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Evidence Matters

Transforming Knowledge Into Housing and Community Development Policy





Housing for Seniors: Challenges and Solutions

s the baby boom generation ages, demographers project significant increases in the proportion of the American population age 65 and older. The Harvard Joint Center for Housing Studies (JCHS) projects that the number of U.S. adults age 65 and older will grow from 48 to 79 million over the next two decades. By 2035, JCHS expects that 50 million households — approximately 1 out of every 3 in the United States — will be headed by someone age 65 or older, and the number of people age 80 and older will double to 24 million. The older population will also become more racially and ethnically diverse, with the nonwhite share of this population expected to increase from 22 percent to 31 percent. The nation's existing housing stock — in terms of options, affordability, and accessibility — is ill-suited to meet the housing needs of an increasingly older population that overwhelmingly wishes to age in place. State, local, and federal governments and a range of partnerships among housing and health providers

and other stakeholders seek to overcome these housing challenges.

Housing Challenges

Older populations face numerous housing challenges, including those related to affordability, physical accessibility, and access to medical and other services inside and outside the home. Seniors in rural areas encounter additional challenges related to their relative isolation from neighbors, services, and amenities (see "Housing Challenges of Rural Seniors," p.15).

Affordability. Most seniors own their homes, but the percentage of older adults who rent is expected to increase slightly from 21 percent in 2015 to 23 percent in 2035.² Both owners and renters face affordability pressures. Since 1989, the percentage of homeowners carrying mortgage debt has nearly doubled for those age 65 to 74 and almost tripled for those older than 75. Even homeowners who have paid off their mortgages have ongoing maintenance costs and taxes that they

Sean Martin

Bath Housing's Comfortably Home program offers home modifications, such as installing and stabilizing stair railings, that enhance resident comfort and safety.

HIGHLIGHTS

- The older population is projected to grow rapidly, and although many seniors wish to remain in their homes for as long as possible, challenges related to affordability, accessibility, and poor linkages to health services may make doing so difficult.
- Expanding the supply of aging-friendly housing options, rental assistance, home repairs and modifications, accessible residential design and community planning, as well as improving the links between housing and healthcare, among other strategies, can help seniors age safely, comfortably, and affordably in their homes and communities.

may struggle to pay.3 Incomes in retirement typically decline and become fixed, susceptible to erosion by inflation generally and by increased costs for health care and housing specifically. According to the Bipartisan Policy Center, households 80 and older have a median income of \$25,000 annually, and nearly 1 in 4 has an income of \$15,000 or less.4 Housing cost burdens — households paying more than 30 percent of their income on housing — are a growing problem, affecting renters as well as homeowners. According to one projection, as many as 6.4 million renters and 11 million homeowners will be cost burdened by 2035, and of these, 8.6 million will be severely cost burdened, spending more than half of their household income on housing expenses.⁵ In addition to cost burdens, declining incomes can prevent households from making necessary home repairs or modifications for aging in place and can make paying for needed health services more difficult. These economic pressures are compounded by the increasing number of seniors carrying debt into retirement, including mortgage debt.⁶ Seniors with substantial retirement savings and household wealth will be best able to afford the rent, mortgages, property taxes, home repairs, and modifications needed to safely age in place.

Editor's Note

Safe, affordable, comfortable, and aging-friendly housing for seniors, the focus of this edition of *Evidence Matters*, remains a critical area of need as the population of older Americans grows. Seniors face a number of housing challenges, including those related to affordability, accessibility, social isolation, and access to services and amenities. In many instances, the current states of household savings, the housing stock, and the built environment are inadequate to meet the needs of a growing senior population. This issue looks at some of the policies and practices currently being implemented to address these challenges as well as the research and demonstration initiatives aimed at evaluating and improving the effectiveness of such efforts.

The lead article, "Housing for Seniors: Challenges and Solutions," discusses how households; communities; and federal, state, and local governments are addressing housing challenges of seniors through home modifications, community design, and new models for connecting housing with medical and other services. The In Practice article, "Communities Support Seniors With Aging-Friendly Policies," describes efforts in Philadelphia, Pennsylvania, and Mableton, Georgia, to use policies and planning to make their communities more livable for older residents. Finally, a commentary, "Housing Challenges of Rural Seniors," discusses issues that are specific to rural communities or that are worsened by certain attributes of the rural setting, such as remoteness.

With our Summer 2017 issue, we are introducing a new look for *Evidence Matters*. The first redesign since the publication debuted in 2011, our goal is to create a clean, modern layout that is visually appealing to readers while allowing us the flexibility to present the issue theme and content effectively. Please provide feedback on any of our issues at **www.huduser.gov/forums**.

- Rachelle Levitt, Director of Research Utilization Division

Historically, a wide gap has existed between the net worths of white and non-white households. The expected growth in the nonwhite share of the population may mean that an increasing number of older households will rely heavily on Social Security income and may struggle to age in place or afford assisted living facilities or nursing homes.⁷

Accessibility. As the population of seniors increases, the number of people with disabilities is also likely to increase, especially among groups with a higher incidence of disabilities than the general population: low-income, minority, and renter households. These individuals will need accessibility modifications to age safely and comfortably in their homes. JCHS projects that by 2035, in 31.2 million households, at least one member will have a disability affecting mobility, the ability to engage in selfcare, or the ability to complete basic household activities. Cases of dementia are also likely to increase, even if the rate of incidence falls.8

The existing housing stock, however, is not well suited to meet the needs of individuals with disabilities. Fewer than 4 percent of U.S. residential units are suitable for people with moderate mobility disabilities, and only about 1 percent of units are wheelchair accessible.9 An estimated 44 percent of households need some type of accessibility modification to use their homes without difficulty.¹⁰ Although the need for modifications is great, such improvements can be costly, and seniors already facing affordability challenges may postpone these improvements in favor of more urgent home repairs or health expenses. Survey data indicate that although most seniors want to age in place, they are not focused on accessibility improvements.¹¹ Renters, who experience higher disability rates, have less control than homeowners over potential modifications to their homes and therefore may face even greater challenges to matching accessibility to need.¹²

Isolation. Many older individuals, particularly those who are no longer able

to drive, become socially isolated and have difficulty accessing health providers, services, and community amenities. An estimated 22 percent of nondriving seniors age 85 and older live in a household with no drivers. Routine activities such as grocery shopping and getting a haircut can become daunting. Seniors are also likely to need more health services as they age, and many may find that their transportation options to visit doctors or pick up medications are inadequate or unaffordable. Disabilities and other medical conditions can complicate mobility; a 2009 survey found that 12 percent of those age 50 to 64, 20 percent of those age 65 to 79, and 41 percent of those age 80 and older have difficulty leaving their home because of a medical condition.¹³

Existing Programs

At the federal level, HUD's Section 202 Supportive Housing for the Elderly program addresses both affordability and the connection between housing and supportive services. Under the program, HUD provides interest-free capital advances to nonprofits to develop housing that offers project-based rental assistance and supportive services for very low-income elderly residents.14 In 2015, the average yearly income of Section 202 residents was \$13,238, and 38 percent were considered frail or near frail.15 Although not exclusively for seniors and lacking Section 202's supportive services, the U.S. Department of Agriculture's (USDA's) Section 515 Rural Rental Housing program is an important source of financial help for rural seniors (see "Housing Challenges of Rural Seniors," p.15).

