Maryland Communities for A Lifetime

Report of the Statewide Empowerment Zones for Seniors Commission

July 1, 2009

Inquiries about this report should be directed to:

Stephanie Hull
Chief, Housing Services
Maryland Department of Aging, Suite 1007
301 West Preston Street
Baltimore, Maryland 21201
410-767-1107
sah@ooa.state.md.us

Table of Contents

List of Best Practices

Acronyms

AOA: Administration on Aging, the Federal government agency that oversees programs for older adults

AAA: Area Agency on Aging, a local organization funded by the Maryland Department of Aging (MDoA) to provide a comprehensive system of services to older adults within its jurisdiction.

CDC: Centers for Disease Control & Prevention, a Federal government agency

CMS: The Centers for Medicare and Medicaid Services, a Federal government agency

CPOA: Community Partners for Older Adults, a program of The Robert Wood Johnson Foundation

DHCD: Maryland Department of Housing and Community Development

DPL: Deferred payment loan, a strategy to keep housing costs affordable

IAC: Interagency Committee on Aging Services, an oversight committee established by the Maryland State Legislature that includes representatives from major cabinet-level agencies and is chaired by the Secretary of the Maryland Department of Aging. There are also local IACs at the county or city level.

MAP: Maryland Access Point/Aging Disability Resource Center, a program to provide a single point-of-entry for services for older adults and persons with disabilities. It currently operates in six counties; a statewide Web service will launch in 2009.

MCFAL: Maryland Communities for a Lifetime

MDoA: Maryland Department of Aging

MEAP: Maryland Energy Assistance Program

NCOA: National Council on Aging

NORC: Naturally Occurring Retirement Community

SFN: Senior Friendly Neighborhoods, a NORC in Baltimore, MD

TOD: Transit-Oriented Development, a strategy to build housing and shopping adjacent to existing public transportation

WAP: Weatherization Assistance Program, available through DCHD

Executive Summary

Senate Bill 611/House Bill 605, Statewide Empowerment Zones for Seniors Commission, was enacted by the 2007 Maryland General Assembly and signed into Law by Governor Martin O'Malley on May 17, 2007. The law established a Commission to recommend a plan to develop a program for empowerment zones for older adults in Maryland. The program would direct financial and regulatory incentives to local communities to enhance aging in place services and facilitate personal independence and civic and social engagement of older adults in the community.

Maryland's 65+ population is expected to grow by 104 percent between 2005 and 2030; in contrast, the population as a whole is expected to grow 21 percent during that time period (Maryland Department of Planning, 2007). Thus, there is an urgent need to find new solutions to the challenges posed by an expanding older adult population. Further, the older adult population will be increasingly diverse, ethnically/racially and linguistically, requiring the development of a culturally competent service delivery system.

Research has long indicated that older adults prefer to "age in place," growing old in their own homes and communities rather than institutional facilities. In addition to the quality of life benefits, aging in place represents an important strategy for containing costs as Maryland's population ages because it helps older adults with disabilities remain in the community and avoid expensive institutionalization. Further, by helping people maintain their homes in good condition and remain as active consumers of and contributors to the economic, civic, and social environment, aging in place initiatives help communities remain desirable places for everyone to live. Many communities in Maryland have instituted exemplary aging in place programs for their residents that can serve as best practices for other communities. These programs promote creative strategies to overcome barriers in housing, transportation, health care, social and civic engagement, employment, and leadership.

The Statewide Empowerment Zones for Seniors Commission met six times as a whole between January and June 2009 to review research on aging, alternative aging in place models, and policy options to promote aging in place that were suitable for Maryland. In addition, six smaller groups met on one or more occasions face-to-face or via conference call to generate specific recommendations for the full Commission to consider.

Based on the findings of a literature review, interviews with state and national aging in place experts, and its own deliberations, the Statewide Empowerment Zones for Seniors Commission recommends that Maryland adopt a modified version of Florida's Communities for a Lifetime program as a model for its statewide initiative. The appeal of the Communities for a Lifetime model is that it encourages all communities in the state to assess the needs of their older adult residents and to develop plans that address gaps in their current services and delivery systems. Further, the title "Maryland Communities for a Lifetime" (MCFAL) is recommended to replace "Senior Empowerment Zone" because it communicates that communities that support aging in place are good communities for

residents of all ages and good for residents *as they age*. The Statewide Empowerment Zones for Seniors Commission has adopted the following definition of a "Maryland Community for a Lifetime": "A community implementing a community-based and operated initiative dedicated to helping residents age in place, accomplished by organizing and delivering programs and services that allow residents to lead safe, healthy, and productive lives in their own homes."[1]

Therefore, the Commission recommends that:

- **Legislation be introduced to re-establish the Statewide Empowerment Zones for Seniors Commission, which is currently authorized only through September 30, 2009, to provide continuity in planning for the MCFAL program.**

- **Legislation be introduced to create a Maryland Communities for a Lifetime program within the Maryland Department of Aging (MDoA).**
  The program would encourage public-private partnerships, in consultation with older adults, to identify obstacles and resources relevant to a community's ability to support aging in place and to develop a plan to promote livable communities for aging populations. A Governor's Conference on aging in place would be an exciting venue to build interest in the legislation and to educate individuals, government agencies, and prospective communities about the program.

- The **Maryland Communities for a Lifetime program** should include the following elements:
  - Coordination and technical support provided by one full-time equivalent (FTE) employee located at the Maryland Department of Aging.
  - A community anywhere in the state may apply to become certified as a Maryland Community for a Lifetime when the following conditions are met:
    - There are prescribed geographic boundaries for the "community."
    - The community has or will soon have a higher than average older adult population.
    - A broad coalition of stakeholders conducts a needs assessment/asset mapping of its community and develops a plan for encouraging aging in place. The coalition will include State and local governments, senior housing owners or managers, health care and nonprofit elderly services providers, local businesses, and individual older adult residents.
    - The Area Agency on Aging can assist in the needs assessment/asset mapping process. MDoA will provide technical assistance (via toolkit, training, or other means) to communities for the needs assessment/asset mapping effort.

---

[1] Adapted from description of a "village" provided by Kenneth B.J. Harman, Director, Bethesda-Chevy Chase Regional Services Center in a memorandum dated 3/9/09 to George Leventhal, Chair, Health and Human Services Committee, Montgomery County, MD.

- o The community develops a plan that includes specific components (i.e., affordable, accessible and appropriate housing; supportive community features and services; adequate mobility options; evidence-based prevention strategies to reduce the incidence of disease and injury and to help individuals with functional disability or chronic illness to manage their conditions; an emphasis on older adults' personal independence and engagement in civic and social life) and engages older residents as active participants in the planning process, not simply as passive recipients of services or benefits.
  - o The ethnic, cultural, and linguistic diversity of the community is represented and included in the plan.
  - o A Lead Partner has been identified that coordinates planning at the local level and serves as the liaison to MDoA and other MCFAL communities.

- Maryland Communities for a Lifetime will receive the following incentives:
  - o **Technical assistance** from MDoA, including a "how to" toolkit
  - o **Recognition** via a certificate from MDoA and an annual Governor's luncheon featuring an awards ceremony
  - o **Participation in the MCFAL network,** including opportunities for formal and informal learning and information exchange
  - o **Assistance in obtaining funding and technical assistance** from state and federal programs.

MDoA, in consultation with the state Interagency Committee on Aging Services (IAC), will oversee the Maryland Communities for a Lifetime initiative to achieve the following objectives: 1) have each cabinet-level agency address aging in place in its annual review process, including an aging in place component in its master plans; 2) have each cabinet-level agency designate a MCFAL liaison to MDoA; 3) recommend the convening of statewide summits or conferences, or other appropriate venues; 4) require local Area Agencies on Aging to include an aging in place component in their annual and four-year plans; and 5) provide assistance to strengthen local IACs.

- **Conduct a thorough review of existing state programs related to aging in place.**
  The goal of this recommendation is to inventory existing programs and budget appropriations. Where possible, funds should be re-directed to support the Maryland Communities for a Lifetime initiative.

Specific recommendations for Maryland Communities for a Lifetime that the Commission proposes include:

Staffing

One FTE located within the Maryland Department of Aging will have responsibility for coordination of the program. Other state agencies (especially the Departments of Housing and Community Development, Transportation, and Health and Mental Hygiene) will designate an employee within each agency to be the MCFAL liaison who will facilitate that agency's involvement in the program and to provide needed technical assistance.

The job of the MDoA coordinator is to: 1) provide outreach and training about MCFAL to all prospective applicants and other interested parties; 2) provide technical assistance to communities engaged in the needs assessment/asset mapping process through the provision of a toolkit, answering questions, and making appropriate referrals to various resources, including those available through other state agencies; 3) assist with the review of applications from communities seeking MCFAL designation; 4) plan and implement other program elements, e.g., assist in the research of funding opportunities; engage in public relations work to promote state and local MCFAL events, including the planning of a Governor's luncheon/recognition ceremony, etc.

Applicant Requirements

Maryland Communities for a Lifetime plans must address the following:
- Designation of a Lead Partner and depiction of the relationships among partners (e.g., flowchart, letters of support)
- Mission statement
- Goals and objectives
- Statement of guiding values
- Action plan
- Marketing plan
- Evaluation plan (with measurable outcomes)
- Sustainability plan.

The action plan should address gaps in the service delivery system that were identified in the needs assessment process. Guidelines might include:

Overall elements:
- Encourage programs where older adults play an integral role in the development of the plan.
- Provide incentives to businesses that promote aging in place.
- Address ethnic/racial/linguistic diversity

- o Consider the needs of vulnerable older adults, including ethnic, cultural, and linguistic minorities, in developing community plans, e.g.,
    - Provide training for service providers on needs of ethnic, cultural, and linguistic minority older adults
    - Conduct outreach and education to ethnic, cultural, and linguistic minority older adults
    - Establish a language line so that linguistic-minority people can access information in their own language.

Affordable, accessible, and appropriate housing
- Encourage the adoption of local ordinances (including zoning and housing code provisions) that expand the pool of available housing options and also promote accessibility and visitability.
- Encourage the development of accessible and affordable housing, including universal design features where feasible.
- Encourage affordable home exterior and interior maintenance programs.

Adequate mobility options
- Promote the use of volunteer programs where possible, e.g., volunteer drivers, shopping and food delivery programs, home visits.
- Encourage the coordination of existing public and private transportation systems.
- Encourage the design of walkable communities.

Health prevention and supportive services
- Focus on prevention/wellness programs.
    - o Use evidence-based programs.
    - o Include oral health care, in addition to overall health care.
- Emphasize coordination of care in the provision of health services.
- Promote coordination of supportive services which are of primary importance in enabling older adults to age in place.

Social and civic engagement
- Encourage social, recreational, and employment opportunities for older adults.
- Promote intergenerational learning opportunities, e.g., by co-locating senior centers and schools.
- Increase opportunities for arts, culture, and enrichment programs by and for older adults.
- Facilitate opportunities for older adults and law enforcement to work together for safer neighborhoods for all.
- Protect vulnerable older adults from economic predators through outreach, education, and counseling.

Other recommendations to support aging in place:

- **Expedite rebalancing of long-term care services from institutional to community-based care.**
  Community-based care is less expensive than institutional care and allows older adults to remain in their homes while receiving needed medical and support services. An important possibility would be to allow greater access to state-funded services for individuals that are not yet "nursing home eligible."

- **Expand affordable transportation options for older adults through promotion and support of volunteer driver programs.**
  Volunteer driver programs help fulfill the transportation needs of older adults that existing transit and paratransit programs are unable to meet.

- **Expand public health and aging services to support wellness and prevention programs.**
  An ounce of prevention is worth a pound of cure, especially when that cure involves expensive institutionalization of individuals with chronic health conditions. There are successful evidence-based prevention and wellness programs, e.g., MDoA's Living Well—Take Charge of Your Health, already in place in Maryland. These should be expanded to a wider population of older residents.

- **Expand Maryland Access Point (MAP), particularly in areas where there is a Maryland Community for a Lifetime.**
  Maryland Access Point is an initiative that provides one-stop shopping for access to information and services for long-term support services for older adults and persons with disabilities. Currently operating in six jurisdictions in the state, the program should be expanded to reach more Marylanders. Priority for inclusion as a MAP site should be given to jurisdictions in which there are one or more Maryland Communities for a Lifetime.

- **Expand and support civic engagement for older adults, including volunteer programs.**
  Older adults are a valuable resource to Maryland, representing a rich repository of experience and expertise. Volunteer programs give older adults an avenue to give back to their communities and are win-win situations for everyone. Older adult volunteers can provide leadership on community organization/agency boards of directors, serve as volunteer drivers, and assist in developing new technology and programs, e.g., providing training, offering food shopping and delivery services, providing home repairs to those in need of such services, or simply visiting others who need companionship and a warm smile.

- **Increase and support expanded employment options for older adults**.
  Older adults often seek flexible work schedules and job sharing. The newest wave of retirees are helping to re-define concepts of retirement.

The coming "age wave" is already upon us. There is a clear imperative for the needs of older Marylanders to be recognized and included as a budgetary priority. Therefore, the Commission urges the Governor and the Legislature to act upon the recommendations of the Commission by redirecting existing state funds, tapping short-term federal stimulus funds, seeking foundation support, and expanding funding as the state budget improves.

Background of the Commission

Senate Bill 611/House Bill 605, Statewide Empowerment Zones for Seniors Commission, was enacted by the 2007 Maryland General Assembly and signed into Law by Governor Martin O'Malley on May 17, 2007. The law established a Commission to recommend a plan to develop empowerment zones for older adults in Maryland. The program would direct financial and regulatory incentives to local communities to enhance aging in place services and facilitate personal independence and civic and social engagement of older adults in the community.

