Reframing Aging in Place: EVERYONE WINS!

The vast majority of adults in and nearing retirement expect and want to age in place, but there is a disconnect between the desire and affording necessary home improvements. However, a blueprint exists that benefits homeowners while paying for itself in decreased health care costs.

BY LOUIS TENENBAUM

Though the idea of aging-in-place is catching on, contractors and products are ready for the market and the need and value are being recognized, a persistent question lingers: If this is such a good idea why doesn't hardly anyone prepare their home? This article explores the attempts to promote aging-in-place home modifications, some recent findings that give us good ideas why no one is listening, and describes better ideas about how to move this important component of the potential for aging in community into the marketplace.

Skim through any major research paper or report on the graying of America and near the top of the list of the most pressing issues you will undoubtedly find "housing."

For example, in 2005, and again in 2010, the National Association of Area Agencies on Aging (N4A) partnered with six other national organizations to survey 10,000 local governments regarding their planning for an aging population. In 2005, "housing" was the number one high priority issue (N4A, 2006); it was number three in 2010 (N4A, 2016). Both reports underscored the need for affordable, accessible, and available housing. Their chief recommendations included modifying existing homes to support aging in place; and for government and communities to take an active leadership role in developing and implementing home modification programs for older adults. (N4A, 2006, p.5).

Housing for older adults is such a critical issue that several renowned organizations have focused on this topic from several perspectives. For example, the Urban Land Institute's (ULI) report, *Housing in America: The Baby Boomers Turning 65,* explores housing issues through a generational lens (McIlwain, 2012), whereas the Joint Center for Housing Studies of Harvard University (JCHS) and AARP's, *Housing America's Older Adults* focus more broadly on addressing the unmet needs for "…affordability, accessibility, social connectivity, and supportive services" (JCHS, 2014, p.1).

Midlife and older adults know from the injuries and convalescences of family, friends, and even themselves, that most homes are not built to accommodate the challenges and conditions that accompany growing old. Chronic diseases increase in number and severity with age, increasing the risks for functional limitations that can lead to hospitalizations and institutional long-term care, and greater health care costs. Diet, exercise, and other lifestyle factors may greatly reduce the risks of chronic disease, still accidents and other illnesses strike indiscriminately. Although many chronic diseases are preventable, their treatment and management account for 75% of health care spending (NCOA, n.d.).

An accessible living environment can mitigate risks for accidents and falls, enable residents to do more for themselves, and promote a better sense of self-efficacy, wellbeing, and quality of life (Pynoos et al., 2008). If a person is discharged from the hospital with impaired mobility, whether they return home or go to a skilled-nursing facility can come down to the accessibility of their home (Waring et al., 2014). The recent CAPABLE study at John Hopkins (sidebar) demonstrates the cost saving impact of home modifications. Completing home modifications and installing assistive technology proactively is the best way to maximize their potential benefit.

In the Land of Peter Pan

Jon Pynoos, Professor of Gerontology, Policy and Planning at University of Southern California, describes typical American homes today as "Peter Pan" housing — designed for the average-size person and family who will never grow up and never grow old (Pynoos et al., 2008). Stairs, small, inaccessible bathrooms, and narrow doorways present a few of the challenges. Details, such as inadequate lighting and "twist" doorknobs, create impediments for people with arthritis, failing eyesight, or other age-related health issues.

Despite over 20 years of media stories, community education sessions, contractor training, new products for updating homes, and efforts of organizations such as AARP, N4A, and National Council on Aging (NCOA), residents remain reluctant to proactively make changes. In one study, for example, frail elders were offered free minor home modifications, but one-third declined the offer (Gosselin et al., 1996).

The reluctance of homeowners to proactively plan for aging in place is confirmed by professionals attempting

CAPABLE: A HOME-MODIFICATION SUCCESS STORY

Launched in 2009 by Johns Hopkins University School of Nursing, CAPABLE has reached 700 seniors and expanded from Baltimore, MD, to six other states. CAPABLE is a patient-directed, team-based intervention for community-dwelling older adults with functional limitations who are dually-eligible for Medicare and Medicaid. The program is unique in the health care of older adults in three ways. First, the program is patient-directed, not just patient-centered. Participants identify functional goals to improve their quality of life, such as taking a shower without assistance or cooking their own dinner, as opposed to a pre-determined chronic disease management goal, such as losing weight. Second, the participants work with occupational therapist, nurse, and handyman teams to facilitate their functional goals. Third, the program "invests healthcare dollars in the home environment to save health-care expenses" (Szanton et al., 2015).