For homeowners, property tax relief can alleviate affordability pressures. These state and local initiatives may take the form of an outright exemption, a limit, a deduction on the appraised value of the property, or tax credits. Any of these programs may impose eligibility criteria based on income or age. Aging homeowners might also be helped by reverse mortgages that allow owners to access the equity in their home, which in many cases is their largest asset, without having to leave it. Most reverse mortgages are insured by the

federal government through the Home Equity Conversion Mortgage (HECM) program. Homeowners must be able to pay ongoing maintenance, tax, and insurance costs.¹⁶

To accommodate an aging population, many more units at all affordability levels will need to be made accessible to people with disabilities, both through new construction and retrofitting of the existing housing stock. New construction can be designed for accessibility at the outset or in ways that make future accessibility modifications easy to complete.¹⁷ One way to promote accessibility would be through the broader adoption of universal design principles.¹⁸ Universal design incorporates features intended to benefit people of all ages and abilities such as wide doorways, step-free entryways, and lever faucets.19 Many of these features are not usually found in existing housing; therefore, modifications will be needed not only to make housing more accessible but also more safe, comfortable, and user friendly. Such modifications range widely in cost, and many households would need assistance to afford the more expensive modifications. The

residences of long-tenured homeowners may also need repairs beyond aging-friendly modifications, which can increase affordability pressures. Tax credits and public loans and grants may help lower-income households make their homes more habitable and more suitable for aging in place.²⁰

Medicaid waivers may provide funds for residential modifications to help seniors age safely at home, and HUD's Title I Home and Property Improvement Loans program insures private lenders for loans to make property repairs and improvements; the insured amount is up to \$25,000 for a single-family home and slightly more for manufactured housing on a permanent foundation.²¹ These programs can help low-income seniors afford modifications that will significantly improve their ability to age in place, such as installing grab bars in a shower and building a wheelchairaccessible entrance.

To better connect housing and health services, HUD is exploring a new model through its Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing.



HUD's Section 202 program has been a source of assisted housing for low-income seniors, supporting properties such as Oak Meadows in Visalia, California.

Owners of HUD-assisted multifamily developments in the treatment group of this demonstration received grants to aid aging in place; transitions to institutional care; and residents' housing stability, well-being, health outcomes, and health care utilization. Supportive services must include an onsite Enhanced Service Coordinator and an onsite, part-time wellness nurse. Additional services include fall prevention programs, assistance with medication self-management, mental health programs, and partnerships with local service providers. The demonstration involves randomly assigning properties into treatment and control groups to produce rigorous evidence of the intervention's effectiveness. The demonstration's model builds on research evaluating Vermont's Support and Services at Home (SASH) program.²²

The SASH program is a care coordination model that uses housing as a platform for services delivered through an interdisciplinary team of housing staff and health workers. The team conducts a comprehensive health assessment and develops an individualized living plan for each participant. Frequently cited issues from these individual plans inform the creation of a communitywide healthy living plan. Research shows that established SASH participants (those enrolled before April 2012) experience slower growth in Medicare costs than do members of a comparison group, although SASH participants have not seen a decrease in hospitalizations or emergency room visits compared with the comparison group.²³

Another model that has shown positive results both in terms of health outcomes and cost savings is Community Aging in Place — Advancing Better Living for Elders (CAPABLE). CAPABLE began as a Johns Hopkins research study on the effects of in-home services that modify the home environment and change participants' behavior to make daily tasks easier. Program director Sarah Szanton has visited homes with crumbling steps, holes in the floors,



The Support and Services at Home program has shown promise for lowering growth in Medicare costs.

unstable handrails, and other hazards that pose risks for aging residents, particularly those with mounting medical problems. Relatively simple repairs and modifications such as tightening loose banisters, adding a second banister, or lowering cabinet heights can make a big difference in seniors' ability to manage daily activities. Through CAPABLE, a team that includes a nurse, an occupational therapist, and a handyman assesses the home environment in consultation with the resident to prioritize interventions that enhance functionality, safety, and independence. Szanton notes that incorporating residents' input allows the team to tailor responses to the residents that are both specific and meaningful. Although some home modifications entail modest structural changes, Szanton says that out of 500 homes in Baltimore, no landlord denied a request to make a modification, and some took care of the changes themselves. (In some cases, the owner of the home was a family member of the elderly resident.) After initial funding from the National Institutes of Health and then from the Center for Medicare and Medicaid Innovation to implement the program in Baltimore, a combination of local foundations and other stakeholders have expanded the model to 12 locations.24 Research has found Medicare

cost savings for CAPABLE participants as well as increased confidence and improvements in self-management of health behavior. An evaluation of the project found that of 281 adults age 65 and older who were eligible for both Medicaid and Medicare and who had difficulty performing activities of daily living, 75 percent had improved performance of activities after completing the program, and their symptoms of depression also improved. Each of the symptoms of depression also improved.