According to the legislation, the Commission's job is to recommend State incentives to provide to a community that submits a qualifying comprehensive empowerment zone for seniors plan, including regulatory and funding options. In addition, qualifying plans must:

- Be developed and implemented jointly by stakeholders in a community, including the State and local governments, senior housing owners or managers, health providers, nonprofit elderly services providers, local businesses, and individual older adults.
- Include affordable, accessible, and appropriate housing.
- Include supportive community features and services.
- Provide adequate mobility options.
- Include evidence-based prevention strategies to reduce the incidence of disease and injury and to help individuals with functional disability or chronic illness to manage their conditions.
- Promote successful aging by facilitating personal independence and engaging residents in civic and social life.

The Commission consists of 17 members and is chaired by Gloria G. Lawlah, Secretary of the Maryland Department of Aging (MDoA). Commission members include representatives of state agencies, organizations, people and stakeholders specified by the legislation that are representative of the geographic, racial, ethnic, cultural, and gender diversity of Maryland. Attachment 1 is a list of the Commission members.

Multiple pressure points coincided to prompt the legislation. Foremost among them was the growing population of people in Maryland over 60, as Baby Boomers—the largest generational cohort in American history—enter their senior years. Projections from the Maryland Department of Planning indicate that the state population age 65 and older increased from 599,307 in 2000 to 643,730 in 2005; by 2030, this population segment is projected to reach 1,312,390. To put these numbers into perspective: Maryland's overall population is expected to grow 21 percent between 2005 and 2030; its 65+ population's growth pattern, in contrast, is anticipated to increase 104 percent (Maryland Department of Planning, 2007). Thus, there is an urgent need to find new solutions to the challenges posed by an aging population.

Figure 1 shows the percentage of households with someone age 65+ for each county and Baltimore City in Maryland using year 2000 Census data.
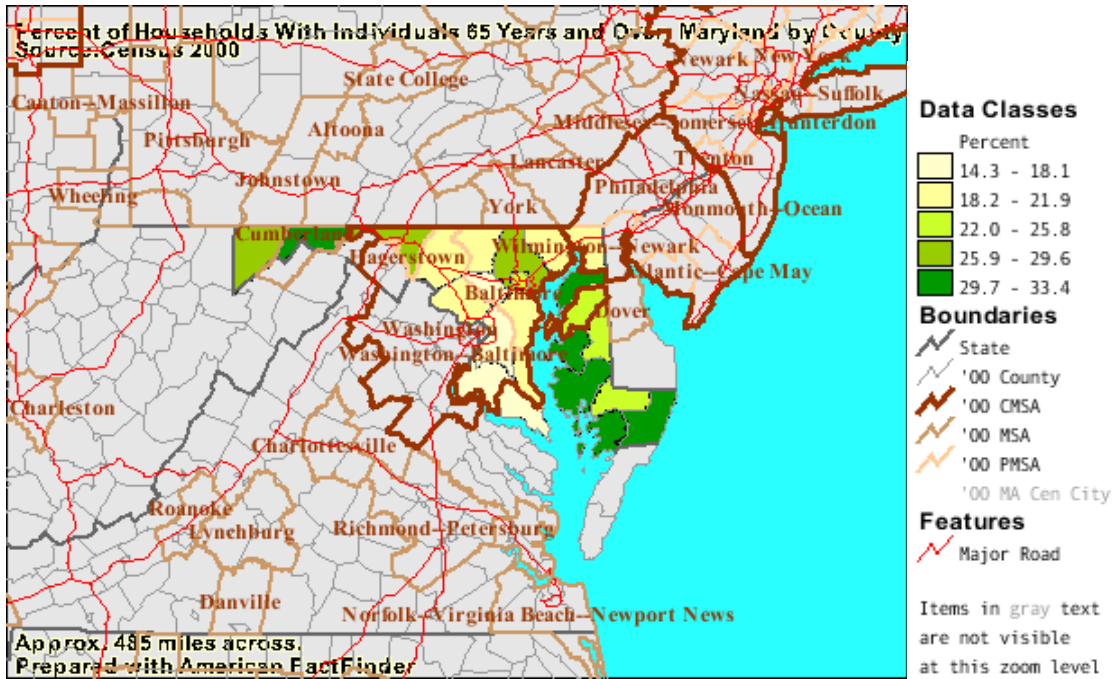

Figure 1. **Percent of households with someone age 65 or older by county, Maryland.**
Source: U.S. Census Bureau American FactFinder Thematic Maps

As seen in Figure 1, the distribution of older residents is not even throughout the state. The Eastern Shore and Western Maryland, for example, are home to a higher proportion of older residents (Governor's Workforce Investment Board, 2007). Attachment 2 shows the distribution of older adults in each of Maryland's counties and Baltimore City.

Not only is Maryland's population aging, it is also becoming increasing diverse. Table 1 displays the racial and ethnic diversity of Maryland by age groups, based on 2002 Census estimates.

Table 1. Population by Age, Race and Hispanic or Latino Origin
(2002 Census Estimates)

	35-44	45-54	55-64	65+	75+
Total	924,773	795,020	516,404	616,699	294,841
White alone	601,557	542,802	370,869	479,533	239,679
Black alone	267,620	209,471	119,147	115,327	47,348
Amer. Indian alone	3,221	2,542	1,428	1,111	441
Asian alone	43,764	33,872	21,433	17,675	6,121
Native Hawaiian alone	513	330	180	124	39
Two or more	8,098	6,003	3,347	2,929	1,213
Hispanic	44,906	25,139	11,951	10,387	4,130

Percentages

	35-44	45-54	55-64	65+	75+
White alone	65%	68%	72%	78%	81%
Black alone	29%	26%	23%	19%	16%
Asian alone	5%	4%	4%	3%	2%
Hispanic	5%	3%	2%	2%	1%

The 2010 U. S. Census is expected to reveal that residents of Maryland are even more diverse than these 2002 estimates suggest. Many of these residents are immigrants from other countries. Older adults with limited English proficiency may feel isolated and intimidated about receiving needed services unless their cultural and language concerns are addressed. Thus, there is a pressing demand for the development of a culturally competent service delivery system.

Methodology

Literature Review

A literature review was completed with a search of the Internet and review of key manuscripts such as the *NORC Action Blueprint* (United Hospital Fund, undated), *Opportunities for Creating Livable Communities* (Oberlink, 2008), and other major documents. Computerized searches were also conducted using the PubMed and Ageline databases for information on published articles on aging in place.

The following relevant keywords were used for the searches:

- Aging in Place

- Naturally Occurring Retirement Communities

- Livable Communities

- Senior Health and Wellness

- Housing for Older Adults

- Transportation Issues for Older Adults

- Community and Social Services for Older Adults

- Social Engagement of Older Adults

- Elderly Living Issues.

Key Informant Interviews

In addition to the literature review, key informant interviews were completed with individuals identified through the Commission and through the literature review as possessing particular expertise in aging in place issues.

An in-person meeting was held with Mary R. Pivawer, Director of the Senior Friendly Neighborhoods in Baltimore, MD, to gather information on successful components of the Senior Friendly Neighborhoods program. A telephone interview was conducted with Fredda Vladeck, Director of the Aging In Place Initiative with the United Hospital Fund in New York City, NY.

The literature review and key informant interviews led to the identification of aging in place initiatives across the country. Key informant interviews were conducted with a representative sample of these initiatives, as follows:

Kathryn Lawler
Lifelong Communities
Atlanta Regional Commission
Atlanta, GA

Jennifer Bachman
University of Indianapolis
Center for Aging & Community
Communities for Life
Indianapolis, IN

Kathy Elekes
Communities for a Lifetime
Florida Department of Elder Affairs
Tallahassee, FL

Laura Diepenbrock
Los Angeles NORC
Los Angeles, CA

Susan Birch and Dace Kramer
Aging Well
Northwest Colorado Visiting Nurses
Association
Steamboat Springs, CO

The Key Informant Interview Schedule is found in Attachment 3. Results of these key informant interviews were summarized into Table 2 on page 10 and reported to the Commission during its April 14, 2009 meeting. Identification of the necessary resources needed to replicate these state and regional models were highlighted.

Developing Successful Aging in Place Models

Since 1996 as the findings of the MacArthur Foundation Study on Successful Aging began to reach the general public, there has been increasing interest in how to define and accomplish "successful" aging. The MacArthur study and others have identified the key components of successful aging as:

- high level of engagement with life
- low risk of disease
- high physical and cognitive function levels.

The challenge has been how to promote successful aging on a population basis. Research has long indicated that older adults prefer to "age in place," i.e., growing old in their own homes and communities rather than institutions. Aging in place is not only their preference; it is far more cost-effective for individuals and society than institutional care.

A growing body of aging research and demonstration projects have identified promising models for aging that have been shown to be efficient. Two in particular stand out. One is **Naturally Occurring Retirement Communities (NORCs)**, communities or neighborhoods with an unusually high percentage of older adults, not specifically planned, but that evolved over time as residents aged. Many communities, in response to the needs of their senior residents, have created NORC-SSPs, the latter acronym standing for Supportive Services Program. This acronym highlights a key characteristic of the NORC model, i.e., the provision of supportive services in response to the specific needs of each unique community. According to the United Hospital Fund, today there are over 80 NORCs across the nation, supported by various forms of public funding. Others are in development with private funding (United Hospital Fund, undated).

NORCs exist in various configurations: subsidized housing complexes, private condominiums or cooperatives, rental apartment buildings, and single-family neighborhoods. In general, they can be categorized into two broad categories:

- **Housing-based NORCs** are located in a single age-integrated apartment building, a housing complex with multiple buildings under common management, or an area where a number of apartment buildings are clustered together.

- **Neighborhood-based NORCs** are typically one- and two-family homes in age-integrated neighborhoods.

Because of the density and proximity of older adults in NORCs, economies of scale make it possible to re-configure how a broad range of social and health care services are organized and delivered to support older residents.

The overarching goal of a NORC program is to maximize the health utilization of its community. NORCs do so by adopting a proactive approach, seeking to strengthen the connections that older adults have to their communities before crises occur rather than the

traditional system in which services are delivered reactively in ways that are disconnected from the communities in which older people have built their lives.

This proactive approach is made possible by multidisciplinary partnerships that represent a mix of public and private entities and provide on-site services and activities. At the core are social service and health care providers, housing managers or representatives of neighborhood associations, as well as the residents themselves. Traditionally, these partners may have provided similar services but have not done so in a coordinated fashion (United Hospital Fund, undated).

Maryland has had two NORCs funded under a federal demonstration grant from the U.S. Administration on Aging, one in Baltimore and one in Montgomery County. These programs (see next page) also receive state grants.

Senior Friendly Neighborhoods (SFN) provides enriched supportive services for older adults living in the Naturally Occurring Retirement Community (NORC) in northwest Baltimore City and the Milbrook neighborhood in Baltimore County. Targeted to low to moderate-income adults over 60 years of age, SFN enables people to "age in place" in their own homes by bringing a package of services to where they live. SFN offers transportation to shopping centers, medical appointments, and recreational activities. Activity programs are offered in apartment buildings, centralized locations, and in individuals' homes. These include trips, classes, exercise, games, music and social events, and "Eating Together" meals. A unique aspect of this program is "Warm Houses," where residents with similar interests in adjacent homes come together on a monthly basis for social interaction and mutual support. Social work services help older adults connect to the services they need to live independently in their own homes. A community health nurse provides individualized and group health education.

SFN is a partnership between nonprofit social services providers who are affiliated with THE ASSOCIATED: Jewish Community Federation of Baltimore, the older adults themselves, and property owners and managers. SFN programs are available on site in seven apartment buildings and complexes. Additionally, the program serves older adults who are living in houses and numerous individuals from 13 other rental and condominium apartment buildings. In an average month, SFN serves about 850-900 individuals.

Community Partners of the Jewish Federation of Greater Washington operates a NORC that serves 400-500 residents who live in five high-rise apartment buildings in Rockville and Silver Spring. Services include buses for excursions to museums and plays; recreational programs such as move nights, field trips and exercise classes; health services, including blood pressure checks, home safety assessments, and 24-hour emergency alert services; and social work services, e.g., discussion roundtables of current events, case management, and information/referral services.

A second model is the **Livable Communities** approach pioneered by the AARP Public Institute Policy in *Beyond 50.05. A Report to the Nation on Livable Communities, Creating Environments for Successful Aging* (AARP, 2005). A livable community is "one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life" (AARP, p. 4). The goal in

planning livable communities is to create physical and social environments that not only promote independence among older residents but also strengthen the civic and social ties among them.

In a study for AARP's Public Policy Institute, Mia Oberlink (Oberlink, 2008) identified common barriers to promoting the key components of a livable community. Among others, these included:

- A lack of diverse housing options
- Rigid separation between residential, commercial, and recreational areas
- Lack of home design features to serve residents across the life span
- Dominance of the automobile as the main mode of transportation
- Lack of support for community designs that facilitate walking
- Development patterns that favor expansion into exurban areas
- Lack of cooperation among adjacent communities
- Limited communication among agencies that could help advance livable community objectives
- Inadequate pubic engagement and participation in community planning
- Limited and "silo" funding
- A lack of "political will" that often hinders measures that would make communities more livable.

Thus, while NORCs focus on service delivery, livable communities initiatives focus on issues such as land use planning, the expansion of affordable housing options, universal design and home modification, transportation and mobility. In both models, there is an emphasis on engaging older residents as active participants in the planning process, not simply as passive recipients of services or benefits.

Table 2 on page 10 summarizes how other states have approached aging in place. Table 3 on page 14 presents alternative strategies for aging in place programs.