Preliminary findings reported in the *Journal of the American Geriatrics Society* (ibid) reveals this unique approach is successful in supporting elders to achieve their own functional goals through the facilitation of home repairs, home modifications, and assistive devices (ibid). Even minor modifications within the home like adding handrails or lowering cabinets were found to decrease disability and improve self-care. Evaluation results revealed that 75 percent of participants improved their ability to perform activities of daily living after program completion. Improvements were also measurable in the ability to perform instrumental activities of daily living such as medication management and shopping as well as experiencing fewer symptoms of depression (ibid).

CAPABLE spent $2,825 per person for eligible citizens in Baltimore in poor health, with $1300 allotted for home repairs. The study group netted $10,000 per person in reduced medical costs compared to a comparison group in the first year following the interventions. The significance of home repairs is highlighted because similar studies limited to nurse and occupational therapy visits did not see such stark results. CAPABLE achieved the savings from inpatient care and long-term care institutional costs, both of which were reduced by 60 percent. Balancing these savings was a 30 percent increase in home health costs demonstrating the efficacy of the cost shifting "package" combining the home modification social determinant of health and in-home care services. Since the capital costs of home modifications persist into the future it is reasonable to expect they will continue to provide the demonstrated value beyond the study period without additional investment. Updates will provide value to the next owner as well.

to market modifications. The majority of home service professionals report that aging in place projects are less than 10% of their business (Cusato, 2016). Moreover, only 20% of homeowners contact professionals before they need immediate improvements; most reach out after an adverse event to themselves or a loved one such as a fall or hospitalization (ibid).

Much of the reluctance to prepare for aging in place comes down to a general denial and fear of growing old (Cusato, 2017; Lindland et al., 2015). As a HomeAdvisor report summarized the issue:

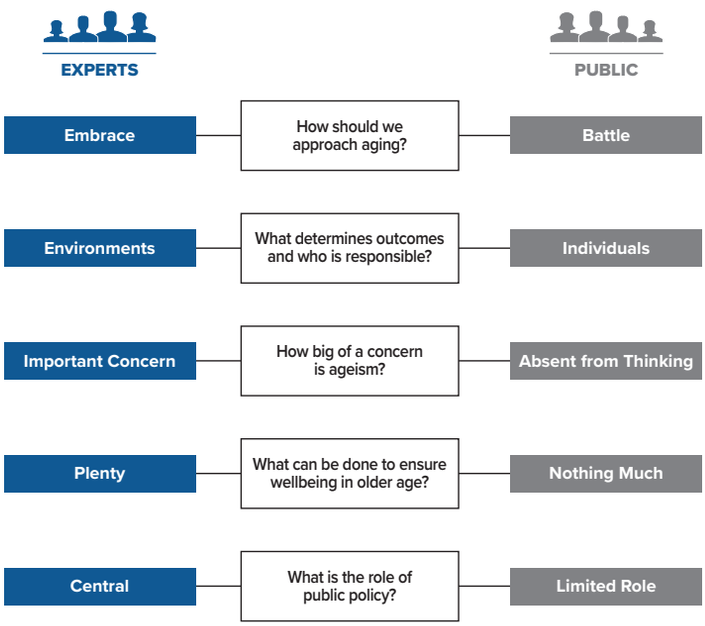
> As we've learned from past surveys, the term "aging in place" doesn't tend to resonate with homeowners. That's because people don't think of themselves as aging — even when they are. There's no specific age or moment in time at which people become officially "old." Additionally, the stigma surrounding aging keeps most people in denial long past the point at which the process is clear. So, how do homeowners prepare for aging in place when they can't admit that they're aging in the first place? (Cusato, 2017, p. 2)

These consumer behaviors are validated by research elsewhere as well. In 2014, a coalition of eight national aging organizations — including AARP, the American Society on Aging, and The Gerontological Society of America — partnered with the Frameworks Institute to explore the roots of ageism and how to change the way Americans think about growing old. Research revealed that older adults are reluctant to heed the advice of aging professionals, resulting in significant gaps in understanding (Lindland et al., 2015).

At the macro-level, accessible housing for older adults should be a high priority — especially with the home increasingly a site for healthcare delivery and a platform for long-term care services. Retrofitting is one of the most expedient and least expensive solutions. It also provides jobs and safer environments for care workers. Also, as a *platform,* a larger supply of updated houses will create an incubator for innovation in the services provided in individual homes. Service providers become stakeholders also interested in homes being updated. The best ideas and models can grow to scale bringing cost savings to consumers. Yet, government and health institutions haven't done much to facilitate closing the gap between our current housing stock and the needs for a rapidly aging population.