Siloed funding streams may make implementing cross-sector health and housing interventions such as CAPA-BLE difficult. Although unable to include the medical aspects of CAPA-BLE, Bath Housing Authority (BHA) in Maine deployed its professional maintenance staff to conduct safety checks (such as testing smoke alarms and cleaning dryer vents), customized accessibility modifications (such as installing grab bars and railings and replacing faucet control knobs with levers), and minor repairs (such as winterizing homes and fixing stairs) in 56 privately owned homes of low-income unassisted seniors during the pilot phase of its Comfortably Home program. Now with funding from MaineHousing, BHA and four other public housing agencies have made low-cost, high-impact modifications and repairs to 62 homes

in the first 6 months of 2017. Through grant funding, BHA will be partnering with Mid Coast–Parkview Health, the local hospital, to incorporate the medical aspects of the CAPABLE model into a portion of the homes it reaches through Comfortably Home. BHA's experience implementing the program has also changed the way the organization manages its properties; it now pays greater attention to their suitability for an aging assisted population with high rates of disability and significant medical needs.²⁷

Another local-level approach involves community planning and design for an aging population. The American Planning Association (APA) recommends that planners eliminate regulatory barriers such as zoning and building codes that impede community-based housing models designed to connect residents to health services. Planners can also consider the transportation and mobility needs of older residents as aging drivers of private vehicles, as passengers of public transit, and as pedestrians and cyclists. The built environment can also include accessibility, visitability, connectivity, walkability, and universal design components that accommodate older residents. Finally, community-level planning could remove barriers to housing options that may meet seniors' housing needs such as shared housing and accessory dwelling units.28 (See "Communities Support Seniors With Aging-Friendly Policies," p. 8.) These recommendations generally align with smart growth principles and often benefit people of all ages and abilities. For seniors and others with limited transportation options, mixed-use development that brings medical services and retail such as grocery stores closer to residences can be especially vital. Community paratransit services may also aid this population.

Practical, community-level models that address seniors' housing challenges include cohousing, villages, and livable communities. For the most part, these models apply to middle-income seniors and emphasize social contact. Cohousing



Vermont's SASH program coordinates care for residents through an interdisciplinary team of housing staff and health workers.

refers to intentional residential communities with planned common spaces for social activities as well as private residences. Most cohousing communities are multigenerational but present a useful option for older households, whereas some are intentionally targeted to seniors. Villages are member organizations that coordinate services such as transportation, social gatherings and outings, and grocery shopping for seniors aging in place. Generally, livable communities are those designed along the lines suggested by APA for aging-friendly planning - having safe and comfortable infrastructure, service, and housing options for seniors. AARP sponsors a network of more than 100 communities seeking to achieve these standards with support from other organizations such as Smart Growth America.29

Future Directions for Research

HUD's Office of Policy Development and Research has identified several areas for future research concerning senior housing in the *HUD Research Roadmap: 2017 Update.* HUD seeks an assessment of the affordable housing needs of seniors and evidence-based strategies for addressing those needs. The *Research Roadmap* proposes an examination of existing needs and programs as well as input from experts to

develop policy recommendations and assistance models to test. The research would include strategies for "housing production, preservation, financing, assistance, and supportive services integration."³⁰

The *Research Roadmap* also calls for an assessment of the capital needs of the Section 202 Supportive Housing for the Elderly program, as HUD has previously done for its public housing and HUD-assisted multifamily housing programs. This study would also explore the potential for using the Rental Assistance Demonstration to recapitalize properties in need of investment.³¹

Because of the lack of accessible housing despite high incidences of disability and the increasing proportion of seniors in the U.S. population, HUD is also interested in researching the accessibility features of its assisted multifamily housing stock as well as the extent and types of disabilities among residents of these properties. The Research Roadmap proposes using survey data and onsite inspections to support improved outcomes for residents. Similarly, HUD's awareness of the aging U.S. population is informing the agency's interest in learning more about those living in HUD-assisted nonelderly housing who are likely to age in place, which will allow HUD to better predict and address

this population's needs.³² Research has shown that HUD-assisted adults have a greater prevalence of several serious health conditions than both the general adult population and unassisted low-income adults, indicating that meeting the health needs of this population presents an opportunity to make a significant impact.³³ The Research Roadmap also identifies the need for research to investigate the effects of state Medicaid waiver programs that allow home- and community-based long-term care services on HUD programs such as Section 202. These waiver programs, which vary by state, can offer help to seniors with disabilities and enhance their ability to age in place.34

Finally, HUD is participating in a partnership with the Japan Policy Research Institute; Japan's Ministry of Land, Infrastructure, Transport, and Tourism; Japan's Urban Renaissance Agency; the Japan Housing Finance Agency, and Ginnie Mae in the U.S.-Japan Housing and Innovation Forum and Aging in Place Research Project. More than a quarter of Japan's population is age 65 and older, and Japan and the United States face a similar set of demographic and housing challenges. The partners will explore best practices to support aging in place through housing finance and community development policies.³⁵

Pressing Problems, Promising Strategies

Evidence suggests that innovative models hold promise to improve health outcomes and the ability of seniors to safely, comfortably, and more affordably age in place. Programs such as SASH and CAPABLE are producing results that enrich seniors' lives, allowing them to achieve their desired goals. These programs succeed at the local level through collaborative partnerships among healthcare and housing providers, nonprofits, and government entities. Ongoing research, including HUD-directed research, can identify and elevate best practices, refine existing models, and lead to new ideas. The scale of the problems — a lack of

affordable housing options that are aging friendly, the mismatch between the number of people with disabilities and availability of accessible housing, and the difficulty of connecting residents to needed health services — remains daunting and will only intensify as the older population continues to grow. Ensuring that the responses rise to the scope and scale of need will require concerted efforts and investments from the public, private, and nonprofit sectors at all levels. Debora Keller of BHA says that local entities are "doing phenomenal work given the climate and resources, but there is a catch-up that is needed in terms of resources." In addition to resources, localities will need approaches that incorporate the new construction of suitable units and the retrofitting of the existing stock to make housing options that will meet seniors' needs as they age. 36 EM

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- ⁷ Ibid., 7, 17.
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- ⁹ Sewin Chan and Ingrid Gould Ellen. 2017. "Housing for an Aging Population," *Housing Policy Debate* 27:2, 190.
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- ¹¹ Ibid., 12
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- ²³ RTI International and Leading Age. 2016. "Support and Services at Home (SASH) Evaluation: Second Annual Report," vi–ix.
- ²⁴ Interview with Sarah Szanton, 7 July 2017.
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- $^{\rm 36}\,$ Interview with Debora Keller.