Despite an awareness of the coming age wave, communities are often ill-prepared to cope with large numbers of older adult residents. A survey of 10,000 local governments for the Aging in Place Initiative (undated) found that only 46 percent had begun to address the needs of their aging populations. Few had undertaken a comprehensive assessment to make their communities elder-friendly (Aging in Place Initiative, undated).

Maryland Best Practice

The Greenbelt Assistance in Living Program (GAIL) serves older adults and people with disabilities in City of Greenbelt. GAIL was established in 2001 to connect City residents to available resources and to bring new resources into the community that would enable residents to age in place. The program began with a grant from the NORC Supportive Services Center in New York City. The City used the grant funds to hire a Community Resource Advocate (CRA), conduct a needs assessment, develop an information campaign designed to reach seniors, and work with the City's Youth and Family Services Bureau to tailor programs to the needs of older adults. In 2004, the Greenbelt City Council decided to continue the program with City funds. Today, the program has expanded to providing direct service to over 700 Greenbelt older adults and their families and indirect service to over 15,000 residents, caregivers, and family members. With one full-time CRA and a full-time case manager/counselor, the City of Greenbelt is able to offer residents all of the above services and has greatly improved the lives of many residents. It is the use of established available resources and partnerships with local groups, agencies and universities that make this program so effective. Currently, the GAIL program includes Information, Referral and Advocacy Services; Case Management; Free Community Nursing Program (in partnership with a Bowie State University School of Nursing); the Brown Bag Food Program; the Accessible Greenbelt Program; and other programs and services.

Table 2. What Other States Are Doing

State	Program Name	Program Features
Florida	Communities for a Lifetime	Initiated in 1999, FL Department of Elder Affairs has a Communities for a Lifetime (CFAL) Bureau with the following focus areas: Housing; Transportation and Mobility; Employment; Health, Wellness and Injury Prevention; Volunteerism; and Intergenerational Programs. Currently, there are 104 CFAL in FL. Applicants for CFAL status must have a coalition of partners, complete an assessment of their community, develop a plan to address high-priority needs of older adults, and issue a proclamation. CFAL provides technical assistance on how to do the needs assessment and how to implement effective programs in the targeted areas. Participating communities are recognized in an annual awards ceremony for best practices, are considered first when FL is applying for grant programs, get connections to state partners, and receive information and funding resources from the FDEA. No other incentives are provided.
Minnesota	Project 2030/Transform 201	Beginning in 1996, Minnesota began taking action to address aging issues. In Project 2030, the governor's office and the commissioner of the Department of Human Services asked each state department to appoint a liaison to Project 2030 to assess each department's readiness for 2030. Each department conducted a survey of its business and how the aging of the state's population will affect that business in the future. A list of 2030 milestones to measure progress toward 2030 goals was established. In 2006, Minnesota conducted statewide hearings with over 1000 state residents to address the coming age wave. They identified five broad themes that emerged from these hearings: 1) Redefining work and retirement, 2) Supporting caregivers of all ages; 3) Fostering communities for a lifetime; 4) Improving health and long-term care; and 5) Maximizing use of technology. Since then, Transformation has been a theme of the MN Department of Human Services' Aging and Adult Services Division. In 2008, Minnesota began training county workers, community and economic developers, representatives of towns and cities, and others in the Communities for a Lifetime concept. The Minnesota House of Delegates is currently considering a bill to establish criteria for MN CFAL.

State	Program Name	Program Features
Indiana	Communities for Life (CFL)	In June 2007, the University of Indianapolis Center for Aging and Community (CAC) received funding from the State of Indiana Family and Social Services, Administration Division of Aging to develop five "neighborhood naturally occurring retirement communities" (NNORCs). As part of the CFL process, CAC developed and issued a Request for Application and facilitated the review of applications. Since the selection of the five sites in September 2007, CAC – working with Elder Friendly Communities of Indianapolis -- has provided technical assistance to help the selected communities conduct a needs assessment, develop a plan for supportive service programs, and design program evaluation. Each of these communities has participated in a year-long planning initiative to ascertain their community assets, identify areas of need, and organize a resident-driven, grassroots effort to address critical issues and deliver community based services to their aging community residents. In the final phase of planning, each NNORC developed a project plan to address a banner issue within the community. Banner issues are identified through data collection and analysis, partnership input and available resources, and resident participation. Banner issues being considered are transportation, neighborhood safety, home modification, and community re-vitalization. Six-month bridge funding was provided by the Indiana Division of Aging that allowed each NNORC to begin program implementation, execute their prioritized banner issue, continue to strengthen community partnerships, and seek additional funding and support.
Atlanta, GA	Lifelong Communities, a regional approach to aging	The Atlanta Regional Commission (ARC) is the regional planning and coordinating agency of intergovernmental affairs for the greater Atlanta region. Among its many roles, the ARC serves as the Atlanta Area Agency on Aging (AAA) and carries out the region's Area Plan on Aging through collaboration with 10 county-based aging programs and 13 specialized agencies.

State	Program Name	Program Features
		ARC provides older adults and their families with a broad range of home and community-based services including information and referral services, case management, transportation, home-delivered meals, senior centers, legal services and more. Among the many publications put out by the ARC, the Aging in Place Toolkit provides a series of recommendations for communities to encourage responsible design in housing, transportation, and other areas for older adults. Georgia Generations, published quarterly with other AAAs around the state, addresses important issues for elder caregivers and is distributed to health care facilities, pharmacies and libraries. Additionally, the ARC sponsors "Aging Atlanta," a partnership of 50 public, private and nonprofit organizations in the Atlanta region provides services to create an age-friendly community in the region. Along with its growing public awareness campaign and effort to improve care coordination, Aging Atlanta uses Geographic information system (GIS) mapping technology to analyze the efficiency of the current community-based care system.
Steamboat Springs, Colorado	Aging Well (NORR)	The Northwest Colorado Visiting Nurse Association operates the Aging Well Program with the support of local funders and a 3-year, $500,000 matching grant from The Robert Wood Johnson Foundation's program and Local Funding Partnerships - Colorado Trust, The Daniels Fund, Colorado Dept. of Public Health & Environment and the Yampa Valley Community Foundation. Local Funding Partnerships joins the resources of a national foundation with local grant makers and nonprofit organizations, so better health can take root in local communities. Aging Well is an emerging rural model focused on prevention and wellness services to promote optimal physical, mental, and social well being and function in older adults. Aging Well does not rely on traditional medical models of intervention that focus on frailty/disability and crisis management. The Aging Well NORR demonstrates that physical, mental and social health will be improved and maintained by combining primary care, home care, hospice, health education, and public health services with wellness and prevention programming and a platform of tele-health technologies.

Designed as an integrated, cross-generational livable community on a 10-acre wellness campus, Aging Well promotes choices for older adults' independence, including affordable, service-enriched housing, transportation services, lifelong learning and social engagement opportunities. Aging Well targets the approximately |

State	Program Name	Program Features
		7,000 people over age 50 in the region, tailoring services to their changing needs through wellness and prevention *before* the trajectory of decline begins. By addressing the needs of this population *upstream* of a health care "event" or the onset of a disabling condition, Aging Well will maintain and improve the health and health care of this potentially vulnerable population of older adults in the following ways: • Breaking down of the traditional "silo" approach to long-term care of the elderly, allowing bundling of services, and improving access to care • Use of health information technologies: electronic health records transfer, telepharmacy services, internet/home health monitoring, "smart house technology" • Prevention and wellness strategies such as health screenings, home safety evaluations/modifications, on-campus independent and professional caregiver-attended households, and provision of adult day services • Housing options that emphasize independent and service-enhanced housing, blending market rate with affordable housing on the campus, increases older adults' ability to take control of and responsibility for their own care, thus forestalling costly interventions and institutionalization of older adults.

Table 3. Alternative Models for Aging in Place

Program/Model	Key Characteristics
NORC, NORC-SSP, NNORC, NORR	Neighborhood or housing-based; supportive services are provided on-site. Intensive funding is required. • **Housing-based NORCs**. Also called a "classic," "closed," or "vertical" NORC, these are located in a single age-integrated apartment building, a housing complex with multiple buildings under common management, or an area where a number of apartment buildings are clustered together. • **NORC-SSP.** NORC-Supportive Service Program includes the organization and delivery of supportive service programs. • **Neighborhood-based NORCs (NNORC)**. Also known as "open" or "horizontal" NORCs, these are typically one- and two-family homes in age-integrated neighborhoods. • **Regional-based NORCS.** Also known as "Naturally Occurring Retirement Regions," these **NORRs** are located in rural, sparsely populated areas.
Florida's Communities for a Lifetime	FL Department of Elder Affairs has a Communities for a Lifetime (CFAL) Bureau with the following focus areas: Housing; Transportation and Mobility; Employment; Health, Wellness and Injury Prevention; Volunteerism; and Intergenerational Programs. Currently, there are 104 CFAL in FL. All communities can apply. All applicants must have a coalition of stakeholders and a plan. Technical assistance is provided by Florida Department of Elder Affairs (FDEA).
Atlanta Regional Commission (ARC) *Lifelong Communities*	The ARC serves as the Atlanta Area Agency on Aging (AAA) and carries out the region's Area Plan on Aging through collaboration with 10 county-based aging programs and 13 specialized agencies. It provides older adults and their families with a broad range of home and community-based services including information and referral services, case management, transportation, home-delivered meals, senior centers, legal services and more. Technical assistance is provided. The ARC sponsors "Aging Atlanta," a partnership of 50 public, private, and nonprofit organizations in the Atlanta region that provides more services to create an age-friendly community in the region. Along with its public awareness campaign and effort to improve care coordination, Aging Atlanta uses GIS mapping technology to analyze the efficiency of the current community-based care system.
Concierge Model: *Beacon Hill, Heritage Harbor, Capitol Hill Village, Cambridge at Home, Staying Put in New Canaan, At Home-Chesapeake*	Membership-based, one-stop concierge service provides aged residents with a network of support services to maintain living in their own homes. Usually serves residents age 50+, targeted to moderate to higher income individuals. Annual membership fee*: $300-600/individual, $700-1200 per family *Annapolis Heritage Harbor fee is $85/yr, plus $60/month to manage and evaluate health care (if needed)

Commission Deliberations and Findings

The Statewide Empowerment Zones for Seniors Commission met six times as a whole between January and June 2009 to review research on aging, alternative aging in place models, and policy options to promote aging in place programs that were suitable for Maryland. In addition, six smaller groups met on one or more occasions face-to-face or via conference call to generate specific recommendations for the full Commission to consider.

In a meeting on March 16, 2009, the Commission established the following mission and vision for its work:

Mission

Develop senior empowerment models that will facilitate aging-in-place in Maryland.

Vision

Communities in Maryland will empower their residents 60 and older to age in place through access to affordable and appropriate housing, supportive community services, and partnerships to ensure optimal health, well-being, and the ability to live independently, and provide opportunities to engage in civic and social life.

Catalyst Health Concepts, an independent consulting firm, provided staff support to the Commission. It reviewed the literature about aging in place issues and programs. Catalyst staff also conducted key informant interviews with aging in place leaders across the country.

Based on the findings of the literature review, interviews with state and national aging in place experts, and its own deliberations, the Statewide Empowerment Zones for Seniors Commission recommends that Maryland adopt a modified version of Florida's Communities for a Lifetime program (see Table 2 on page 10) as a model for its statewide initiative. The appeal of the Communities for a Lifetime model is that it encourages all communities in the state to assess the needs of their older adult residents and to develop plans that address gaps in their current services and delivery systems. Further, the title "Maryland Communities for a Lifetime" (MCFAL) is recommended to replace "Senior Empowerment Zone" because it communicates that communities that support aging in place are good communities for residents of all ages and good for residents *as they age*. The Statewide Empowerment Zones for Seniors Commission has adopted the following definition of a "Maryland Community for a Lifetime": "A community implementing a community-based and operated initiative dedicated to helping residents age in place, accomplished by organizing and delivering programs and

services that allow residents to lead safe, healthy, and productive lives in their own homes."[2]

Therefore, the Commission recommends that:

- **Legislation be introduced to re-establish the Statewide Empowerment Zones for Seniors Commission, which is currently authorized only through September 30, 2009, to provide continuity in planning for the MCFAL program.**

- **Legislation be introduced to create a Maryland Communities for a Lifetime program within the Maryland Department of Aging (MDoA).**
  The program would encourage public-private partnerships, in consultation with older adults, to identify obstacles and resources relevant to a community's ability to support aging in place and to develop a plan to promote livable communities for aging populations. A Governor's Conference on aging in place would be an exciting avenue to build interest in the legislation and to educate individuals, government agencies, and prospective communities about the program.

- The **Maryland Communities for a Lifetime program** should include the following elements:
  - Coordination and technical support provided by one full-time equivalent (FTE) employee located at the Maryland Department of Aging.
  - A community anywhere in the state may apply to become certified as a Maryland Community for a Lifetime when the following conditions are met:
    o There are prescribed geographic boundaries for the "community."
    o The community has or will soon have a higher than average older population.
    o A broad coalition of stakeholders conducts a needs assessment/asset mapping of its community and develops a plan for encouraging aging in place. The coalition will include State and local governments, senior housing owners or managers, health care and nonprofit elderly services providers, local businesses, and individual older adult residents.
    o The Area Agency on Aging can assist in the needs assessment/asset mapping process. MDoA will provide technical assistance (via toolkit, training, or other means) to communities for the needs assessment/asset mapping effort.
    o The community develops a plan that includes specific components (i.e., affordable, accessible and appropriate housing; supportive community features and services; adequate mobility options; evidence-based prevention strategies to reduce the incidence of disease and injury and to help individuals with functional disability or chronic

---

[2] Adapted from description of a "village" provided by Kenneth B.J. Harman, Director, Bethesda-Chevy Chase Regional Services Center in a memorandum dated 3/9/09 to George Leventhal, Chair, Health and Human Services Committee, Montgomery County, MD.

illness to manage their conditions; an emphasis on older adults' personal independence and engagement in civic and social life) and engages older residents as active participants in the planning process, not simply as passive recipients of services or benefits.
- o The ethnic, cultural, and linguistic diversity of the community is represented and included in the plan.
- o A Lead Partner has been identified that coordinates planning at the local level and serves as the liaison to MDoA and other MCFAL communities.