At the micro-level, aging in place is a high priority for older Americans. Remaining in their current home, even if they need assistance, is the preference for 80% of adults 65 and older (AARP, 2000). For a

Barrier: Message Gap Between Experts/Public



FRAMEWORKS AGING RESEARCH REPORT 2017

There is a severe "What we say/What they hear" gap between experts and consumers.

variety of reasons, however, homeowners have been hesitant, if not resistant, to initiate such projects.

Whether the lack of follow-through to prepare homes for aging in place is viewed as an individual or government and health institutions failure, the questions remain: What strategies are needed to close the gap between the housing we have today and the housing we need for tomorrow? How do we get around the attitudes and messages that keep people from proactive action?

New strategies can encourage people to update their homes

One place to look is successful behavior change campaigns in analogous situations and adapt those methods for our purposes (Heath, 2010). Reviewing analogs brings us to consider policy and incentives to encourage home updates. For example, real estate development is often made possible by public policies that offer subsidies, incentives, and publicly funded infrastructure, such as roads, sewer, and water lines. Government policies also offer incentives and subsidies to homeowners for weatherization, solar collectors and water-saving landscapes. It is not hard to see an analogy between these types of incentives that promote the common good and home updates that create improved housing for all ages and abilities.

Solar collectors, for example, have been around for years but with state and federal tax credits the market grew swiftly. By stimulating growth, bigger markets helped to drive prices down and fueled more growth. With collectors, individual investments by homeowners impact the producers and installers as well as electricity production and the grid. Our carbon footprint is reduced — creating a win for homeowners, the country and the planet. *Everyone wins!*

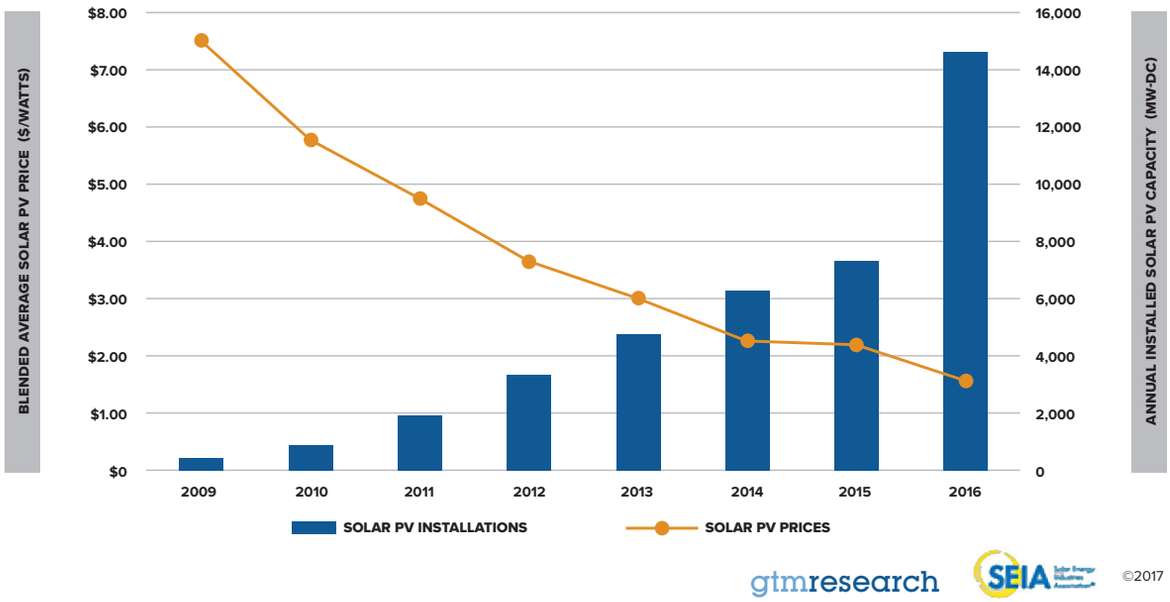
Applying solar market growth tactics for home updates

The first phase of this new approach targets a population that is under-served and nearly forgotten by public policy and programming — middle-income older Americans.