Communities Support Seniors With Aging-Friendly Policies

R aced with a growing number of seniors, communities across the nation are taking steps to accommodate the needs of an aging population. Many older adults prefer to remain in their homes and neighborhoods as they age, and communities that support agingfriendly housing, transportation, and social engagement efforts help seniors remain independent without sacrificing their quality of life. These efforts can include increasing affordable housing located near public transportation, promoting home modification programs, and improving pedestrian paths and bus shelters.1

This article focuses on two communities that have adopted policies that support seniors' ability to age in place. The city of Philadelphia has revised its zoning code to legalize accessory dwelling units (ADUs) and implemented modest regulations for visitable entryways to allow seniors to remain in their communities. The city has also invested in pedestrian-friendly streets

and free public transportation services to accommodate seniors who no longer drive. Mableton, Georgia, is a suburban community west of Atlanta that has taken steps to promote a healthy living environment through improved walkability and public transportation to allow seniors better access to community assets. Philadelphia and Atlanta are both part of the AARP Network of Age-Friendly Communities under the World Health Organization's Global Network for Age-Friendly Cities and Communities program, which encourages member communities to improve the built environment to support both the physical and social well-being of seniors.2

Age-Friendly Philadelphia

Adults age 65 and over made up about 12 percent of Philadelphia's population in 2010.³ A large number of these seniors — 206,000 — also own some of Philadelphia's oldest housing stock, which dates back 50 years and lacks many of the modifications that older

HIGHLIGHTS

- Now legal under Philadelphia's revised zoning code, accessory dwelling units meet seniors' changing housing needs and enable them to remain in their communities while also providing additional income.
- Through no-step entries and other features that ensure safe mobility, visitable housing in Philadelphia alleviates social and physical isolation among seniors and can also improve quality of life for people of all ages as well as improve access for children in strollers, bicyclists, and those with disabilities.
- With the long-term goals of connecting area seniors to community amenities, improving walkability, and fostering mixed-use development, the Mableton Town Center and Master Plan are the result of several community engagement activities conducted by the Atlanta Regional Commission's Lifelong Communities Initiative.

residents with limited mobility require.⁴ Many of the city's older adults prefer to age in place. The Public Health Management Corporation conducted its



The Attendant Transportation Service mitigates isolation among seniors by providing transportation to medical clinics, senior centers, and shopping.

Southeastern Pennsylvania Household Health Survey in 2010, which found that 66 percent of Philadelphia seniors wanted to remain in their homes for 10 years or longer.⁵ Based on these findings, Philadelphia is taking steps to accommodate the preferences of its oldest residents.

Age-Friendly Philadelphia, which began in 2009, is an initiative of the Philadelphia Corporation for Aging's (PCA's) Planning Department.⁶ A nonprofit Area Agency on Aging, PCA collaborates with several public, private, and nonprofit agencies to carry out its mission of creating a city where residents of all ages can easily access community assets.7 To guide its efforts, PCA examined the framework of the U.S. Environmental Protection Agency's (EPA's) Aging Initiative to create its own model for Age-Friendly Philadelphia, which it called Supportive Age-friendly Environments (SAFE). Two Aging Initiative concepts influenced Age-Friendly Philadelphia's work: "active aging," a term that places seniors in control of their individual health, and "smart growth," a planning strategy to ensure that communities and people are connected socially and physically through a supportive built environment. Age-Friendly Philadelphia's SAFE also reflects four focus areas from EPA's Aging Initiative: staying active, connected, and engaged; development and housing; transportation and mobility; and staying healthy.8

Remaining Home

PCA has also worked to modernize the Philadelphia Zoning Code. The most recent zoning code, adopted in August 2012, now uses the words "aging," "elders," and "senior citizens." Since 2009, PCA has collaborated with the Zoning Code Commission as well as the Philadelphia Association of Community Development Corporations to support ADUs as an affordable housing option that provides seniors with additional income and also the ability to remain in their current neighborhood close to family members or other caretakers. Only 10 Also referred to as "granny flats"



Seniors striving to age in place can benefit from the features of visitable housing, such as a zero-step entrance that accommodates people using walkers or wheelchairs.

or "mother-in-law suites," ADUs are another housing option that meets the changing needs of older adults while preserving the character of existing neighborhoods.11 Many Philadelphians had already created ADUs via a separate entry before the new zoning code came into effect. Because ADUs already existed in Philadelphia, the Zoning Code Commission recognized the need to legalize and regulate them.12 The 2012 zoning code permits one ADU of 800 square feet or less in a single-family home or duplex, either within the home or in a detached structure such as a garage.13

Increasing Mobility

Because many Philadelphia rowhomes are inaccessible to seniors with low mobility, the city is taking several actions to help seniors remain in their homes. ¹⁴ The city's new zoning code outlines the requirements to make a house "visitable," or able to be visited by people of all ages regardless of physical ability. To be visitable, a house must have a

step-free entrance, a half-bath and bedroom on the first floor, and doors and hallways wide enough to accommodate a wheelchair or walker. These requirements allow older adults to continue their daily routine without the hazards that stairs present. A visitable home also helps prevent mobility limitations from isolating the elderly from their family and friends. The features of visitable housing are useful to people of all ages, including those with disabilities, children in strollers, people using bicycles or scooters, and those recovering from surgery or a broken limb.

To raise awareness of the benefits and design options for visitable housing, the Community Design Collaborative, Philadelphia's Office of Housing and Community Development (now called the Division of Housing and Community Development), and the Philadelphia Visitability Committee partnered to host a design charrette, *Visitability for Urban Neighborhoods*, in October 2010. The charrette invited designers and

architects to learn about the most feasible designs for visitable homes that can also fit within Philadelphia's rowhouse-style neighborhoods.¹⁸ The charrette encouraged designers and architects to build visitable homes even when they are not mandated by an ordinance.¹⁹ The participants determined that visitability should also create connectivity and relationships, so the charrette teams looked for ways to include communal spaces beyond the home, such as gardens, sidewalks, and outdoor benches. Participants also decided that visitable housing, using designs that vary depending on household needs, is a valid way for communities to adapt to demographic shifts.20

Like visitable housing, access to public transportation is another way to mitigate social isolation among seniors. The Southeastern Pennsylvania Transportation Authority offers a free-ride program for more than 200,000 seniors.²¹ PCA also sponsors the Attendant Transportation Service (ATS), which provides door-to-door service to doctor's visits, senior facilities, and grocery stores for disabled seniors enrolled in the Shared Ride Program.²² The high demand for ATS, however, has resulted in long waits and the need to call well in advance to reserve a ride, noted Dr. Allen Glicksman, director of research and evaluation at PCA.23

According to Glicksman, many seniors move to the city to walk to shops, public amenities, and services, and these seniors require accommodations to make walking safe for them. Mayor Michael Nutter signed an executive order in June 2010 to establish the city's Complete Streets initiative, which described how the 2,600 miles of streets in Philadelphia should be designed to accommodate uses beyond vehicular traffic. The Complete Streets initiative supported a safer and more walkable city and advocated adding more covered outdoor seating at bus shelters to promote the use of public transportation. Under Complete Streets, the city constructed 200 miles of bike lanes

and created well-marked intersections and pedestrian crossings.²⁴ As Glicksman noted, Complete Streets encourages walkability, but the prevalence of broken

More efforts need to focus on directly engaging with frail, older adults when enacting agefriendly initiatives to ensure that their voices are heard.