- Maryland Communities for a Lifetime will receive the following incentives:
  - o **Technical assistance** from MDoA, including a "how to" toolkit
  - o **Recognition** via a certificate from MDoA and an annual Governor's luncheon featuring an awards ceremony
  - o **Participation in the MCFAL network,** including opportunities for formal and informal learning and information exchange
  - o **Assistance in obtaining funding and technical assistance** from state and federal programs.

MDoA, in consultation with the state Interagency Committee on Aging Services (IAC), will oversee the Maryland Communities for a Lifetime initiative to achieve the following objectives: 1) have each cabinet-level agency address aging in place in its annual review process, including an aging in place component in its master plans; 2) have each cabinet-level agency designate a MCFAL liaison to MDoA; 3) recommend the convening of statewide summits or conferences, or other appropriate venues; 4) require local Area Agencies on Aging to include an aging in place component in their annual and four-year plans; and 5) provide assistance to strengthen local IACs.

- **Conduct a thorough review of existing state programs related to aging in place.**
  The goal of this recommendation is to inventory existing programs and budget appropriations. Where possible, funds should be re-directed to support the Maryland Communities for a Lifetime initiative.

Specific recommendations for Maryland Communities for a Lifetime that the Commission proposes include:

Staffing

One FTE located within the Maryland Department of Aging will have responsibility for coordination of the program. Other state agencies (especially the Departments of Housing and Community Development, Transportation, and Health and Mental Hygiene) will designate an employee within each agency to be the MCFAL liaison who will facilitate that agency's involvement in the program and to provide needed technical assistance.

The job of the MDoA coordinator is to: 1) provide outreach and training about MCFAL to all prospective applicants and other interested parties; 2) provide technical assistance to communities engaged in the needs assessment/asset mapping process through the provision of a toolkit, answering questions, and making appropriate referrals to various resources, including those available through other state agencies; 3) assist with the review of applications from communities seeking MCFAL designation; 4) plan and implement other program elements, e.g., assist in the research of funding opportunities; engage in public relations work to promote state and local MCFAL events, including the planning of a Governor's luncheon/recognition ceremony, etc.

Applicant Requirements

Maryland Communities for a Lifetime plans must address the following:
- Designation of a Lead Partner and depiction of the relationships among partners (e.g., flowchart, letters of support)
- Mission statement
- Goals and objectives
- Statement of guiding values
- Action plan
- Marketing plan
- Evaluation plan (with measurable outcomes)
- Sustainability plan.

The action plan should address gaps in the service delivery system that were identified in the needs assessment process. Guidelines might include:

Overall elements:
- Encourage programs where older adults play an integral role in the development of the plan.
- Provide incentives to businesses that promote aging in place.
- Address ethnic/racial/linguistic diversity
  - Consider the needs of vulnerable older adults, including ethnic, cultural, and linguistic minorities, in developing community plans, e.g.,
    - Provide training for service providers on needs of ethnic, cultural, and linguistic minority older adults
    - Conduct outreach and education to ethnic, cultural, and linguistic minority older adults
    - Establish a language line so that linguistic-minority people can access information in their own language.

Affordable, accessible, and appropriate housing
- Encourage the adoption of local ordinances (including zoning and housing code provisions) that expand the pool of available housing options and also promote accessibility and visitability.
- Encourage the development of accessible and affordable housing, including universal design features where feasible.
- Encourage affordable home exterior and interior maintenance programs.

Adequate mobility options
- Promote the use of volunteer programs where possible, e.g., volunteer drivers, shopping and food delivery programs, home visits.
- Encourage the coordination of existing public and private transportation systems.
- Encourage the design of walkable communities.

Health prevention and supportive services
- Focus on prevention/wellness programs
  - Use evidence-based programs
  - Include oral health care, in addition to overall health care.
- Emphasize coordination of care in the provision of health services.
- Promote coordination of supportive services which are of primary importance in enabling older adults to age in place.

Social and civic engagement
- Encourage social, recreational, and employment opportunities for older adults.
- Promote intergenerational learning opportunities, e.g., by co-locating senior centers and schools.
- Increase opportunities for arts, culture, and enrichment programs by and for older adults.
- Facilitate opportunities for older adults and law enforcement to work together for safer neighborhoods for all.
- Protect vulnerable older adults from economic predators through outreach, education, and counseling.

Other recommendations to support aging in place:

- **Expedite rebalancing of long-term care services from institutional to community-based care.**
  Community-based care is less expensive than institutional care and allows older adults to remain in their homes while receiving needed medical and support services. An important possibility would be to allow greater access to state-funded services for individuals that are not yet "nursing home eligible."

- **Expand affordable transportation options for older adults through promotion and support of volunteer driver programs.**
  Volunteer driver programs help fulfill the transportation needs of older adults that existing transit and paratransit programs are unable to meet.

- **Expand public health and aging services to support wellness and prevention programs.**
  An ounce of prevention is worth a pound of cure, especially when that cure involves expensive institutionalization of individuals with chronic health conditions. There are successful evidence-based prevention and wellness programs, e.g., MDoA's Living Well—Take Charge of Your Health, already in place in Maryland. These should be expanded to a wider population of older residents.

- **Expand Maryland Access Point (MAP), particularly in areas where there is a Maryland Community for a Lifetime.**
  Maryland Access Point is an initiative that provides one-stop shopping for access to information and services for long-term support services for older adults and persons with disabilities. Currently operating in six jurisdictions in the state, the program should be expanded to reach more Marylanders. Priority for inclusion as a MAP site should be given to jurisdictions in which there are one or more Maryland Communities for a Lifetime.

- **Expand and support civic engagement for older adults, including volunteer programs.**
  Older adults are a valuable resource to Maryland, representing a rich repository of experience and expertise. Volunteer programs give older adults an avenue to give back to their communities and are win-win situations for everyone. Older adult volunteers can provide leadership on community organization/agency boards of directors, serve as volunteer drivers, and assist in developing new technology and programs, e.g., providing training, offering food shopping and delivery services, providing home repairs to those in need of such services, or simply visiting others who need companionship and a warm smile.

- **Increase and support expanded employment options for older adults**.
  Older adults often seek flexible work schedules and job sharing. The newest wave of retirees are helping to re-define older concepts of retirement.

The coming "age wave" is already upon us. There is a clear imperative for the needs of older Marylanders to be recognized and included as a budgetary priority. Therefore, the Commission urges the Governor and the Legislature to act upon the recommendations of the Commission by redirecting existing state funds, tapping short-term federal stimulus funds, seeking foundation support, and expanding funding as the state budget improves.

Elements That Support Aging in Place

The following sections of this report delineate findings in five key areas identified by the Statewide Empowerment Zones for Seniors Commission for developing recommendations for successful aging in place models for the State of Maryland. These areas were the basis for the Commission's five workgroups. They include housing, transportation and mobility, health care, community services and social engagement, and leadership.   There is considerable overlap across many of these issues. In all cases, there is an overarching policy goal of meeting the diverse needs of people, including cultural and language diversity as well as economic and health status diversity.

Throughout the report, best practices from Maryland are highlighted, as well as examples from other states. These examples do not comprise an exhaustive list, but are used to illustrate innovative approaches to aging in place.

Housing

The housing area encompasses three inter-related issues: affordability, accessibility, and appropriateness of housing.

Affordable Housing

The national *AdvantAge Initiative Survey of Adults Aged 65 and Older* (2004) found that 93 percent of respondents wanted to remain in their current residence as long as possible. However, one third (34%) were not confident that their housing would remain affordable as they age (Simantov & Oberlink, 2004).

According to a federal housing formula (U.S. Department of Housing and Urban Development, undated), an individual has a housing cost burden when housing expenses exceed 30 percent of income. When housing costs exceed 50 percent of income, it is considered a severe burden. According to the 2004 AdvantAge survey, nearly one-third (31%) of the nation's older adults have a housing cost burden and about 15 percent have a severe burden.

Low income and minority older adults are more likely to face a housing cost burden. African American (51%) and Hispanic (39%) elders are significantly more likely than older whites (28%) to have a housing cost burden and twice as likely to have a severe burden.

Renters—who generally have lower incomes than homeowners—pay a larger percentage of their income on housing than do homeowners and are more likely to face a housing cost burden (61% of renters vs. 24% of homeowners) as well as a severe burden (34% of renters vs. 11% of homeowners) (Simantov and Oberlink, 2004).

Among the options that some communities have adopted to address affordable housing include efforts related to property taxes and zoning, among others (Ball, undated):

Tax Code

Tax code strategies can be implemented at the state, county, or sometimes local levels.

- **Tax deferrals** allow eligible homeowners to opt to pay all of their accumulated property taxes in one lump sum, usually when they sell their property.

- **Property tax postponements** allow the state to pay all or part of the annual property tax bill. This deferred payment becomes a lien on the property that is due upon sale, change of residence, or death.

- **Property tax assistance** occurs when localities give grants to assist low-income households who cannot pay property taxes. The state provides cash reimbursement to pay the property taxes for an individual whose annual income falls below a set amount. This approach neither reduces the amount of taxes owed nor does it place a lien on the property.

- **Property tax caps** limit or freeze the growth of the assessed value of a person's property, thus preventing future property tax increases. These caps also protect homeowners from escalating taxes if their local neighborhood becomes gentrified. Seven states, including Maryland, have adopted property tax caps.

Maryland has established the Homestead Property Tax Credit to help homeowners deal with large assessment increases on their principal residence. Every county and municipality in Maryland is required to limit taxable assessment increases to 10 percent or less each year. (Baltimore City and Baltimore County have been limiting the taxable assessment increases to 4 percent; Anne Arundel County limits them to 2 percent and Prince George's County to 5 percent.) The Homestead Credit is calculated on any assessment increase exceeding 10 percent, such that the homeowner pays no property tax on the market value increase that is above the limit. A 2007 law requires all homeowners to submit a one-time application to establish eligibility for the credit. (Maryland State Department of Assessments and Taxation, 2009a).

- **Homestead exemptions** allow eligible homeowners to be exempt from paying property taxes. Elderly Homestead Exemptions may be added to standard Homestead Exemptions, further helping low-income senior homeowners. Variations include localities exempting all or part of the assessed value of the older homeowner's property from school taxes and/or exempting all or part of the assessed value of the homeowner's property from state and county taxes.

- **Assessed value limitations** are options for localities. The assessed value of the home can increase only if the property ownership changes, there is an addition to or renovation of the property, or if a previous assessment was incorrect.

- **Property tax credits** reduce an individual's property tax liability dollar-for-dollar. Additional tax credit for senior homeowners may be added to standard Homeowner's Tax Relief Credits. It is important to ensure that procedures for obtaining tax credits are easy for builders and homeowners to navigate and that tax credits are granted quickly and efficiently.

Maryland has a Homeowners' Property Tax Credit program. It allows credits against the homeowner's property tax bill if the property taxes exceed a fixed percentage of a person's gross income, i.e., it sets a limit on the amount of property taxes any homeowner must pay based upon his or her income. This plan has been in existence since 1975. Originally designed for elderly homeowners, it is now open to all homeowners. Eligibility requirements include having a gross household income below $60,000 and a net worth (excluding the value of the property and qualified retirement savings) below $200,000. The credit is a graduated one, based upon household income, i.e., the greater the income, the less of a credit is permitted. (Maryland State Department of Assessments and Taxation, 2009b).

Maryland also has a Renters' Tax Credit Program that provides property tax credits for renters who meet certain requirements. It is based on the reasoning that renters indirectly pay property taxes as part of their rent and thus should have some protection. The program is based upon the relationship between rent and income. If the portion of rent attributable to the assumed property taxes exceeds a fixed amount in relation to income, the renter may receive a credit of as much as $750. The credit is paid as a direct check from the State of Maryland. (Maryland State Department of Assessment and Taxation, 2009c).

Beyond the Tax Code

Other strategies can be used to increase the affordability of homes for older adults (Ball, undated):

Deferred payment loan (DPL) programs help older adults who need money to pay for home modifications or maintenance. Instead of regular monthly payments, DPL programs require lump-sum repayment at a set interest rate at the end of the loan's term. A state can provide funds to create public DPL programs at the state level or municipal level. Minnesota and Pennsylvania have successful DPL programs.

Predatory lending laws were designed to stop lenders who provide sub-prime mortgages or loans with abusive terms or hidden fees. These lenders often prey on the elderly who have substantial equity in their homes. To regulate predatory lending, state legislation may ban: deceptive marketing, lending without regard to a borrower's ability to repay the loan, incomplete loan disclosure, outright fraud, excessive fees, expensive insurance, yield-spread premiums, high interest rates, balloon payments, loan flipping, and prepayment penalties.

Modifications and Maintenance

Other options for maintaining home affordability (Ball, undated):

- **Supporting reduced utility payments** by public utility companies. For example, Baltimore Gas & Electric participates in the following State of Maryland programs:

    o **Electric Universal Service Program (EUSP)**
      EUSP is a state program designed to help limited-income customers pay the electric portion of their bills. The program provides: bill payment assistance, arrearage retirement, and targeted weatherization services.
    o **Maryland Energy Assistance Program (MEAP)**
      MEAP provides a grant for qualifying customers and is available once each heating season.
    o **Weatherization Assistance Program (WAP)**
      Low-income customers may be eligible to receive weatherization services through the Weatherization Assistance Program.
    o **Utility Service Protection Program (USPP)**
      Low-income customers may also be eligible to participate in USPP which provides a means for limited-income customers who qualify and comply with the payment terms of the USPP agreement, to protect their utility service.