Most policy and programming, such as those provided by the Older American's Act, target the "most vulnerable" older citizens, which roughly coincides with the "dual eligible" population — those qualified by age for Medicare and by low income for Medicaid. This equals about 18% of people over age 65 (MedPac, 2016). There is good reason they are the prime target for providing in-home services and supports. Often low-income elders are in desperate need and have almost no resources for long-term care services and supports, therefore, they are at greater risk for more expensive medical and institutional care. Programs directed towards them, such as Medicaid waiver

Growth in Solar is Led by Falling Prices

The cost to install solar has dropped by more than 70% since 2010, leading the industry to expand into new markets and deploy thousands of systems nationwide.



programs or in-home support services, must be fully paid by public or philanthropic funding sources. Covering this population is very costly.

At the other end of the financial spectrum is the well-to-do-population who can afford whatever services and supports they need. The top 7 to 9 percent can afford assisted living, continuing care retirement communities, and around the clock home health care (Neilsen, 2012).

This leaves nearly three-quarters of older adults, 73 percent, whom do not qualify as low-income or as dual-eligibles for publicly financed home and community-based care, nor do they have great reserves of financial capital to pay privately for in-home services and care. Moreover, they qualify for very few benefits from federal and state policies, programs and services that serve the aging population because in general, what few public dollars are available must target the "most vulnerable." As a result, middle-income Americans are squeezed in the middle. These individuals and families pay out of pocket. Some adult children quit their jobs to take care of mom or dad because identifying, paying for, and managing services is too difficult. Due to competing financial demands, they often go without what seems like "extras," such as home modifications, that ironically would likely not only bring their health care costs down but would improve their quality of life.

One interesting corollary of shifting attention to the under-served, middle-income population in the *Innovation and Opportunity Zone* of the above graph is that, because they are less economically vulnerable, they are also the converse — more financially capable. The upper middle income, in particular, has substantial retirement savings. This segment, a group larger than the dual-eligibles, has the financial capability to act on their own. Allowing use of 401K and/or IRA dollars without tax or penalty, for example, would provide a discounted source of funds, encouraging them to pay for updates, without a lot of government spending. This is the prime target for incentives to kick-start the market and movement for home updates. Within a few years Medicare savings will balance the reduced tax revenues.

Incentives are not handouts, they leverage use of private money. This means that, with consistent health factors, a government incentive to a middle-income family who pays the bulk of a home update with their own money will yield a larger return on the government's investment than the fully paid home update for a low-income family because the government portion of the cost is significantly smaller. The client pays for the remodel at a discounted rate, while the incentivizer as well as the health system benefit from the health savings. Similar saving will accrue to insurers or others who offer an incentive.

As health improvements and healthcare cost savings from these early phase incentives show efficacy, additional funding sources may emerge to finance subsequent phases for those who have fewer resources. One alternative source to finance incentives or updates may be social impact bonds or mission-related investments from foundations. Investors will get their return by sharing the benefits of reduced medical costs with the insurer. Another possible source is community development block grant (CDGB) type public/private finance partnerships.

Although per-person spending in CAPABLE, at under $3,000, is fairly modest, to spend this amount for each Medicaid recipient would be costly. Nevertheless, this may be considered in the future under programs similar to the Medicaid Waiver because the savings are so large. The demonstrated value from the early phases may encourage the government to fully fund all homeowners to update. *Everyone wins*.

Reframing Aging: Changing the Message

How do we get the word out? The conventional messages cajoling people to make home modifications to preserve their independence, prevent dangerous falls, and reduce the burden on family and caregivers can be discarded. Hooray! No one likes to be chastised *and* it doesn't work.

The Frameworks Institute developed a "toolbox" of communication strategies to drive a more informed conversation about aging and its implications. Research-tested *frames* from the toolkit underscoring "a collective sense of justice and fairness to provide housing for America's citizens throughout their lifetime by capitalizing on American ingenuity" were used to develop two key messages about home updates.

The first message is: "It is fundamentally unfair to continue adding years to lives without also helping people have safe and suitable homes in which to enjoy those added years. We have updated homes for years, adding plumbing, electricity, furnaces insulation, fiber optic cable, and solar collectors. It is time to utilize American ingenuity for updating homes for longevity." This language normalizes home updates as something everyone can and should do while at the same time moving the issue of caring for the nation's older adults into the sphere of moral duty and social responsibility. As you see, these new messages do not rely on the more typical, *rational* messages that appeal to preserving independence, avoiding frailty, or reducing burden on family. They also take coded terminology

such as "universal design" and "home modifications" out of the equation.

