 to 1985, climbing the ranks from a private. He was stationed in Fort Bliss, Texas during the beginning of his career. He also spent time in Frankfurt, Germany, where he became a Heavy Equipment Operator Combat Engineer.

In 1985, when Virgil returned from Germany, he divorced his wife, breaking his family apart. He turned to drugs and alcohol. He moved in with his parents. In 2003, after Virgil's parents passed away, he found himself homeless.

Virgil slept in his mother's car and in alleyways.

"I didn't ask for assistance. I just didn't know it was there," said Virgil. He said injuries he obtained during his time in the military further added to his challenges. "I could have been dead."

Virgil moved into the development on October 31, 2014. "Guy Gabaldon Apartments provided me with hope," he says.



Marine Corps veteran Haqq was homeless for about two years.



Haqq calls his new life at Gabaldon Apartments "a miracle."

Jamal Haqq served in the U.S. Marine Corps in the 70's. Upon returning to civilian life, he had sporadic jobs, but no permanent employment. He lost his car and home and became homeless in 2012. He compares being homeless to being in the infantry, as one has to "rough it out. You get so used to every day being a struggle that it becomes your life."

While experiencing homelessness, "you can get food, clothing, but what you need the most, housing, is not there," Haqq said. "I used to dream about a bed while I was homeless, while others dreamed from their bed."

Haqq is still having trouble sleeping. "It's like being in war; you always have to watch your back," he said.

Haqq's case manager at Veterans Affairs informed him about the programs available to him, including housing assistance. Shortly after, on November 1, 2014, he moved into the Guy Gabaldon Apartments.

"I thank God for what has happened. This is my miracle, my resurrection. My strength is coming back; my psyche is better; food and nutrition is better; this is giving me everything," Haqq said.

Because of his experiences, Haqq is driven by a sense of purpose. "I want to extend the same blessing to others," he said, helping others like himself, especially homeless children. Haqq wrote a poem, "Resurrection", to capture his experience:

The question is asked, "How do you feel?" After so many years of homelessness, strife, doubt and uncertainty; what word can properly explain the end of this drought? Patterns in life don't change overnight; just as hearts continue to turn away from those lost in this plight. What can be worse than a life thrown away? Perhaps it's the millions of lives still at bay? Sleeping in tents or on the bare ground, they have no address nor a place safe and sound. Each day they ponder, will this be the end? Or will I merely exist to ask once again? We served our country and have no regrets. How proudly we live as United States Vets. Through the thoughtfulness of others we have a new direction. I'm endlessly grateful for my one bedroom mansion. And a peaceful place for my personal resurrection.

CLPHA Shared Vision Statement

A Shared Vision for Improving Life Outcomes through Affordable Housing

Affordable, quality housing is critical for enabling not only positive life outcomes for vulnerable families and individuals but also the vitality of surrounding communities and the realization of broader national goals. Having a place to call home is foundational to academic achievement for children; to gaining and maintaining employment for adults; and to good health for families, seniors, persons with disabilities, as well as the formerly homeless. Investment in affordable housing is also a key component in revitalizing distressed communities, addressing root causes and ending homelessness, and reducing future public costs through increased economic and social mobility; and it is therefore relevant to a wide range of stakeholders beyond residents, including businesses, employers, local government, school systems, and health care providers.

Because these benefits and impacts are far-reaching, affordable housing practitioners have placed significant effort into coordinating with other local systems. Housing authorities have created strong local partnerships with a wide variety of organizations, including other social systems, and as a result have developed improved approaches to supporting families and individuals in their efforts to build healthy and productive lives. There must be renewed commitment in communities across the country and at the national level to the provision and preservation of affordable housing as an investment in the success of American families and our nation's priorities.