- **Code enforcement** refers to allowing local code variances so that an older adult's home might be required to be restored to previous code levels rather than full compliance with contemporary codes. Strict contemporary code enforcement limits low-income older adults from making needed home modifications or repairs.

Zoning

Zoning can be used to ensure affordable housing. Inclusionary zoning refers to planning ordinances that require a given share of new construction to be affordable to people with low to moderate incomes. Approaches include (Ball, undated):

- **Fair Share Housing** is a citywide or regional approach. It is based on the premise that all areas within a city, county or region should offer a proportionate amount of affordable housing.

- **Inclusionary zoning** can be a mandatory requirement or a voluntary goal to preserve a specific percentage of housing units for low and moderate income households in new residential development. Usually jurisdictions offer a density bonus, tax relief, or other benefits as an incentive for developers' participation in the program.

Other options for using zoning to increase affordability include reducing minimum lot sizes, allowing higher density housing, establishing affordable housing trust funds to help finance affordable housing, and setting aside a portion of new developments for low to moderate income families.

Density Bonuses

Density bonuses allow developers to increase the number of units on a property if they agree to restrict rents or offer lower sale prices on some units. This allows the builder to construct more units and hence make more profit; it also enhances the supply of affordable housing. Other ways that density bonuses are used include allowing more units to be built in exchange for more freeing up more green space.

A zoning designation proposed by Aging Atlanta for Cherokee County, GA, provides a density bonus to developers who incorporate certain senior housing principles into their projects. These design principles include:

- Access to public facilities (e.g., library, medical centers)
- configuration of units to decrease maintenance, increase safety and/or facilitate resident interaction, and
- Safe environments that promote walking.

The greater the number of senior-friendly principles incorporated into their building plans, the higher the likelihood the builder will receive support and a density bonus from the county.

Accessible Housing

Homeowners and builders can be encouraged to construct new homes according to accessibility standards. These include (Ball, undated):

- A no-step entry

- One level living

- Bathroom on the first floor, if multiple stories

- Bathrooms with safety features, a five-foot turning diameter for future wheelchair modification, higher bathroom counters, level faucets and faucet mixers with anti-scald valves, temperature-controlled shower and tub fixtures, stall shower with a low threshold, and shower seat and non-slip bathroom tiles.

- Kitchen cabinets with pullout drawers and lazy susans, task lighting under counters, cooktops with front controls, side-by-side refrigerator or freezer on the bottom, color or pattern borders at counter edges to indicate boundaries.

- Safety features, such as handrails on both sides of the stairs, a lower peep hole, gas sensors near gas stove, water heater and gas furnace to detect leaks, strobe

light or vibrator-assisted smoke and burglar alarms for the hearing impaired, lower windowsills for use as emergency exits.

- Thirty-six inch (36") doors with offset hinges, levered door handles instead of knobs, and easy to open and lock patio doors and screens.

- Lighting, including increased general and specific lighting, light switches at 42 inches instead of 48, luminous switches in bedrooms, baths, and hallways.

The State of Georgia provides a voluntary EasyLiving Program that offers homebuilders a set of guidelines and certification. Elements include an "Easy Entrance" (zero step entrance); "Easy Passage" (ample width of main floor doorways); and "Easy Use" that requires at least one bedroom and full bathroom on the main floor.

Maryland Best Practice

Design for Life Montgomery is the first voluntary certification program in Maryland for Visit-Ability and Live-Ability in single family attached and detached homes. It is located in Montgomery County. Visit-Ability standards include a no-step entrance, minimum 32" interior doors, and a useable powder room or bathroom on the first floor. Live-Ability standards include the three Visit-Ability standards plus a bedroom, bathroom and kitchen with a circulation path that connects the rooms to an accessible entrance. These guidelines apply to both new construction and renovation of existing homes.

Unique Features of the Design for Life Montgomery Program

1. One program with **two** optional standards of accessibility (Visit-Ability and Live-Ability).
2. **Voluntary:** follows National Association of Homebuilder's guidelines that support voluntary programs.
3. Targets **new construction** and **renovation of existing homes.**
4. Successful *informal* partnership of county, building/business community and advocates.
5. Administered by the County as part of the **regular permitting process**, not a special process:
   • A checkbox for review and certification is on the **standard application** for permit.
   • There are **no additional permitting costs**, beyond the standard fees.
6. County Council Zoning Text Amendment provides *by right* the use of setback areas for access as an element of the full program.

The program started in March, 2007. As of August, 2008, the Montgomery County Department of Permitting Services had issued 12 permits. Eight were for new construction, three for additions, and one for an alteration.

Appropriate Housing

Although many older adults now live where they will age in place, new housing is an important part of the aging in place puzzle. According to the National Multi Housing Council, up to one-third of the demand for new housing over the next twenty years is likely to be for townhouses, apartments, and other forms of dense housing in mixed-use, mixed-income neighborhoods where public transit and walking are viable alternatives to the car. AARP reports that 71 percent of older households want to live within walking distance of transit (Oberlink, 2008).

Zoning and community design are two important strategies for increasing the stock of appropriate housing.

Zoning

Regulatory decisions such as zoning can affect housing supply, cost, and variety. Zoning ordinances can be modified to increase the availability of single story townhouses, apartments, and condos within single-family zones.

Approaches include (Ball, undated):

- **Changing rules that exclude housing options** such as mother-in-law apartments, accessory dwellings, duplexes and triplexes, or cluster housing if the community is going to include housing types more suitable to older adults than standard single-family homes.

- **Allowing the integration of commercial and residential properties** in close proximity or on the same site.

- **Allowing single family homeowners to sublet** parts of their residence to provide additional income streams.

- **Treating "families of choice"** (groups of individuals who are not related living together) **as traditional families in single housing designations.**

It may be necessary to educate residents about the advantages of legalizing accessory housing units (an extra living unit on a property, complete with kitchen, bathroom, and sleeping space) and the likely increase in property values in neighborhoods with mixed housing size and pricing.

Appropriate housing includes the provision of an elder-friendly public environment that allows for walkability and access to public transportation.

Community Design: Walkability

As people age, they may lose the ability to drive safely long before they lose the ability to walk. Walking promotes good health and is the preferred mode of transportation for older adults who are uncomfortable driving or unable to do so (Ball, undated).

Guidelines for walkability include:

- Local services and resources within a five-minute walk of residential neighborhoods or within a five-minute walk from public transportation

- Pedestrian-friendly designs, including wide sidewalks on both sides of a street with buffers between sidewalks and curbs, trees to provide shade, and narrower streets to dissuade speeding

- On-street parking allowed

- Safer street crossings, including curb cuts at cross walks, clear signage at crosswalks for both pedestrians and motorists, extended times of crossing signals to provide adequate crossing time, locating crosswalks at intersections with traffic lights, and adequate stop signs.

"Complete streets" is a growing movement to re-design city streets so as to meet the needs of pedestrians and bicyclists, as well as cars.

Transit-Oriented Developments (TOD) are new trends in urban planning. A TOD is a compact, walkable community centered around transportation that links housing, shopping, and commercial development. The Maryland Department of Transportation currently has two TODs at Savage and Owings Mills; another is planned for downtown Baltimore around the State Government Center.

Metro Centre at Owings Mills, for example, is a mixed-use, transit-oriented development project under construction adjacent to the existing Owings Mills Metro Station. The design integrates residential, office, retail, restaurants, a new public library, and a community college building, within a pedestrian-friendly live-work-play environment.

All of these features encourage the use of public transportation and existing infrastructure.

The Metro Centre at Owings Mills project mix will include over 1.2 million square feet of office space, 495 residential units, up to 250 hotel rooms, and 300,000+ square feet of retail and restaurant space.

Programs of the Maryland Department of Housing and Community Development (www.mdhousing.org)

Program	Description
Accessible Homes for Seniors	DHCD, in partnership with MDoA, is promoting accessibility-related improvements in the homes of older adults. These improvements may include the installation of grab bars and railings, widening of doorways, and installation of ramps, among others. The program provides zero percent interest, deferred loans for a term of 30 years for up to 85 percent of the value of the property. Loans must be repaid upon sale, transfer, or refinance of the property. The program is funded by DHCD under the Maryland Housing Rehabilitation Programs and is administered by Special Loan Programs. The program is marketed through Area Agencies on Aging.
Weatherization Assistance Program	This program helps eligible low-income households through the installation of energy conservation materials in their dwelling units. Priority is given to homeowners who may be elderly or disabled, among others. Eligible renters may apply and will be given due consideration in accordance with the Weatherization Assistance Program's Rental Property Investment Program. Once eligibility is determined, a representative from the local agency will visit the home to perform an energy audit. Depending on the existing condition of the dwelling, service delivery may include health and safety items, hot water system improvements, lighting retrofit, blower door air infiltration reduction, insulation, and furnace cleaning/repair.

What Other States Have Done

The Florida Department of Elder Affairs (FDEA) has established formal partnerships with the Florida Housing Finance Corporation and the Florida Agency for Health Care Administration. FDEA has also collaborated with organizations such as the Florida Association of Housing and Redevelopment Officials. In addition, it has:

- Created the Florida Affordable Assisted Living Web site (www.floridaassistedliving.org) as part of its statewide outreach efforts.

- Increased and enhanced housing options that accommodate Medicaid waiver programs by educating communities, housing financers, and developers on the importance of supportive housing.

California revised legislation to encourage the development of accessory units to increase the housing supply. The City of Santa Cruz is often cited as a model of how a city with an expensive real estate market amended its zoning ordinance to allow accessory dwelling units in order to expand its affordable housing stock. The zoning amendment eliminated a covered parking requirement for single-family homes, thereby freeing up space for accessory units. The City included design elements to ensure that accessory units complement the surrounding homes. Architects designed compact building prototypes of 500 square feet; city departments pre-reviewed the plans, thereby reducing processing time and design costs for households that want to add an accessory unit to their home. The city also developed a manual to help residents through the accessory unit development process. Homeowners are eligible for financial assistance and fee waivers if the unit will be rented at affordable rates. The program has been so successful that the city has sold more than 200 copies of its manual to other cities that are considering replicating the program. In 2005, the program received awards from the American Planning Association and the American Institute of Architects (Oberlink, 2008).

Transportation and Mobility

Transportation is a critical ingredient for aging in place. Common age-related conditions, including vision loss and slower response times, can make it difficult for older adults to drive or keep their driver's license. A 2000 AARP survey, for example, reported that 16 percent of respondents over age 75 did not have a driver's license.

According to the Maryland Highway Safety Office, in 2006, drivers age 65 years or older were involved in 15.5 percent of fatalities in Maryland. There were a total of 10,346 older driver-involved crashes, accounting for 10 percent of the total crashes in Maryland.

The Motor Vehicle Administration provides a "Guide to Drivers Over 55." There is also a Maryland Research Consortium on the Older Driver, whose four goals are:

- Identification and Assessment – To identify and assess the ability of older people to remain safely mobile.
- Remediation and Counseling – To remediate and/or counsel those with functional limitations so that they may remain safely mobile, and to identify the providers of the services necessary to support this effort.
- Mobility Options – To inventory and assess existing and potential mobility options; to develop and promote new options as needed, and to foster easy access to these services.
- Public Information and Education – To educate our citizens and caregivers on the public health issues of functional decline and driving safely, and to provide information on how older people may remain safely mobile.

A large increase in the number of older drivers in coming decades will require changes in road and parking standards (Ball, undated):

- Wider roads and more accessible parking
- Improved signage, with larger letters, more contrast, and improved reflectivity for nighttime visibility
- Reduced speed limits so older adults feel safe as either drivers or pedestrians.

In areas where public transportation is available, many older adults have difficulty accessing it if they have difficulty walking to the bus stop. For example, a study conducted in Houston, TX reported that almost half of older adults and residents with disabilities lived within two blocks of a bus stop but walking to the bus stop was nearly impossible due to lack of sidewalks, curb cuts, and bus shelters (Brookings Institute, cited in Ball, undated.)

Thus, the Beverly Foundation (2001) identified the "5 A's" of senior-friendly transportation:

- **Availability**: Transportation exists and is available when needed (e.g., evenings, weekdays, weekends)

- **Accessibility**: Transportation can be reached and used (e.g., bus stairs are negotiable, seats are high enough, vehicle comes to the door, transit stops are reachable)

- **Acceptability**: Deals with standards, including cleanliness and safety (e.g., the transporting vehicle is clean, transit stops are in safe areas, drivers are courteous and helpful)

- **Affordability**: Deals with costs (e.g., fees are affordable, vouchers or coupons are available to defray out-of-pocket expenses)

- **Adaptability**: Transportation can be modified or adjusted to meet special needs (e.g., the vehicle can accommodate a wheelchair, trip chaining is possible, and escorts can be provided).

Volunteer Driver Programs

Volunteer Driver Programs utilize networks of volunteers who offer flexible transportation for shopping, doctors' appointments, etc. These programs are provided free, on a donation basis, through membership dues, or for a minimal cost.

According to a study by the Beverly Foundation (2008), volunteer drivers (and usually volunteer vehicles) provide a low-cost alternative to traditional demand-response services offered by the paid driver/multi-passenger vehicle methods of public transit, paratransit, and community transit services. Volunteer drivers provide:
- Supportive assistance
- Low cost or no cost services
- Travel to multiple destinations
- Cross jurisdictions transportation
- Customer-oriented service.