The second important message is: "Updating your home is the right way and the most economical way to remodel no matter your age or health." (1) The "right way" is in a manner that helps avoid injuries, makes mobility safe even with some disability and/or use of mobility aids, makes caregiving safer for both client and caregiver, and most importantly *qualifies for the incentive*. (2) The "most economical way" is that if you purchase and properly install qualifying components, you will save money on the remodeling project because of the incentive. (3) "No matter your age or health" means that you do not need to be a certain age, have health difficulties or disabilities, or require a doctor's directive to qualify for the incentive. You may create a stepless entry or install a curbless shower, for example, even though you do not use a wheelchair or walker or have a condition that increases your expectation of using one of those devices.

This three-part statement vastly increases the market for home updates beyond those who are old, frail or have disabilities to any homeowner who is remodeling their home. A Purple Tag™, modeled after the successful yellow EnergyGuide label that identifies energy-and cost-saving products could identify products eligible for home update incentives. Designers and contractors, will join the push for updates because their clients will see reduced net costs for incentive-qualified projects. Over time, the supply of age-friendly residential infrastructure will increase. *Everyone wins!*

The new approach is about updating homes — increasing the accessible housing stock as a valuable national resource and essential infrastructure. Regulations should be crafted so that anyone, of any age, who is planning a home improvement, can save money if they build according to the standards required to qualify for the incentives. The improvement will be useful for them if they stay a long time or ready for the next resident if they move. *Everyone wins!*

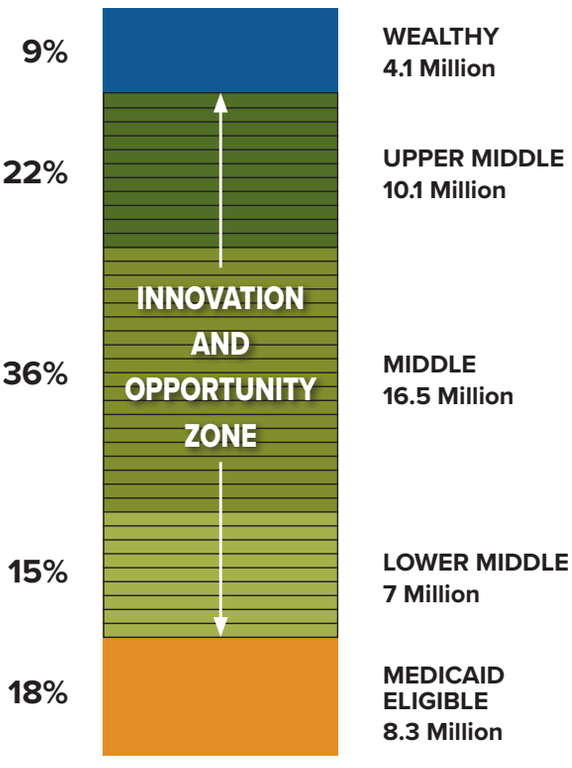
Another way to think about this is *housing resilience*. In addition to concerns over climate change and more intense weather events, homes need to be resilient to accommodate the nation's changing demographics and support more older adults living in the community. The Frameworks Institute findings inspired the shift from "aging and frailty" to "updates and improving infrastructure," a wholesale departure from previous messages and better suited to the targeted consumers in the opportunity and innovation zone.

Incentives and other policies are already in the works. HR 1780 is a bi-partisan federal bill that would provide up to $30,000 in tax credits to citizens over 60 years old for home modifications. A few states and local governments have or are considering programs and credits as well. Other housing related issues getting advocacy attention are revising zoning codes to make it easier to construct Accessory Dwelling Units (ADUs) and innovative housing arrangements such as shared housing.

This approach to encouraging behavior lends itself to fostering political activity that can be harnessed to increase support for home updates. Organizing voters for social justice in housing would be a significant asset for local grassroots efforts to influence state, local and federal government to take legislative action. Many local activists from the village movement and the age-friendly cities initiatives are ready to work on concrete measures that will be rallying cries to coalesce a movement to support aging at home and in the community. The interest demonstrated by local activity will inform and alert federal legislators of constituent interest. Studying what is already being done will glean best practices to build "toolboxes" for local campaigns that spread the word and energy. Here too, there are analogs: Two recent examples

Innovation and Opportunity Zone

No Policy or Programming for the middle 73% of 46 million Americans 65+.