sidewalks and the lack of seating and shelter at bus stops isolates older adults without cars. An encounter with trash in the street can be a minor annoyance to a nondisabled young person but a true barrier to walkability to a frail, older adult, Glicksman explained.²⁵

Challenges for ADUs and Visitability

During public meetings to update Philadelphia's Zoning Code, pushback on ADUs arose from citizens concerned about local universities purchasing housing and vacant lots to construct student apartments that could alter the character of their neighborhoods. Institutions of higher education such as the University of Pennsylvania, Temple University, Drexel University, and Thomas Jefferson University make up a large share of the local economy and are powerful stakeholders in Philadelphia's housing development. For PCA, the revised 2012 Philadelphia Zoning Code represents a partial victory because it acknowledges the needs of older adults; however, more modifications will be needed to ensure that neighborhood character is preserved, Glicksman said.26

Susan Klein, former director of housing at PCA, stated that another major challenge

for visitability advocates is creating a demand for visitable housing. For example, a developer indicated that when homeowners are presented with the option to have granite kitchen countertops or a half-bathroom on the first floor, the homeowners typically choose the countertops. Klein also suggested that public officials have trouble understanding the need for visitable housing until they have experienced the need themselves. Furthermore, Philadelphia's traditional rowhouse style, with three steps leading up to the front door, is considered by city residents to be the archetypal look of local housing. Overcoming this mindset is key to moving forward, Klein said. Yet some residents prefer the traditional housing style for both aesthetic and security reasons; in addition, the style elevates the home above street noise and car lights. Visitable housing is the norm for any low-income housing funded by the Philadelphia Division of Housing and Community Development; the challenge is making market-rate housing visitable.²⁷ The Philadelphia Zoning Code currently requires only that new market-rate developments with 50 or more detached, semidetached or attached houses must make 10 percent of the units visitable.²⁸

Enacting Change

Although PCA's goal is to assist seniors, it also strives to appeal to a nonsenior audience through its tenet that what is good for seniors is good for people of all ages. One of PCA's programs, called Generation Appreciation Philadelphia (GenPhilly), is a network of young professionals that strives to raise awareness of seniors' needs. Members learn across various fields of expertise and dispel stereotypes about seniors while also becoming aging experts in their respective organizations. GenPhilly also encourages members to discuss the qualities in a neighborhood that they would value as they age. Equally important is encouraging public officials to recognize that seniors often provide necessary family childcare. This awareness can motivate a commitment to home modifications so that seniors can remain in their

homes and continue to supervise their grandchildren.²⁹

PCA also understands that many seniors do not trust public health officials and many other professionals as reliable sources of information about health and lifestyle. Some seniors may be reluctant to trust someone several years younger for health advice. One gardening study led by PCA demonstrated that engaging in informal activities can bridge this trust gap. In the study, seniors directed the gardening project and mentored youth who did the bulk of the lifting. Social workers also participated, and seniors were able to collaborate with them to complete the work. Glicksman emphasized that this activity facilitated unexpected trust.30

Throughout the public engagement process to revise the Philadelphia Zoning Code, frail, older adults rarely attended public meetings. Instead, it

was highly mobile, healthy, and educated individuals who attended. Ironically, "sometimes the older adult is the missing piece in age friendly," Glicksman explained. More efforts need to focus on directly engaging with frail, older adults when enacting age-friendly initiatives to ensure that their voices are heard.³¹

Lifelong Communities: Mableton, Georgia

In the Atlanta metropolitan region, 1 in 5 residents will be over age 60 by 2030.³² The Lifelong Communities Initiative, led by the Atlanta Regional Commission (ARC), an Area Agency on Aging, is a "comprehensive effort" that arose in 2007 out of the need to reevaluate how communities accommodate seniors and people with disabilities.³³ ARC, a regional planning and intergovernmental coordination agency, provides leadership, research, and statistical analysis on transportation, affordable housing, zoning, aging, and other topics for 10 counties in the Atlanta metropolitan area.³⁴

According to Mary Tonore Blumberg, manager of strategic planning and development at ARC's Aging and Independence Services, Lifelong Communities emerged at a time when few people were thinking about the region's changing demographics, and the initiative has increased communities' readiness to accommodate an aging population. Blumberg emphasized that "as people age they are likely to outlive their ability to drive, and the Atlanta region is still very car dependent." 35

Lifelong Communities originated in 2002 from the Aging Atlanta Partnership, which the Robert Wood Johnson Foundation funded through its Community Partnerships for Older Adults grant program. ³⁶ ARC adheres to seven principles for Lifelong Communities: connectivity through several modes of transportation, safe walkability to community amenities, walkable access to shopping and services to reduce car dependence, communal spaces to spur



Community events such as the Mableton Farmers Market help seniors to connect with others and avoid social isolation.

social interaction, a variety of housing types to accommodate changing needs and preferences, healthy living environments that support the availability of fresh produce and outdoor walking trails, and respect for current residents to remain in place throughout the construction process.³⁷ ARC chose the community of Mableton for its pilot program (Lifelong Mableton) based on its readiness to make age-friendly changes.³⁸

Mableton is a suburban community located in southern Cobb County, 15 miles west of Atlanta's downtown.³⁹ According to 2011-15 American Community Survey 5-Year Estimates, 8.2 percent of Mableton residents were over age 65.40 Although Mableton originated as a small railroad town, increasing development in the greater Atlanta area led to urban sprawl in the community in the form of shopping plazas and residential subdivisions separated from services.⁴¹ The area has several community assets, such as the Silver Comet Trail, Mable House Cultural Arts Center and Amphitheatre, WellStar Cobb Hospital, a public library, a post office, and Mableton Elementary School.⁴² Although the rail line that runs through Mableton is designed only for freight and nonstop Amtrak service, the area is well suited to accommodate a regional passenger line in the future.43

Community Engagement

In February 2009, ARC cohosted a 9-day Lifelong Communities Charrette with Duany Plater-Zyberk and Company (now known as DPZ Partners), which brought together more than 1,500 local residents, developers, local government officials, social workers, planners, designers, and architects to discuss design options and foster community consensus for developments that support walkability and healthy living.44 The charrette's goal was to determine the types of interventions needed to implement ARC's seven principles for Lifelong Communities. 45 Lessons from this charrette included the need to incorporate New Urbanist designs, improve accessibility with supportive building codes, and modify existing building forms to accommodate an aging population.46 The participants created master plans for five sites across the Atlanta region, including the South Cobb Town Center-Mableton Lifelong Community Plan (Mableton Master Plan).47