They are generally:
- Sponsored by a community group
- Rely on volunteer drivers and their volunteered vehicles
- Provide information via staff
- Located in hard to serve areas.

Volunteer driver programs are typically sponsored by:

- Public transit agencies
- Paratransit services
- Community transit services
- Hospitals and health centers
- Aging and social services

- Volunteer and fellowship groups
- Churches and interfaith groups.

Volunteer driver programs are economical because most transportation services report that driver salaries make up 30-50 percent of their operating budgets. Vehicle purchase, operation, and maintenance consume an additional 20-30 percent. Other factors, such as volunteer staff and in-kind contributions of space and equipment, also result in considerable savings. One comparison of the cost per ride between a paratransit service and volunteer driver program set the former at $37.94 while the latter was $7.73.

Risks inherent in a volunteer transportation program are not limited to vehicular damage and personal injury. There are also risks that the driver will be accused of abuse related to passenger assistance, lawsuits, etc. To manage risk concerns, volunteer driver programs need to purchase two types of insurance (Beverly Foundation, 2008):

- General liability coverage, personal property coverage, and coverage for officers and directors

- Coverage specific to the transportation service (organizational coverage and volunteer driver coverage including excess auto liability, accidental driver insurance, and volunteer liability insurance).

In December 2006, the National Conference of State Legislatures published 50-state survey of volunteer driver and immunity laws (Sundeen & Farber, 2006). This study found that the federal Volunteer Protection Act (VPA) gives some protection to volunteers, as well as guidance for state law. It makes volunteers of nonprofit or government agencies generally immune from civil liability for harm caused by an act or omission of the volunteer, assuming there was no criminal misconduct, gross negligence, reckless misconduct, or indifference to the rights or safety of the person harmed. However, under VPA, a volunteer is immune from liability only if the harm was not caused by the volunteer operating a motor vehicle, aircraft, vessel, etc.

States use the VPA as guidance for state law. Most states make individual volunteers for nonprofit and government agencies immune from civil liability if they have acted in good faith and without malfeasance. Twenty-six states—including Maryland—mirror the VPA in expressly excluding acts committed in motor vehicles from immunity.

Only two states—Georgia and Oregon--explicitly protect volunteer drivers from civil liability. Georgia's code protects volunteers who transport older adults. Its law provides that "any person who provides volunteer transportation for senior citizens arising out of or resulting from such transportation if such person was acting in good faith within the scope of his or her official actions and duties and unless the conduct of such person amounts to willful and wanton misconduct," will not be held liable. Oregon limits liability for volunteer drivers and programs that transport older adults and those with disabilities. It sets dollar limits on the amount that can be collected for bodily injuries or deaths by individuals receiving transportation services.

Some state laws address volunteer insurance or reimbursement. Seven states (Arizona, California, Florida, Maine, South Carolina, Tennessee, and Virginia) either require insurance companies to extend coverage for volunteer driver activities or explicitly allow municipal governments or other organizations that use volunteers to purchase liability insurance. Arizona requires insurance companies to extend coverage to nonprofits and organizations for the activities of volunteer drivers. California prohibits auto insurance policies that expressly or by implication exclude coverage for the use of an automobile for the performance of volunteer services for a nonprofit, charitable organization, or government agency. In Maine, insurance companies cannot refuse to insure a driver or impose a surcharge solely because that person is a volunteer driver. Government agencies in Florida, South Carolina, Tennessee, and Virginia may extend insurance to cover volunteer drivers.

Twelve states, including Maryland, link the ability to recover damages in cases involving volunteers to insurance coverage. Maryland limits civil liability to the volunteer's personal insurance coverage, with some exceptions. In Kansas and Texas, immunities are available to volunteers or nonprofits only if the organization that engages the volunteer's service is covered by insurance. In North Carolina, South Dakota and Vermont, immunities are waived if a nonprofit that uses volunteer drivers maintains an insurance policy; if it does, then damages may be recovered to the extent of insurance coverage.

Four states—Arkansas, Colorado, Connecticut, and Minnesota—expressly require or allow state agencies to reimburse a volunteer's expenses, including payment for liability insurance.

Other Options

In addition to public transportation and volunteer driver programs, other options available for helping older adults age in place include (Eldercare, undated):

- **Paratransit Service** provides door-to-door or curb-to-curb transportation using mini-buses or small vans. Paratransit service often requires users to make advanced reservations but may offer some scheduling flexibility. **Curb-to-curb** service provides for passenger pick up and delivery at the curb or roadside; **door-to-door** service offers a higher level of assistance by picking up passengers at their door and delivering them to the door of their destination. These services offer reduced fares for older adults; some may operate on a donation basis.

> ### *Maryland Best Practice*
>
> The Baltimore County Department of Aging, in cooperation with **CountyRide**, offers free rides to medical appointments. Priority scheduling is available to lower income older adults. Funding for the program is provided through local hospitals. CountyRide@baltimorecountymd.gov.

- **Door-through-Door (Escort) Service:** Private agencies provide drivers or escorts who offer personal, hands-on assistance by helping passengers through the doors of their residences and destinations, as needed. This type of service, most often used by people with severe physical or mental disabilities, includes several levels of support from opening doors or providing verbal guidance to physical assistance.

- **Travel Training:** Public transit agencies and local aging organizations provide free, hands-on instruction to help older adults learn to travel safely and independently using the public transit system. Training includes the best routes to take, hours of service, and fare issues; it may also include demonstrations on how to ride public buses and trains.

- **Taxi Service** may be payable through a transportation voucher program.

- **Transportation Voucher Programs:** Area Agencies on Aging, Aging and Disability Resource Centers, and other social service organizations may provide fare assistance programs that help lower-income older adults to purchase reduced-rate vouchers for transportation services. The vouchers may be used to pay for public transportation, volunteer drivers, or taxis.

- A pilot program of the Atlanta Regional Commission, under a grant from The Robert Wood Johnson Foundation's Community Partnerships for Older Adults program, provided a transportation voucher with a set amount of funds that older adults can use in any way that they would like to purchase rides, including hiring friends or family members to drive them. This program gave older riders the freedom to choose where and when they want to go. It was found to be less expensive than traditional van services.

Mobility Managers exist in some communities to guide older adults through transportation resources and services.

Maryland Best Practice

Ride Partners in Annapolis, is a joint project between Annapolis Transit and Partners in Care. It offers arm-in-arm and door-through-door volunteer transportation services that allows an older person to live independently. The program began in 2002 when Annapolis Transit applied for an Americorps Volunteer. The goal was to create a volunteer program for Annapolis residents who were too frail to use public transportation. Partners in Care and Annapolis Transit worked to create Ride Partners. Ride Partners provides long distance and recurrent transportation, up to three or more times a week. Riders' destinations include locations throughout Anne Arundel County, Baltimore, and Washington. Volunteer drivers use their own vehicles to provide rides. Passenger donations are used to fund mileage-based reimbursements to volunteer drivers. http://www.partnersincare.org/Ride_Partners.php

---

What Other States Have Done

Florida

The Florida Department of Elder Affairs (FDEA) encourages localities interested in becoming Communities for a Lifetime to consider the development of Independent Transportation Networks (ITNs). ITNs work with local transportation providers to develop alternative providers and expand elder-friendly transportation options.

FDEA's efforts include partnerships and ongoing collaboration with other state agencies, including the Department of Transportation (Commission for the Transportation Disadvantaged and the Elder Road User Program) and the Department of Highway Safety and Motor Vehicles (Florida-At-Risk Driver Council and GrandDriver Program).

Virginia

Virginia operates the GrandDriver program, a public health initiative of the Virginia Department of Public Health, which is funded by the Virginia Department of Motor Vehicles. It provides Virginians with information about how to stay safe and mobile as they age.   The program includes Virginia GrandTrans, a specially designed Web site search application (www.GrandDriver.net) created for older adults who no longer drive, those who drive very little, and those that serve as older adult caregivers. The Web site includes information on safe driving and a resource finder that allows older adults to locate public transportation, rideshare, and paratransit options in their geographic area.

Michigan

The Michigan Department of Transportation has implemented new standards for pavement markings, installed brighter stoplights, and increased the size of street-name signs. One busy street in Detroit experienced a 35 percent drop in injurious crashes involving drivers 65+ since these and other changes were instituted (Partners for Livable Communities, 2007).

Tennessee

A primary goal in Nashville, TN has been building and improving the city's sidewalks. All streets and every foot of Nashville's 727 miles of sidewalk have been assessed. A detailed scoring system was devised to prioritize all sidewalk repair and construction projects. Priority was assigned based on the necessity for compliance with the Americans with Disabilities Act (ADA), the number of people affected, the types of people (e.g., children, older adults, those with disabilities), and whether the projects provided access to key services, such as schools, libraries, parks, stores, senior centers, and assisted living facilities. In addition, Nashville's Metro Planning Commission adopted subdivision regulations that provide "standards to support more walkable subdivisions through improved connections, reduced block lengths, discouragement of cul-de-sacs, and the provision of context sensitive street design" (regulations quoted in Oberlink, 2008).

Health Care and Supportive Services

By 2030, the number of U.S. adults aged 65 years or older will more than double to about 71 million. The rapidly increasing number and diversity of older Americans has far-reaching implications for the U.S. public health system. The magnitude of changing demographics will place an unprecedented demand on the nation's health care system, especially Medicare and Medicaid. For example, Medicare spending has grown about nine-fold in the past 25 years, increasing from $37 billion in 1980 to $336 billion in 2005. If left unchecked, health care spending will increase 25 percent by 2030, largely because of the aging population (CDC, 2007).

Chronic diseases disproportionately affect older adults and are associated with disability, diminished quality of life, and increased costs for health care and long-term care. Today, about 80 percent of older adults have at least one chronic condition, and 50 percent have at least two chronic conditions. These conditions can cause years of pain and loss of function. Public health efforts can help Americans avoid preventable illness and disability as they age. Research has shown that poor health is not an inevitable consequence of aging. Effective public health strategies currently exist to help older adults remain independent longer, improve their quality of life, and potentially delay the need for long-term care (CDC, 2007).

More than 65 percent of older Americans have some form of cardiovascular disease, and more than half of all men and two-thirds of all women in this population suffer from arthritis. United States population surveys report that 33 percent to 39 percent of males aged 65 and older perform no leisure-time activity of any type. Female participation in leisure activity is reported as being substantially less (U.S. Department of Health and Human Services, 1996). The potential for aging successfully in place will be enhanced most by a capacity in older adults to remain functionally independent and actively engaged in life.

Disease Prevention/Health Promotion

Recent research demonstrates that, although the risk of disease and disability increases with age, poor health need not be an inevitable consequence of aging. A healthy lifestyle is more influential than genetic factors in helping older adults avoid the decline and deterioration traditionally associated with aging. Those who pursue healthy behaviors, particularly by engaging in physical activity, eating a healthy diet, and avoiding tobacco use, reduce their risk of chronic disease and half the rate of disability when compared to those who do not take these preventive measures. Effective strategies for reducing disease and disability are reportedly widely underused. Preventing disease, limiting disability, and improving the quality of life for older Americans through collaborative, community-based programs could prove to be successful in a variety of settings.

Aging Well, a Naturally Occurring Retirement Region (NORR) in rural Colorado, has developed a model of prevention and wellness services, tailoring services to changing needs of older adults before the trajectory of health decline begins. Aging Well hopes to

maintain and improve the health and health care of the senior population "upstream" of the onset of disabling conditions. See Table 2 on page 10 for more information on Aging Well.

Maryland Best Practice

MDoA, along with the AAAs, service providers, and local health departments, is leading an effort to promote healthy behaviors in older adults. The U.S. Administration on Aging provided funding to implement the Chronic Disease Self Management Program developed at Stanford University. The program, known as "**Living Well – Take Charge of Your Health,"** features a series of six-week classes to train people to manage their own chronic conditions. Over 80 evidence-based practice workshops have been held. Additional funding from the Harry and Jeanette Weinberg Foundation has enabled MDoA to expand Living Well to more locations.

An example of a successful community-based senior health promotion model was developed at the College of Nursing at Arizona State University (The Escalante Health Partnerships). The Partnership is a university-community partnership practice model involving community organizations in program planning, health promotion, and primary care services while further educating health professionals. Health promotion programs take place in senior centers, and include health screenings, health education for health self-management, and follow-up individual services. The Escalante Health Partnership Project evaluation showed decreases in doctor visits and hospital stays in the program participants (Nuñez, Armbruster & Phillips et al., 2003).

Oral health is an important and often overlooked component of an older person's general health and well-being. Visiting a dentist is the most basic use of dental care services. Whether older adults get needed dental care is closely related to whether they have dental insurance. Financing dental care for older persons is particularly difficult compared with other age groups, in part, because there are no Federal or State dental insurance programs that cover routine dental services, and only 22 percent of older persons are covered by private dental insurance (CDC, 2001). Consequently, dental care is unreachable for many older persons living on a fixed income. Yet adequate oral health care is important for all older adults, as it is for other age groups.

Centers for Medicare & Medicaid Services (CMS) Efforts to Re-balance Long-term Care

In 2003, Congress directed the CMS to commission a study to explore the various management techniques and programmatic features that states have put in place to rebalance their Medicaid long-term supportive services (LTSS) systems and their investments in long-term support services towards community care. For the study, CMS defined rebalancing as achieving "a more equitable balance between the proportion of total Medicaid long-term support expenditures used for institutional services (i.e., nursing facilities) and those used for community-based supports under its Medicaid State Plan

and waiver options.   The goal is to offer adequate choice of care settings, including community and institutional options.

As part of this effort, Maryland's Money Follows the Person re-balancing project was funded in 2007 as a five-year demonstration project. The demonstration project creates a new program to offer enhanced services to older adults who transition from an institution to the community. Eligible individuals may transition into Medicaid Home and Community-Based Services Waivers.