Background on Creating and Using the Shared Vision

Reframing Affordable Housing

If we are to increase investment in affordable housing and to better align systems in order to improve life outcomes for low-income families, we must also articulate a clear vision and a convincing message that defines who benefits from affordable housing investment and how this investment is critical to realizing broader national goals. Members of the Council of Large Public Housing Authorities (CLPHA) are committed to creating a shared vision for improving the life outcomes of those we serve by reframing the critical importance of affordable housing.

There must be greater recognition outside the industry that affordable housing is essential to our national goals to:

- Improve education outcomes for children and youth to end the cycle of poverty and increase lifetime earning potential;
- Improve health outcomes for families and seniors through access to quality health care;
- Support seniors, persons with disabilities and special needs populations in community-based settings to reduce costly and unnecessary institutionalizations;
- Improve access to workforce development and job training services to support steady participation in the labor market and wealth building;
- Improve the quality of life and sustainability of distressed communities through holistic neighborhood revitalization;
- Address root causes and end homelessness for families, veterans, and persons with disabilities;
- Increase economic and social mobility.

Identifying the Need

Innovative practices at the local level are showing success but thus far have not led to sufficient investment in affordable housing for the 43 million Americans living in poverty. Only one in four eligible households receives housing assistance. In most metropolitan areas, waiting lists for housing assistance exceed the number of households currently being served. Households experiencing worst case housing needs in 2011 included 8.5 million households who paid more than half their income for rent or lived in substandard housing, a 19 percent increase from 2009 and 43 percent increase over levels reported in 2007. During the 2011-2012 school year, public schools enrolled more than 1.1 million children and youth experiencing homelessness, up 10 percent from the previous school year. Over 60 percent of adults experiencing homelessness have not received a high school diploma or completed a GED. Something more needs to be done.

Our traditional advocacy and partnerships have focused on supporting current program funding levels and delivery systems. However, local practitioners across sectors already know from experience that when systems work together, outcomes for families and individuals living in poverty are vastly improved. CLPHA and its members have committed to work with interested practitioners, researchers, and policy makers to reshape the way the housing system works with other federal, state, and local systems by:

- ▣ Developing knowledge about local level challenges to fostering partnerships with other systems;
- ▣ Sharing successful practices and solutions to challenges with practitioners across sectors;
- ▣ Promoting the implementation of policies that align systems.

Incorporating and Acting Upon the Shared Vision

This shared vision reflects the work that housing authorities are already doing. CLPHA members are encouraged to take this statement to their boards, formally adopt it, and share it broadly with local partners and stakeholders.

To lead this effort in creating a shared vision at the national level for increasing investment in affordable housing and improving life outcomes, CLPHA is focused on the following objectives over the next two years:

- ▣ Develop a shared vision, messaging, and partnerships on the foundational role of affordable housing in improving life outcomes for children, parents, seniors, persons with disabilities, veterans, and the homeless;
- ▣ Promote legislation to enable housing authorities to develop transformational partnerships with other sectors;
- ▣ Advocate for funding for housing programs and services;
- ▣ Advocate for regulatory reform to enable more efficient and effective operations and partnerships;
- ▣ Develop systems alignment partnerships and pilots;
- ▣ Enhance CLPHA member engagement.

About CLPHA

The **Council of Large Public Housing Authorities** supports the nation's largest and most innovative housing authorities by advocating for the resources they need to solve local housing challenges and create communities of opportunity.

CLPHA is a non-profit organization that works to preserve and improve public and affordable housing through advocacy, research, policy analysis and public education.

CLPHA's nearly 70 members represent virtually every major metropolitan area in the country. Together they manage almost half of the nation's multi-billion dollar public housing stock; administer a quarter of the Housing Choice Voucher program, and operate a wide array of other housing programs.

Housing authorities are the cornerstone of affordable housing and community development. CLPHA:

- ▣ Advocates for adequate public and assisted housing funding and policies that support local management and accountability.
- ▣ Develops and analyzes policies impacting the affordable housing community.
- ▣ Educates policymakers and the public about the critical role public housing and the voucher program play in meeting affordable housing needs.

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