



Attachment E

Background Paper: “Homes for an Aging America: Priorities for Research and Federal Action”

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Introduction

More than 80% of all Americans over 65 own their homes (1) and more than 80% of all older Americans want to remain in their current residences, known as “aging in place.” (2) The ties to one’s home are emotional, symbolic, and financial, as well as physical. These ties are strengthened over time, no matter what the condition of the home or condition of the older person.

Chronic disease is prevalent with advanced age, including high blood pressure, diabetes, heart disease, and arthritis. The risk of dementia increases with age. With advanced age there may be constraints on Activities of Daily Living and Instrumental Activities of Daily Living. Although all people may hope to “compress morbidity” so that they are in robust health until they die, most experience periods of frailty before death. “Almost 50% of severely frail people living alone reside in dwelling units with no special supportive features. An estimated 20% of the dwelling units of the elderly are in need of modification or repair.” (3)

Unhealthy Homes and Remodeling

Homes built over 30 years ago are mostly located in older neighborhoods of central cities or inner-core suburbs and rural areas. These homes are more likely to be in physical disrepair and technologically deficient. They are more likely to be hazardous for falls, fires, crime, heat stroke, hypothermia, and a variety of environmental illnesses. Home exposure to pesticides, lead, radon, carbon monoxide, moisture and mold are common threats to health, particularly for older people. Poor lighting and excessive noise are also dangerous to psychological as well as physical well-being. Housing that is unaffordable is a health concern. (4)

In addition to the importance of addressing these critical issues, there are modifications within a wide range of budgets that can make homes safer over time. Most seniors are neither wealthy nor so poor that they qualify for federal housing subsidies. The median income of the population over 65 in 2011 was \$33,118. (5) The MetLife Mature Market Institute released a report in September 2010 entitled, “Aging in Place 2.0: Rethinking Solutions to the Home Care Challenge.” (6) This study offered practical suggestions on priorities for various home modifications and their estimated costs.



The prioritized renovations are:

First Priority:

Falls prevention. Cost: \$1,000 or less.

Removing throw rugs, especially in the bathroom

Installing grab bars and grips in the bathroom

Making sure that handrails on both sides of steps are sturdy

Good lighting and switching, especially at stairs, halls, and entries

Securing or removing carpets at stairs

Soft path lighting for nighttime mobility

Second priority:

Entryway, easy movement, and use-of-home features. Cost: \$4,500 to \$30,000.

Removing, if possible, or reducing the number and/or height of steps and possibly increasing the horizontal depth of steps for easy side stepping with both hands on one rail

A clear, no-step path to the bedroom and bathroom

Rearrangement or repositioning of furniture, entertainment systems, and spaces

Third priority:

More substantial remodeling and equipment. Cost \$8,000 to \$75,000

No-step shower or bath lift mechanism, seated sink, and assistance space at the toilet

Seated multilevel food preparation areas

Sun- and rain-protected outdoor areas

Backup power sources for power outages

Supportive and Misaligned Federal Policies

An individual's housing and health are directly connected, particularly for the oldest people in the population who spend most of their time inside their homes. Housing and health are disconnected, however, in both expertise and public policy, which results in a mismatch of challenge and response. Medicaid and Medicare are health programs; HUD is a "bricks and mortar" federal agency. Although health concerns can create or compound the problems of an aging housing stock, and housing concerns can create or compound health problems for aging individuals, existing regulatory, structural, financing and implementation barriers prevent a comprehensive approach to the health and housing needs of America's seniors. (7) Seniors with incomes below the poverty level and in frail health may find a home in publicly assisted housing, but lack access to health care and supportive services. "Only about half of Section 202 properties have service coordinators...and they are not generally qualified to address more severe or chronic health care needs." (8)

There are examples of ways that federal policy and the needs of an older population are aligned. For example, with careful documentation of the difference between home appreciation and cost of improvements, for those homeowners who itemize deductions, “medically necessary” home modifications can be deductible from their federal income tax. Renters who itemize and can afford to make improvements in the homes they are renting may also be able to take advantage of medically necessary home modification costs. This IRS policy should encourage needed adaptations for those seniors who can afford to make changes.