The Mableton Master Plan, which the Cobb County Board of Commissioners approved in February 2011, aims to reverse the effects of urban sprawl over 21 acres. ⁴⁸ The Master Plan calls for locating housing within walking distance of amenities near the intersection of Floyd and Clay roads. The plan is attuned to the transportation needs of children and

seniors who no longer drive and therefore accounts for services and recreation facilities within walking distance of housing.⁴⁹

As a followup to the Lifelong Communities Charrette, residents and other stakeholders participated in the South Cobb form-based code (also referred to as the SmartCode) charrette held at Mableton Elementary School in June 2010. Residents identified many challenges during the charrette, including the lack of a central gathering space with walkable access to dining and entertainment options.⁵⁰ One remedy discussed in the Master Plan is the construction of a Mableton Town Square that offers a large green space and added connectivity. Mableton's built environment requires a car, straining those unable or unwilling to drive. Residents indicated that determining neighborhood boundaries was difficult because of the community's continuous strip-mall landscape.⁵¹ One future design strategy is to encourage mixed-use development and adaptive reuse of intact buildings in strip malls for supportive housing or a satellite college campus.⁵²

Cheryl Mayerik, former Lifelong Mableton coordinator at ARC, indicated that many residents who participated in the South Cobb form-based code charrette feared density. The focus group discussions with other stakeholders, however, altered their perceptions and made residents more comfortable with the form-based code, which the Cobb County Board of Commissioners approved on February 22, 2011.53 The form-based code encourages walkability, mixed-use development, local character, transit, housing diversity, a vibrant downtown, and open land rather than sprawl and vehicular dependence.54

ARC also employed another community engagement tool, a walkability assessment, to evaluate barriers and opportunities for walking in Mableton. Residents used photovoice methods to photograph and document sidewalk, bus stop, bike path, and other pedestrian conditions.⁵⁵ Participants identified



Public engagement was a major success of the Lifelong Communities Charrette to create the South Cobb Town Center-Mableton Lifelong Community Plan, which increased connectivity and walkability to Mableton's assets.



Mableton Elementary School is the focal point of the Mableton Town Square, a pedestrian-friendly green space.

the Silver Comet Trail — a 61.5-mile bike- and wheelchair-accessible path — as one of Mableton's strongest assets, citing open sightlines, shade-providing tree canopies, and picnic and restroom facilities as positive attributes. ⁵⁶ Mableton will further capitalize on this community asset by connecting the trail to the Mableton Town Square. ⁵⁷ Another effort to encourage walking and a healthy lifestyle is the Safe Routes to Schools Initiative, which has proposed a grandparents club to chaperone children walking to and from school. ⁵⁸

Current Progress

Mableton Town Square, an expansive green space that is approximately the length of a football field, opened in April 2016. The Town Square links pedestrians to the adjacent Mableton Elementary School via 10-foot-wide sidewalks and on-street parking.⁵⁹ Just east of Mableton Town Square is the farmers market, held 19 weeks a year in the parking lot of the Mable House Cultural Arts Center and Amphitheatre. 60 The local Mableton Improvement Coalition (MIC) approved both the farmers market and community garden, which not only offered residents healthy food options but also became very popular

social gathering spots for the community. Such amenities help seniors avoid isolation, Blumberg and Mayerik said. Those who join the community garden automatically receive membership in MIC, which further empowers residents to participate in the city's development process. 61 Local community partners such as AARP and WellStar Health System provide shuttle service to the farmers market and on-site health screenings for attendees.

Identifying and Mitigating Barriers in Mableton

Seniors in the Atlanta metropolitan region face a shortage of affordable housing options located near services, and 57 percent of renters age 65 and older are cost burdened, spending 30 percent or more of their income on housing costs.⁶² Although significant housing development has taken place in Mableton in recent years, most of the city's housing stock was built before 1990.63 As older adults enter their retirement years, they will require housing modifications such as wide doorways and entryways without steps. For some seniors, relocating to a smaller house near retail and health clinics is necessary to live independently.⁶⁴ Furthermore, Mableton is a census-designated place —

an unincorporated community — that is serviced by Cobb County rather than having its own governing structure with elected officials representing residents' interests. As a result, acquiring funding and government support for development projects remains an ongoing challenge.⁶⁵

As Blumberg explained, "A large part of the problem is that people are not aware that [an aging population] is an issue and that as you age your needs change." Mitigating these barriers to success requires collective action rather than individual, isolated actions.66 Resident involvement in MIC and other neighborhood associations working to promote residents' quality of life is a step toward such collective action.⁶⁷ Another challenge has been identifying effective tools to engage Mableton residents; the walkability assessment was one such tool, and trainings and public workshops that build the capacity of the local community are others.⁶⁸ Community collaboration is one of Lifelong Mableton's greatest accomplishments.⁶⁹ ARC is continuing its community education efforts and applying the lessons learned in Mableton to other communities in the Atlanta metropolitan region.⁷⁰

Looking Ahead

PCA and Lifelong Mableton's efforts focus on ensuring aging adults can safely remain home, while also facilitating access to social connections. In the future, PCA plans to develop a best practices manual to examine how community organizations can support the needs of seniors. PCA also plans to reexamine what it means to be age friendly, and will focus on identifying avenues to directly involve older adults in the agefriendly planning process. Through its work to create a vibrant community for seniors and people of all ages, the ARC recognizes that accommodating aging adults is a permanent shift rather than a temporary one — and this challenge will extend to future generations as Americans live longer.⁷¹ EM

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Housing Challenges of Rural Seniors

eniors in rural areas face many of the same challenges as those in urban and suburban areas, but in many cases those challenges are exacerbated by differences in demographics, economic conditions, infrastructure, and density. The rural population is older than the American population as a whole and, as younger people leave rural areas to pursue more favorable economic opportunities, it is aging faster. More than a quarter of seniors in the United States live in rural areas. and their income is lower than that of seniors nationally. Thus, although some of the supply constraints that push housing prices higher in urban areas, such as high land prices, do not apply in rural areas, low incomes contribute to affordability challenges and housing cost burdens. Rural seniors typically have few residential options other than their own homes, which in many cases are not amenable to aging in place. Although rural seniors do have a high homeownership rate, at 83 percent, nearly a quarter of these seniors are still paying off their mortgages. More than half of rural seniors who rent their homes (54%) are cost burdened.¹