Maryland Best Practice

Current Study at Johns Hopkins – Guided Care Model for Older Adults

Researchers at Johns Hopkins University Bloomberg School of Public Health have launched a five-year study of a new approach to health care for older people with multiple chronic conditions. A Guided Care Nurse, based in a primary care office, works with patients and their families to improve their quality of life while making more efficient use of health care services. The nurse assesses patient needs, monitors conditions, educates and empowers the patient, and works with community agencies to ensure that the patient's health care goals are met.

In a pilot study, patients who received Guided Care rated their quality of care significantly higher than patients who received usual care. In addition, the average insurance costs for Guided Care patients were 25% lower over a six-month period. The program is currently being tested at eight primary care sites in the Baltimore-Washington D.C. area in a randomized trial involving over 900 patients, 300 caregivers, and 48 primary care physicians.

Health Care and Supportive Services for Those Aging in Place

Currently, about 10 million Americans need long-term care in the form of home care, assisted living, or nursing home care. By 2020, it is estimated that 12 million older Americans will need some form of long-term care (CDC, 2007). Long-term care involves a range of supportive services that assist older adults with performing activities such as eating, dressing, managing a home, preparing food, and medication management. The elderly will likely need long-term care services due to decreased mobility and cognitive functioning. Those disabled by serious illnesses will require more extensive health care and supportive services.

Use of evidence-based health promotion practices, such as eating healthfully, being physically active, and keeping weight within a healthy range, is the optimal way to stay healthy. However, if health care is needed, there are options. Many who have long-term care needs rely on unpaid care delivered by family members and friends. Other long-term care options may be limited and costly. Community and home-based care can minimize the need for and cost of traditional institutional care.

The most preferred form of long-term care is provided through home and community-based services, such as home-delivered meals, homemaker services, personal care, and respite care that enable older adults to remain independent in their own homes and communities. Coordination of these supportive services is key to helping older adults stay in their own homes. In addition, there is a need for culturally competent service delivery systems.

The U.S. Department of Health and Human Services has sponsored an innovative program called PACE (Program of All-inclusive Care for the Elderly) (www.cms.hhs.gov/PACE). The program pools Medicare and Medicaid funds, and uses an interdisciplinary team of health professionals to provide a range of acute and long-term care services to low income, frail elders. The PACE provider in the Baltimore area is the **Hopkins ElderPlus Program** at the Johns Hopkins School of Medicine.

Single Point of Entry

Older adults and their families may lack the capability to navigate a complex service delivery system, which includes finding the right providers, making sure the elder has adequate insurance coverage, and having the resources to pay for out-of-pocket costs. For many older adults and their caregivers, the difficulty lies in understanding long-term care and the absence of a single reliable source of information or single point of entry. Long-term care is delivered in communities, but is not a cohesive system. Many middle-aged and older adults do not know how or where to obtain dependable information that can help them plan for later-life care. It often takes a medical crisis to force older adults and their families to think about long-term care options, which, by then, can be limited and more expensive.

Maryland Best Practice

The Aging and Disability Resource Center/**Maryland Access Point (MAP**)
underscores the importance of providing the public with more efficient access to long-
term support information and quicker access to services for older adults, persons with
disabilities, their caregivers, and the professionals who serve them.

The ADRC, known as Maryland Access Point, has three primary goals:

- Enhance the existing long-term support infrastructure by creating a statewide
  "model" single-point-of-entry at the local level. Currently there are six pilot
  sites in Maryland (Howard, Worcester, Washington, Anne Arundel, Prince
  Georges, and Baltimore City).
- Streamline the Medicaid financial and programmatic eligibility determination
  process to make it less cumbersome for the consumer at the local level, and
- Develop a new statewide Internet-based information system that will provide
  people with easy access to information about long-term support resources in
  Maryland. The Web site is scheduled to launch in 2009.

The AdvantAge Initiative's national survey of adults age 65 and older (AdvantAge,
2004) found that 20 percent of older adults did not know whom to call for information
about long-term care and supportive services. In addition, those with the greatest need
were the least likely to know how to get information. A 2001 AARP survey on the cost of
long–term care found that more than 60 percent of Americans age 45 and older indicated
some familiarity with long-term care services.   Most respondents in both surveys
underestimated the cost of a nursing home or they overestimated the cost of long-term
care insurance. Further, many older adults wrongly believe that Medicare will pay for
long-term care.

The Robert Wood Johnson Foundation funded Information Coordination projects as part
of its Community Partnerships for Older Adults (CPOA) national grants program. CPOA
is an eight-year $28 million initiative. The goal of this program is to build public-private
community partnerships to improve long-term care and supportive services systems to
meet the needs of older adults.

A key element of the program is the development of a model that provides reliable, up-to-
date, and tailored information about long-term care services in the community. Each
CPOA site is developing an information system that will allow older persons or their
family members—especially recent immigrants and those who do not speak English,
have limited health literacy, or confront other barriers to information and services—to
make a single call to identify supportive services and determine eligibility. In nineteen
locations across the country, CPOA grantees are educating members of their communities
about long-term care and working to develop community-wide long-term care options.

Examples of funded programs:

- Through the Department of Aging and Adult Services, the San Francisco Partnership has launched **SF-Get Care**, a Web-based information and referral system that allows older adults and their families to locate in-home and community-based supportive services and other resources.

- In Hawaii, Maui Community Partnerships is using public access television to raise awareness about health care programs and services for older adults on the islands of Maui, Molokai, and Lanai.

Two other Foundation-funded programs help older adults learn more about long-term care: BenefitsCheckUp and Next Chapter (formerly Life Options).

- The **BenefitsCheckUp** program is an online service of the National Council on Aging that helps people age 55 and older identify and apply for federal, state, and local programs. It provides information on prescription drugs, health coverage, payment of utility bills, volunteering, home-based services, and the like.

- **Next Chapter**, developed by Civic Ventures, is designed to help individuals nearing retirement. The program provides information on a range of topics— from opportunities for paid or volunteer employment to financial and long-term care planning—in libraries and community colleges.

Coordination of Services

Improved coordination of care for older adults is an important goal for successful aging in place. It is often a struggle to accomplish this coordination. Strategies are necessary to meet the needs of elders for a seamless continuum of care. Social workers or service coordinators usually take on the task of bringing together services for an aging in place program. Individual case management may be needed for older adults with multiple chronic illnesses.

The NORC Supportive Service Program model coordinates services for older adults using an interdisciplinary approach, and consists of four core services: individual social work services (case management, service linkage and coordination, etc); health-related services and programs (direct care and health promotion activities, etc.); educational and recreational activities (classes and activities, etc.); and volunteer opportunities (Vladeck, 2004). Ancillary services, such as transportation, housekeeping, social adult day programs, and money management assistance, may also be included. NORC-SSPs feature service linkage and coordination of services by well-trained social workers with expertise in aging. Direct-care staff are supervised by skilled professionals.

Connections Between Senior Health and Housing Issues

The Joint Center for Housing Studies of Harvard University concluded that the routine separation and lack of local coordination between health and housing services creates a service-delivery system that prevents older adults from successfully aging in place. The argument is that neither the system of health delivery nor the system of housing delivery can adequately meet the needs of aging Americans as independent areas of service. However, health and housing concerns can often be interconnected. It can become difficult to distinguish a health concern from a housing concern (AARP, 2001).

When a living environment is affordable and appropriate, an older adult is more likely to remain healthy and independent. When an individual maintains good health, he or she is more able to keep up with the maintenance of his or her house or apartment.

Several aging in place models have aligned housing and health services in their planning to promote "successful aging" outside of the institutional setting. Three examples include the following:

> **Regional Planning in Atlanta, GA: Using GIS Technology to Create New Health and Housing Partnerships**
> The Atlanta region has begun a process of exploring new partnerships between health and housing providers. Employing the tools of geographic information system (GIS) technology, it has used maps to locate communities with the highest density of older adults, communities with older adults at risk, and communities with diverse age populations. The mapping technology has also been used to locate current health and housing facilities. This project exemplifies how technology can be used to illustrate the possibilities for change and partnership.

Using Community Assets: Penn South NORC
The Penn South Cooperative in New York City illustrates how one community measured its own health care assets to develop a new way of addressing its growing aging population. Rather than send its residents into nursing homes, this community achieved economies of scale by leveraging assets to benefit the entire community. It has developed a number of well-organized services to keep older adults in place.

Statewide Community Assessment: Florida's Communities for a Lifetime Program
This project illustrates a state approach to keeping older adults in their homes and communities. This project empowers local communities to assess what aspects of their locality do not support senior residents and then prioritize the changes they are ready to make and fund.

Selected Programs of the Maryland Department of Aging

Program	Description
Maryland Senior Health Insurance Program (SHIP) and Maryland Senior Prescription Drug Assistance Program (SPDAP)	$4 Million annually was added for SPDAP to provide assistance to Medicare Part D enrollees whose drug expenses place them into the coverage gap. SHIP has been working closely with SPDAP to ensure that eligible Medicare beneficiaries understand this new benefit and enroll.
Medicaid Waiver for Older Adults	The Waiver for Older Adults provides services and other long-term supports to low-income individuals aged 50+, who would otherwise reside in nursing homes.
Money Follows the Person	MDoA is working in partnership with the Departments of Health and Mental Hygiene and Disabilities to implement a 5-year federally funded program to identify those in nursing homes who wish to transition back into the community. Eligible individuals transition into Medicaid Home and Community-Based Services Waivers.
Nursing Home Diversion Initiative	An 18-month $500,000 grant from the U.S. Administration on Aging provides an opportunity for MDoA and others to help individuals who are not yet eligible for Medicaid to avoid nursing home placement.
Senior Information and Assistance (I&A) Program	Annually, the I&A program provides one-on-one assistance to over 45,000 older adults who require aging services,

Program	Description
	including affordable housing, prescriptions and health care, utility assistance, income management, etc.

Source: *Budget Presentation Fiscal Year 2010.* MDoA Annual Report, January-December 2008

What Other States Have Done

The U.S. Centers for Disease Control and Prevention (CDC) maintains a Healthy Aging Program (www.cdc.gov/aging), including SENIOR **(**State-Based Examples of Network Innovation, Opportunity, and Replication) grants. The following examples may provide possible approaches for funding health care planning for older adults.

New Jersey - Establishing a Statewide Plan for Healthy Aging

In 2007, New Jersey produced a *Blueprint for Healthy Aging in New Jersey* using a CDC Opportunity Grant under the SENIOR grant program. The *Blueprint* is providing a first-ever compilation of easily referenced, county-level material designed to do the following:

- Educate key decision makers and others on the health status of older New Jersey residents

- Raise awareness of health benefits through the adoption of healthy behaviors

- Highlight evidence-based health promotion programs that can be supported and replicated throughout the state

- Provide the public health and aging services networks with needed data to effectively plan, implement, and evaluate health promotion efforts directed towards older adults.

A broad base of New Jersey partners worked closely together to develop the report. These partners included several internal offices within DHSS; representatives from local health departments, county offices on aging, senior centers, hospital wellness programs, and other local provider agencies; and parish nurses. Internal DHSS linkages were strengthened and working partnerships were formed with traditional and nontraditional partners.

The New Jersey DHSS took action to ensure that the content of the landmark *Blueprint* was complete, accurate, up-to-date, and useful. For example, a survey was conducted to obtain information on existing data, local health promotion programs, and current strategies pursued by local agencies to promote older adult health. To guide and assist individual communities in their efforts to improve older adult health, information on key

health behaviors for older adults and examples of model programs and strategies were identified, compiled, and highlighted in the *Blueprint*.

New Jersey's *Blueprint* has served to focus, coordinate, and catalyze statewide and community-based efforts in support of healthy aging. To facilitate widespread dissemination of the *Blueprint*, DHSS staff trained community partners in using the tool to raise awareness, develop policy, and expand health promotion programming for older adults. Among those trained were the directors of the county offices on aging and public health officers in each of New Jersey's 21 counties.

The success of the *Blueprint* was further validated by enabling New Jersey to successfully compete for a grant from the U.S. Administration on Aging to build a statewide system to support chronic disease self-management. The *Blueprint* has also served as the catalyst for a state-based program funding community-based, minority organizations to implement chronic disease self-management programs. Given its breadth, depth, and scope, the tool continues to catalyze and facilitate the work of community-based agencies and organizations in their efforts to promote and preserve the health of their older residents.

Georgia - Reinventing the Delivery of Clinical Preventive Services

There are few interventions in preventive medicine for which the benefits are more rigorously documented than immunizations and screening for chronic diseases, yet the rate of delivery of these potentially life-saving preventive services is surprisingly low. Recent analysis has shown that, in 2004, less than 40 percent of individuals aged 65 and older were up to date on immunizations for influenza and pneumococcal disease, and screenings for breast, cervical, and colorectal cancers. To a large extent, the overwhelming responsibility for the delivery of these services has fallen at the doors of already overburdened physicians' offices. An enhanced focus on clinical preventive services and the establishment of additional access points are key strategies for improving and protecting the health of older adults.

The SPARC (Sickness Prevention Achieved Through Regional Collaboration) program, active since 1997 in a four-county area of New England and rigorously evaluated through CDC support, has shown documented success in enhancing the delivery rates of influenza and pneumococcal vaccines, and screenings for breast, cervical, and colorectal cancers among older adults. SPARC's approach is to enlist collaboration among providers, local government agencies (e.g., local health departments and Area Agencies on Aging), community groups, and others to make the most of existing community resources in the delivery of preventive care. SPARC itself does not deliver clinical preventive services but rather creates, coordinates, facilitates, and monitors community-wide efforts. Among SPARC's innovative strategies are "bundling" preventive services, such as providing mammography appointments at "flu shot clinics" for women who were behind schedule for breast cancer screening, and pioneering "Vote and Vax" campaigns that make immunizations available at polling places on election days.