©HomesRenewed

where locally supported activity lead to rapid shifts in law are the legalization of marijuana and marriage equality. *Everyone Wins!*

The "*everybody wins*" notes throughout this article are not meant to be cute. The repeated notes point out the range and diversity of the many stakeholders for upgrading homes. This is both a strength and a challenge. It is a strength because there are so many who will support advocacy for incentives because they can recognize the benefits for their purposes. It is a challenge because there are so many value propositions to articulate and so many mindsets and concerns to meld together. However, uniting these various silos and sectors in a movement to enable individuals to thrive in their own homes as they age has the potential to harness enormous power to create change for the common good. Everyone wins! •CSA

Louis Tenenbaum, one of the first contractors to focus on aging in place, wrote Aging 2.0: Rethinking Solutions to the Home Care Challenge, published by the MetLife Mature Market Institute in 2010. Uniquely straddling building, aging and policy worlds, in 2016 Louis was named a Next Avenue "Influencer in Aging" and a HIVE (Housing, Innovation, Vision and Economics) awardee by the building industry. Louis leads HomesRenewed, advocating incentive policies to increase the number of homes prepared for residents throughout the modern lifespan. Contact him at louis@louistenenbaum.com

REFERENCES

AARP. (2000). Fixing to stay: A national survey of housing and home modification issues. Retrieved April 18, 2018, from https://www.aarp.org/content/dam/aarp/research/surveys_statistics/general/fixing-to-stay.pdf

Bridge, C.,Phibbs, P., Gohar, N. & Chaudhary, K. (2007). Evidence based research identifying barriers to home modifications. The Home Modification: Information Clearinghouse Project. University of Sydney, NSW: Australia. Retrieved April 20, 2018, from file:///C:/Users/Owner/Downloads/20080227+Identifying+Barriers+to+Home+Modifications.pdf

Cusato, M. (2016). Insights forum: 2016 aging in place report. HomeAdvisor: Denver, CO. Retrieved April 22, 2018, https://www.homeadvisor.com/r/wp-content/uploads/2016/10/AIP-Report_2016_Final.pdf

Cusato, M. (2017). 2017 home advisor report. HomeAdvisor: Denver, CO. Retrieved April 22, 2018, from https://www.homeadvisor.com/r/wp-content/uploads/2017/11/DP3971-Print-AgingInPlace-Report_R3.pdf

Gosselin C, Robitaille Y, Trickey F, Maltais D. Factors predicting the implementation of home modifications among elderly people with loss of independence. *Physical Occupational Therapy Geriatrics*. 1994; 12(1): 15–27.

Harvard Joint Center for Housing Studies (2014). Housing America's older adults: Meeting the needs of an aging population.

Heath, C et al. Heath, C., & Heath, D. (2010). *Switch: How to change things when change is hard*. Random House: Toronto, Canada.

Lindland, E., Fond, M, Haydon, A., Kendall-Taylor, N. (2015). Gauging aging: Mapping the gaps between expert and public understandings of aging in America. Frameworks Institute: Washington, D.C. Retrieved April 22, 2018 from http://frameworksinstitute.org/assets/files/aging_mtg.pdf

McIlwain, J.K. (2011). Housing in America: The baby boomers turn 65. Urban Land Institute: Washington, D.C. Retrieved April 18, 2018 from https://uli.org/wp-content/uploads/ULI-Documents/HousingInAmericaFIN.pdf

MedPac (2016, June). *A date book: Health care spending and the Medicare program*. Section 4: Dual-eligible beneficiaries. Medicare Payment Advisory Commission: Washington, D.C. Retrieved April 26, 2018 from http://www.medpac.gov/docs/default-source/data-book/june-2016-data-book-health-care-spending-and-the-medicare-program.pdf

NCOA, National Council on Aging (n.d.). Healthy Aging Facts. Retrieved April 18, 2018 from https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/

Neilsen. (October 10, 2012). Affluence in America: A Financial View of the Mass Affluent.Markets and finances. Retrieved April 10, 2018, from http://www.nielsen.com/us/en/insights/reports/2012/affluence-in-america.html

Pynoos, J. & Mnishita, C. & Cicero, C. (2008). Aging in place, housing, and the law. *Elder Law Journal.* 16. Retrieved April 18, 2018 from https://theelderlawjournal.com/wp-content/uploads/2015/02/Pynoos.pdf

Waring J, Marshall F, Bishop S, et al. (2014). An ethnographic study of knowledge sharing across the boundaries between care processes, services and organisations: the contributions to 'safe' hospital discharge. Southampton (UK): NIHR Journals Library; 2014 Sep. (Health Services and Delivery Research, No. 2.29.) Chapter 2, Hospital discharge and patient safety: reviews of the literature. Retrieved April 8, 2018 from: https://www.ncbi.nlm.nih.gov/books/NBK259995/