The dispersion of housing, services, and retail in rural settings worsens the problems of social isolation and poor access to health care and amenities for rural seniors. These conditions make access to transportation options particularly important, yet rural areas are less likely than other places to have robust public transit systems.2 Rural areas have a smaller tax base with which to support public transit, and they may require creative, flexible solutions to transportation issues.³ Generally, rural areas have a limited service infrastructure. For example, sparsely populated areas are less likely to have certain types of medical specialists and may be distant from a hospital. These challenges may cause seniors to delay needed health care, allowing their health to worsen before they finally seek care - sometimes under emergency circumstances.4 Efforts to overcome the distances between essential services and those who need them tend to be costly and inefficient. Technological innovations could potentially overcome some of the barriers to access that remote settings pose. Telemedicine allows doctors and other caregivers to engage patients

HIGHLIGHTS

- Seniors in rural areas face housing challenges that are often worsened by differences in demographics, infrastructure, economic conditions, and density.
- The old age of much of the rural housing stock contributes to affordability pressures on homeowners attempting to pay for repairs, maintenance, and accessibility modifications.
- The communities of Bowdoinham, Belfast, and Harpswell in rural Maine are proactively addressing the needs of seniors through community design, home modifications, transportation services, and social engagement, among other initiatives.

remotely, and cameras and sensors can be used to monitor daily activities and detect wandering, falls, or lack of movement. Researchers are also developing technologies that would monitor vital signs remotely.⁵

Rural areas with higher than average disability rates may have an even greater need for accessible housing. Rural areas tend to have higher concentrations of



Seniors may have difficulty accessing health care and other services in low-density rural areas with few transit options.

physically demanding and potentially dangerous work that may lead to disability, and these job skills might not readily transfer to less physically arduous employment. Several highly rural states in the South and Appalachia have high rates of receipt of Social Security Disability Insurance or Supplemental Security Income — in some cases more than double the national average — indicating high rates of disability.⁶

Although the proportion of substandard housing in the United States has dropped dramatically in recent decades, the rate of substandard homes in nonmetropolitan areas is slightly higher than the national rate.⁷ The Housing Assistance Council notes that population loss in some rural areas, particularly in the Midwest and parts of Appalachia, contributes to increased vacancy, deterioration of the housing stock, and declining home values that make securing loans for rehabilitation and modifications more difficult.8 Debora Keller, executive director of the Bath Housing Authority in Maine, says that a tremendous mismatch exists between the accessibility needs of rural residents and the very old housing

able to use the U.S. Department of Agriculture (USDA) Section 504 Housing Repair and Rehabilitation Loan/Grant program to make modifications. Eligible homeowners age 62 and older who are unable to repay a loan qualify for grants. More than 100,000 units were rehabilitated between 2000 and 2009, although funding has diminished in recent years.¹²

Many rural senior renters experience affordability pressures and housing cost burdens. Several HUD programs, such as the Housing Choice Voucher and Section 202 programs, are important sources of housing assistance for these renters. Seniors in rural areas may also be eligible for USDA-administered rental assistance programs. USDA's Section 515 Rural Rental Housing program is an important source of financial help for rural seniors. As of March 2016, the Section 515 program funded 13,838 projects and 416,688 units.13 The Housing Assistance Council reports that approximately 60 percent of Section 515 residents are elderly or disabled. The program's budget has dwindled over the past several decades, and no new units have been built since 2011.14

Volunteers play a central role in several Maine communities that are helping rural seniors age safely in their homes.

stock in her state; much of the state's housing features stairs and threshold height changes that make mobility difficult. The rural housing stock is older than that of the nation as a whole — as of 2013, 63 percent of rural homes were built before 1980 — heightening the need for, and the cost of, repairs, maintenance, and accessibility retrofits. Keller says that, in her experience, residents' inability to keep up with deferred maintenance is a major reason for leaving their homes, sometimes to move into assisted housing. Low-income rural households may be

A typical Section 515 property is more than 26 years old. ¹⁵ Furthermore, USDA anticipates escalating losses of units as properties pay off their mortgages and rental assistance expires. USDA projects that 74 properties with 1,788 units will exit the program each year from 2016 to 2027, and 556 properties with 16,364 units will exit between 2028 and 2032; the exodus will peak at an estimated 22,500 units per year between 2032 and 2040. ¹⁶

Many seniors rely on unpaid, informal caregivers such as friends or family members. The longer travel distances for caregivers in rural settings limits their availability and increases their burden in terms of time, fuel, and other transportation costs. ¹⁷ Despite these burdens, volunteers remain a critical source of support for rural seniors wishing to stay in their homes as long as possible. Volunteers play a central role in several Maine communities that are helping rural seniors age safely in their homes. Confronted with an aging population and housing stock, these communities are taking a proactive approach to addressing seniors' housing challenges.

Maine's Rural Seniors

The growing number of aging adults in Maine has led communities to assess and address the needs of seniors. Maine has the nation's third-largest percentage of older Americans; approximately 211,000 people, or nearly 16 percent of the state's population, are age 65 or older.18 Maine is also the nation's most rural state, with about 61 percent of its population living in rural areas. In addition to having the eighth-oldest housing stock in the nation, Maine also had a shortage of nearly 9,000 affordable rental units in 2012.19 Making modifications to affordable housing is critical for the 27 percent of Maine seniors with a disability. Nearly 50 percent of extremely low-income Maine residents — those earning 30 percent or less of the area median income — were disabled.20

Bowdoinham, Belfast, and Harpswell are three rural towns in Maine that have begun to address the challenges facing their senior residents.²¹ The town of Bowdoinham is located 30 miles northeast of Portland and has a population of about 2,890.22 Bowdoinham's Age-Friendly Action Plan, which began in 2012, focuses on services, care partner support, transportation, and housing.23 According to Patricia Oh, Bowdoinham's past coordinator of older adult services, the town's Select Board appointed several residents to the Advisory Committee on Aging (ACOA) and tasked them with creating programs that encourage older adults of all ages



Many rural seniors rely on family and other volunteers who travel long distances to provide care, transportation, and social interaction.

to be actively engaged in their community. ACOA members also report potential infrastructure and policy changes needed to help older adults remain in the community as they age. 24 ACOA conducted an assessment identifying several community needs, such as more information on community activities, better coordination to advocate for the needs of seniors, alternative transportation options for seniors who no longer drive, supportive housing, home modification and repair services, and a central meeting place for activities. 25

ACOA has been a strong advocate for making public places and buildings accessible. Currently, the town of Bowdo-inham is revitalizing its waterfront. As part of its commitment to creating an age-friendly community, Bowdoinham added wheelchair-accessible restrooms, wide sidewalks to accommodate wheelchairs, and wheelchair-accessible picnic benches. Accessory dwelling units have also become popular in Bowdoinham, especially among those needing additional income. Some seniors who own large houses choose to live on the lower level and rent their upstairs rooms. ²⁶