There are recent signs that a closer alignment of health and housing policies may be under discussion. The European Union has recently funded aging research focused on objective as well as perceived housing to understand how home environments can better support healthy aging. The European ENABLE-AGE project is intended to address major research gaps in the way good home environments can help to alleviate or prevent illness and declining health. These researchers used the World Health Organization’s definition of health “as a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity.” (9) In 2009, the U.S. Surgeon General released a “Call to Action To Promote Healthy Homes” defining such a home as “one that is sited, designed, built, renovated, and maintained in ways that support the health of residents.” (10) The federal government has also created the National Prevention, Health Promotion and Public Health Council, a group of 17 federal agencies that issued a “National Prevention Strategy” in June of 2011. Based on the concept that where we live, learn, work and play all have an impact on our health, this strategy document calls for the design and promotion of affordable, accessible, safe and healthy housing. (11)

Housing standards reflecting the principles of Universal Design were issued in the Fair Housing Act of 1988, which applied to structures with more than four dwelling units but exempted single-family dwellings. Other federal agencies set standards and issue housing regulations including the EPA, FEMA, U.S. Consumer Product Safety Commission, U.S. Department of Energy, Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration. Federal housing funding sources include the Older Americans Act Title III and Title V funds, FHA, GNMA, and HUD programs that include the National Affordable Housing Act (NAHA) of 1990-the HOME loan program, and Section 202, Section 203, Section 236, Section 8 programs and Public Housing. However, no expert on housing would argue that federal standards, supply or funding are adequate for the health (or housing) needs of aging Americans now or in the future.

Mechanic and Tanner have addressed points of leverage for reducing vulnerability, defined as “need, risk, susceptibility to harm or neglect, or lacking durability or capability.”(12) They note that our society’s efforts to assist vulnerable populations lack persistence are not systematic and have less stable funding. They also note that while federal efforts may provide generic resources, programs must



also be organized in each local community, relying on not for profit organizations that often scramble for adequate financial support. “The major challenge is that (housing and health and care) services flow through many different agencies and organizations, both public and private non-profits. The puzzle of matching eligible clients, eligible providers, and eligible services is exceedingly complex; the added challenge of...fiscal constraints further complicates the picture.” (13)

Draft Priorities

The following list outlines ways that federal leaders can help home environments better serve the needs of older Americans as we age. These priorities were adapted from those of the authors of *Independent for Life/Homes and Neighborhoods for an Aging Population*. (14) Specifically, the recommendations for *housing* focus on: setting national standards for housing suitability (standards), increasing the number and variety of housing units that meet suitability requirements (supply), and developing financing programs to increase the supply of suitable housing through remodeling or new construction (financing). Recommendations for *neighborhoods* focus on setting national standards for communities to meet the housing needs of older people (standards).

Homes: *Develop national programs to improve the suitability of existing and new homes for older people*

Set national standards for housing suitability (Standards)

- Enforce compliance with the Olmstead decision (Olmstead v. L.C. and E.W. 527 U.S. 581, 600,1999) to address housing for people who are disabled and who are old. (DOJ, HHS)
- Make Universal Design or visitability a national standard in publicly funded, financed and insured single and all multi-family housing. (HUD)
- Develop training and certification requirements for community aging in place specialists. (DOL, AOA)
- Establish psychometrically valid and reliable home measurement tools. (See the Housing Enabler Housing Standard, Personal Component and Screening Tool)

Increase the number and variety of housing units that meet suitability standards (Supply)

- Fund a variety of housing options with services in adequate numbers to address current and projected demand in suburban, as well as rural and urban neighborhoods. (HUD, Treasury, HHS)
- Research and develop new affordable home technologies. (Modeled after DARPA)
- Develop adaptive remodeling packages suitable for a range of disabilities, asset and income levels. (DOE, HUD)
- Incent building professionals to develop adaptive remodeling packages as well as visitable and Universal Design homes in their core product lines. (Treasury, HUD)

Develop financing programs to increase the supply of suitable housing through remodeling or new construction (Financing)

- Evaluate the Weatherization Assistance Program as a model or platform for implementing a national remodeling program of home adaptations for people who are vulnerable to frailty and poverty. (DOE, HUD)
- Develop a range of products to finance adaptive remodeling as well as new home construction for older people with a range of asset and income levels. (Treasury, HUD, EPA)
- Incent suburban jurisdictions and developers to repurpose obsolete commercial properties for mixed-use developments that include affordable housing for people who are old. (Treasury, DOT, EPA (CDBG, HUD)
- Provide federal loan support for reverse mortgages, with associated counseling assistance (HUD, OMB)
 - For that portion of the population eligible for Medicaid as “medically needy,” benefits should be explicitly offered as a reverse mortgage program, with appropriate protections and counseling. (HHS, CMS)
- Create means tested programs to assist people who are old and who are very poor to afford home assessments, maintenance and retrofitting for adaptability. (HUD, AOA, HHS)

Neighborhoods: *Set national standards for communities to meet the housing needs of older people*

- Tailor connectivity in transportation planning to the needs of older Americans, requiring systems to incorporate appropriate equipment and routes linking residences with services and amenities. (DOT)

- Require that community indicator systems be adopted consistently throughout the nation to accurately reflect those measures that enable older people to age in place successfully. (OMB, CBO, CDC)
- Adjust ADA guidelines to take into consideration physical changes associated with “normal” aging. (Commerce, DOJ, HUD, HHS)
- Define the characteristics of NORCs and identify their locations throughout the United States. (Commerce, AOA)

Endnotes

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