ACOA also encourages volunteer organizations to fulfill needs identified in the assessment. For example, in 2015 the Village Lodge Masons created a Handy Brigade — a group of volunteers providing home repair and maintenance services to seniors, who are charged only for the cost of the parts to complete the project.²⁷ Bowdoinham is a rural community without medical facilities or public transportation.²⁸ In response, volunteers organized in 2014 to create Rides in Neighbors Cars, a free door-to-door and door-throughdoor transportation service for seniors needing access to healthcare providers, grocery stores, and social activities.29 Currently serving between 20 and 30 seniors, this program "does more than just give people a ride; it's really connecting those people to the community," said Oh.30 The Handy Brigade and Rides in Neighbors Cars initiatives follow a "village" concept, in which volunteers render services to keep seniors connected to their community.31 ACOA provides administrative support for these two groups, taking on tasks such as creating brochures, processing paperwork, scheduling, and formulating policies.³²

With a population of about 6,600, Belfast, located in Waldo County, is another rural Maine community in the early stages of implementing age-friendly initiatives. In 2010, about 20 percent of Belfast's population was age 65 or older.33 Aging Well in Waldo County is a group striving to include Waldo County in the nationwide initiative to make communities more age friendly. The group created a survey to assess the current needs of seniors. As followup to the survey, which was conducted between February and April 2017, Aging Well in Waldo County also scheduled focus groups.34

According to Michael Hurley, councilor for the city of Belfast, recreation and housing are major needs for seniors. To this end, Belfast has about 3 miles of newly completed walking trails that are accessible to people using wheelchairs or walkers. In addition, the city permits accessory dwelling units as well as renovations to transform a single-family home into a duplex. Although Belfast does not yet have a visitability ordinance, most downtown businesses have ramps to accommodate wheelchairs. 35

The Waldo Community Action Partners Transportation Program provides transportation for seniors, people with disabilities, and low-income individuals, especially for those receiving medical services from MaineCare and the Maine Department of Health and Human Services.³⁶

In Harpswell, Maine — a coastal town with nearly 5,000 residents, a quarter of whom are age 65 or older — an Aging at Home team of volunteers provides repairs and modifications.37 Many of the volunteers are retirees in their 60s and 70s. Dubbed the "Dream Team," Harpswell's repair team was modeled after another Maine group of retirees, "The Regulars," who had been working with Habitat for Humanity, and similar groups can be found throughout the region.³⁸ Although Harpswell's overall population has declined since 2000, the number of residents age 60 and older increased by 56 percent between 2000 and 2014, and the number of residents age 85 and older increased by 65 percent. Seventy-seven percent of Harpswell homes that were built more than 25 years ago are occupied by homeowners age 65 or older.³⁹ Many of these aging homes need substantial upkeep and maintenance that homeowners may struggle to afford. Harpswell Aging at Home runs its home repair and weatherization program in partnership with Habitat for Humanity/7 Rivers Maine and the Town of Harpswell, which determines income eligibility. The team does weatherization work such as installing storm windows, insulation, and weatherstripping, which improves resident comfort and lowers energy costs; age-friendly modifications such as the installation of grab bars, handrails, and wheelchair ramps; and general repairs and upkeep such as fixing gutters, doors, decks, and stairs. 40 In addition to the home repairs program, Harpswell Aging at Home administers the Volunteer Transportation Network, which gives free rides to adults who no longer drive; Seniors Connecting,

in which seniors receive weekly phone calls from volunteers for social interaction; and programs that facilitate hikes and lunches to help seniors avoid social isolation.⁴¹

Overcoming Challenges

Rural towns that are proactively meeting the needs of their seniors as they age, such as Bowdoinham, Belfast, and Harpswell in Maine, are improving lives and building stronger communities. Taking a holistic approach that addresses aging through community design, home repair, transportation, health, and social interaction, these towns are meeting challenges that are common to municipalities nationwide while also grappling with the additional complications caused by the longer distances separating residences from services in rural areas. Collaborative partnerships and high rates of volunteer participation are among the shared attributes of programs that are successfully serving seniors in rural areas. EM

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Additional Resources

- "Healthy Aging Begins at Home" (2016), by the Bipartisan Policy Center, examines the relationship between housing and seniors' health and makes several policy recommendations for meeting the needs of the aging population.
 cdn.bipartisanpolicy.org/wp-content/uploads/2016/05/BPC-Healthy-Aging.pdfeere/buildings/downloads/home-rx-health-benefits-home-performance-review-current-evidence.
- "Older Adults Facing Worst Case Housing Needs and Homelessness: Recent Trends and Policy Implications" (2015), by Thomas Byrne, focuses on the housing needs of some of the most vulnerable seniors: those with severe housing cost burdens and/or severely inadequate housing. www.bu.edu/ssw/files/2015/06/BYRNE_WHCOA_BRIEF_20150415.pdf.
- "Housing Costs and Financial Challenges for Low-Income Older Adults" (2015), by Richard W. Johnson, breaks down the sources of income and expenses for low-income seniors and recommends potential policy changes to help seniors facing financial challenges. www.urban.org/sites/default/files/publication/64796/2000312-Housing-Costs-and-Financial-Challenges-for-Low-Income-Older-Adults.pdf.
- "Tips to Age-in-Place" (n.d.), on the Bath Housing website, offers a helpful list of relatively simple, low-cost environmental and behavioral modifications that can make a home safer and more comfortable for seniors aging in place.

 bathhousing.org/aging-in-place/tips-age-place/.
- An Aging Nation: The Older Population in the United States (2014), by Jennifer M. Ortman, Victoria A. Velkoff, and Howard Hogan, provides population projections of the growing aging population and related demographics as drivers for this trend based on the 2010 census. www.census.gov/prod/2014pubs/p25-1140.pdf.
- Accessory Dwelling Units: Model State Act and Local Ordinance (2000), by Rodney L. Cobb and Scott Dvorak, proposes example legislation for local governments and municipalities to use as models for their own ordinances for accessory dwelling units (ADUs). www.aarp.org/content/dam/aarp/livable-communities/documents-2015/ADU-report-AARP-APA.pdf.
- In *Defining the Goals of Age-Friendly Interventions* (2017), Allen Glicksman and Lauren Ring use social connectivity and an ecological model for rethinking the term "age friendly." www.tandfonline.com/doi/full/10.1080/02763893.2017.130 9925.

For additional resources archive, go to www.huduser.gov/portal/periodicals/em/additional_resources_2017.html.

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