In fall 2006, the SPARC model was piloted for the first time beyond its New England roots to two counties of metropolitan Atlanta, Georgia. With Atlanta's Area on Aging serving as the SPARC convener, SPARC coalitions were established in Fulton and Fayette Counties, where respective county offices on aging applied local knowledge of their communities and engaged a network of community-based collaborators. Local public health departments were primary providers of services; other key stakeholders included local hospitals, social service agencies, local housing authorities, and visiting nurses associations.

North Carolina - Pushing Healthy Aging Initiatives to the Forefront

In 2001, 2.3 million North Carolinians were age 50 or older, representing 28 percent of the total state population. By 2030, 35 percent of the state's population is projected to be age 50 or older. The health-related behaviors of this population put them at risk for multiple chronic diseases: 18 percent currently smoke; 62 percent are overweight or obese; and 23 percent do not engage in leisure-time physical activity. These and other risk factors among this population contribute to the leading causes of death, which are largely preventable: heart disease, cancer, diabetes, stroke, and chronic respiratory disease. Though proven programs exist, too few of the state's older adults have had access to them.

Prior to 2000, healthy aging activities in North Carolina (NC) were coordinated by a partnership between the University of NC (UNC) at Chapel Hill Institute on Aging, the NC Division of Public Health (NCDPH) Older Adult Branch, and the NC Division of Aging and Adult Services (NCDAAS). When the UNC Institute on Aging became part of CDC's Prevention Research Centers Healthy Aging Research Network in 2001, the funding, though limited, pushed healthy aging activities into the forefront.

The partnerships between public health, aging, and the university system were solidified by the creation of the NC Healthy Aging Coalition (NCHAC). In Fiscal Years 2003 and 2005, North Carolina successfully competed for SENIOR (State-Based Examples of Network Innovation, Opportunity, and Replication) grants funded by the CDC and administered by the National Association of Chronic Disease Directors. These funds were used to focus on healthy aging awareness and physical activity. These SENIOR grant activities, though funded each year at less than $13,000, were very successful and prepared the collaborative for future healthy aging opportunities, including participation in the Agency for Healthcare Research and Quality's (AHRQ) Evidence-Based Health Promotion Training Conference (co-sponsored by CDC and other federal agencies). Participation in that conference sparked a statewide planning effort in NC.

In 2006, North Carolina received another SENIOR grant, this time to take their planning activities to the next level. Using these funds, the state began creating the *Roadmap for Healthy Aging*, a report that describes older adults' health conditions and risk factors at a regional or county level and will identify evidence-based health promotion programs and resources available to best address the identified conditions. The *Roadmap* will be used to inform the State Aging Services Plan, service providers, and public health planning.

To help fulfill the vision of an integrated plan for healthy aging, the NCDPH has created a Health Promotion Manager position whose responsibilities include strengthening and coordinating activities across the lifespan, and assuring that healthy aging perspectives are integrated in all program areas. The NCDPH and the NC Division of Aging and Adult Services have created a Memorandum of Agreement (MOA), which formalizes their working relationships and defines roles for the *Roadmap* project.

Community Services/Social Engagement

A fundamental characteristic of a livable community is the high level of engagement of its residents with one another and with the life of the community. Engagement in the form of participation in social activities and relationships, volunteering, and participation in civic planning adds 'life' to the older adult years.

The MacArthur Foundation's definition of successful aging--low risk of disease and disease-related disability, high mental and physical function, and active engagement with life--goes beyond the absence of disease and infirmity. This definition recognizes successful aging as having a great satisfaction with life. From this standpoint, social engagement within a community helps to maintain a high quality of life throughout the life cycle.

Social Engagement for Optimal Aging

Social engagement refers to maintenance of social connections and participation in social activities. Greater social engagement among older adults is associated with a higher level of cognitive functioning. New information identifies risk factors for cognitive aging as potentially modifiable. Because most of these risk factors are potentially modifiable or manageable, preventive strategies can be helpful. Cognitive vitality is important to optimal aging.

Possible lifestyle management strategies to promote cognitive vitality with aging (Mayo Clinic Proceedings, 2002):

- Build cognitive reserve by remaining intellectually and socially active

    o Continue lifelong learning

    o Engage in regular mental exercise

    o Maintain active social networks

    o Remain involved in the community by occupational or voluntary activity

- Engage in regular physical exercise

- Reduce or minimize the effects of stress

- Ensure appropriate nutrition/avoid nutritional deficiencies

- Avoid alcohol, smoking, and illicit drug abuse.

Social Isolation

The flip side of active social engagement is social isolation, a complex problem that is difficult to define. The factors that cause this isolation vary from person to person, as does its manifestations. "Senior isolation" occurs when an older adult has limited social ties, resulting in fewer places to turn to for help or for social support when the need arises. Social isolation in older adults is associated with depression, re-hospitalization, delayed care-seeking, poor nutrition, and premature mortality (UNH, 2005).

Community centers and other locally-based service organizations are able to identify and help isolated older adults. Their first-hand knowledge of local communities, their networks, and neighborhood contacts make them ideal places to receive and follow through on information about isolated or distressed older adults. Because these organizations offer a range of services in an integrated setting, they are able to address a multitude of causes of senior isolation. Community organizations facilitate the social networking and community activities that can address neighborhood problems and build strong communities.

Maryland Best Practice

Older adults with limited English proficiency are at high risk for social isolation. The Maryland Vietnamese Mutual Association's (MVMA) **Golden Age Project for Seniors** (GAPS) helps vulnerable, low-income Vietnamese American seniors to better navigate social, health and private services that they otherwise would not have because of issues with language access. GAPS is the only program in the state that provides linguistically appropriate services to Vietnamese American older adults.

GAPS' program objective is to decrease senior isolation by providing direct support to older adults through social and health services; the help includes language interpretations and translations, as well as assistance with completing Medicare/Medicaid and Social Security enrollment forms. Additionally, services such as daily office visits and weekly outreach at the Long Branch Senior Center are supplemented with on-going education initiatives: monthly radio announcements, MVMA's annual health fair, quarterly newsletters and workshops. An English Conversation Club is offered in conjunction with Montgomery County Public Libraries and scheduled on Tuesdays at Long Branch when a Vietnamese lunch is offered by the County's Senior's Nutrition Program. Through these services, Vietnamese older adults gain access to information and resources that help them lead independent lives.

Maryland Vietnamese Mutual Association: www.mdvietmutual.org

In addition to local community center activities, other strategies being used in senior programs (UNH, 2005) to overcome social isolation include:

- Programs that use older adults as resources serving in meaningful roles such as tutors and mentors for children and youth and volunteer companions for other older adults. This ensures that older adults maintain a sense of purpose after retirement while making a real contribution to their communities.
- Programs that bring older adults together, including traditional senior centers as well as alternative senior centers that target specific needs. The success of these programs often depends on the availability of transportation.
- Programs serving older adults where they live, such as Meals on Wheels, home visits, and supportive service programs.
- Programs to keep older adults connected to others and to social services via technology, including conference calls, telephone reassurance, computerized automatic wellness checks, and computer labs with Internet access.
- Case management and geriatric mental health services that are tailored for those older adults with complex and intensive needs who are most at risk of being prematurely institutionalized.
- Social adult day care and elder abuse prevention and support programs, to target those older adults most at risk.
- Caregiver support, which ensures that existing relationships between older adults and their family caregivers (often the first line of defense against isolation), remain intact and beneficial.

An example of an existing program in Maryland which fosters social engagement is Baltimore's Senior Friendly Neighborhoods (SFN)).   SFN program staff reach out to older residents of private homes or small apartment buildings who did not generally have a prior connection. When a group of residents who live near each other and who have similar cultural backgrounds are identified, they are brought together as a "warm house." Participants meet monthly in a home of a resident host for a social program whose content is determined by consensus of the group. Professional staff oversee the program, but the goal is to reduce isolation and develop a mutual support network among participants.

Elder Abuse

Elder abuse is loosely defined as the infliction of physical, emotional, or psychological harm on an older adult. Elder abuse also can take the form of financial exploitation or intentional or unintentional neglect of an older adult by the caregiver. Elder abuse can occur in the home, in nursing homes, or other institutions. It affects older adults across all socio-economic groups, cultures, and races. Based on available information, women and the "oldest" elderly are more likely to be victimized. Dementia is a significant risk factor. Mental health and substance abuse issues, of both abusers and victims, are risk factors. Isolation can also contribute to risk.

Elder abuse is a serious problem in this country. All 50 states have laws prohibiting elder abuse. Though laws differ, all states have systems for reporting suspected abuse (American Psychological Association, undated).

No matter where older adults reside, they may be vulnerable to neglect, victimization, and exploitation by others. Protecting older people from mistreatment is an important element of the broad challenge of ensuring quality services in long-term care. Programs to decrease isolation and to address elder abuse are valuable for any aging in place program.

Civic Engagement/Volunteer Opportunities

Older Americans no longer see retirement as an extended vacation with no responsibilities. According to a 2002 survey conducted for Civic Ventures, 59 percent of older Americans see retirement as "a time to be active and involved, to start new activities, and to set new goals." Just 24 percent see retirement as "a time to enjoy leisure activities and take a much deserved rest." Those who plan to work in their retirement cite the desire to stay active and productive, rather than economic necessity, as the primary reason. More than half of the respondents (56 percent) say civic engagement will be at least a fairly important part of retirement.

Additionally, the survey found that more than half of the respondents had been a volunteer in the past three years and that 25 percent were volunteering at least five hours a week (Hart, 2002).

Civic Ventures (www.civicventures.org) is a national program with a mission to engage the millions of baby boomers as a force for change. Civic Ventures seeks to demonstrate the value of experience in solving social problems – from education to the environment and health care to homelessness. Founded in 1998 by social entrepreneur and author Marc Freedman, Civic Ventures works to define the second half of adult life as a time of individual and social renewal.

Selected Programs of the Maryland Department of Aging

Program	Description
National Governors Association Policy Academy on Civic Engagement	This is a year-long initiative to help increase civic engagement among older adults by capitalizing on the leadership of state governors. Maryland is one of six champion states selected to participate.
Senior Centers	Through the Senior Citizens Activities Centers Capital Improvement Grants Program, Maryland provides capital improvement grants to local governments.

Program	Description
Senior Nutrition – Congregate Meals	Meals are served to older adults in 257 meal sites, including senior centers and senior housing sites

Source: *Budget Presentation Fiscal Year 2010*. MDoA Annual Report, January-December 2008

Maryland Best Practice

Legacy Leadership Institutes, University of Maryland

Legacy Leadership Institutes (LLI) is a model developed by the University of Maryland Center on Aging to facilitate lifelong learning, technical and leadership skills enhancement, and meaningful civic engagement for older adults by translating their experience into high-impact volunteer service leadership roles in nonprofit organizations.

The LLI model creates a corps of volunteer/service leaders who assist nonprofit organizations in initiating innovative service programs, modernizing and strengthening organizational infrastructures, identifying and establishing sustainable financial resources, and expanding service capacity. Legacy Leaders serve such areas as health care, environment, state legislature, sports, independent living, mediation and conflict resolution centers, and schools.

The LLI model was launched in 1999. Each institute has a specific theme and prepares a Legacy Leader for a well-defined, meaningful volunteer role. Examples of the Legacy Leadership Institute topics developed to date include: Fundraising for Nonprofits, Nonprofit Assessment, Community Governance and Development, Humor Communication, Environment, Pro Bono Service, Coaching for Non Profits, Disaster Management, Non Profit Innovation, and Public Policy.

What Other States Have Done

The National Council on Aging manages the ***RespectAbility Initiative*** (www.respectability.org).   *RespectAbility* is a collaborative initiative, funded by The Atlantic Philanthropies, designed to help community organizations and decision-makers find ways to empower the growing population of older Americans to use their abilities, their experience, and their energy to help address community problems through volunteer work and employment.

The core goal of *RespectAbility* is to increase the numbers of older Americans involved in civic engagement, thereby enriching personal and community health. The central challenge is to increase the capacity of community-based nonprofit organizations to take advantage of increased numbers and more highly skilled older volunteers.

Examples of civic engagement programs identified through *RespectAbility* include the following (NCOA, undated):

Contra Costa for Every Generation

Contra Costa for Every Generation (CCEG) is a countywide initiative in Contra Costa, CA, inspired by the AdvantAge Model and is based on a four-step development process:

      1) Research
      2) Strategic planning
      3) Partnership development, and
      4) Advocacy.

Begun July 1, 2005, the initiative includes governmental and political leadership, community opinion leaders, and a broad cross-section of citizenry. CCEG focuses on advocating for positive, long-lasting community changes to improve the quality of life of all citizens as they age, and making everyone in the community responsible for these changes.

CCEG is focused on building community, not infrastructures such as a nonprofit organization. The community's planners are its residents and their visions are secured through a development and empowerment process. Contra Costa for Every Generation is creating many opportunities for adults over the age of 55 to renew their communities. These citizens come together with the mission, "to make our local communities good places to age by supporting aspirations to stay healthy, live independently, and lead full and productive lives."

Person to Person Peer Support Network, OASIS

Launched in 1995, the St. Louis (MO) Person to Person program is the umbrella for three peer support services that provide mental health support and social connections to older adults moving through normal life changes. The program's emphasis on peer support as a volunteer service not only enhances the quality of life of its participants, but also meets a direct community need. Program participants reach out to older adults often isolated by circumstance and marginalized by misunderstanding. While all three components of the Person to Person program engage older adults in meaningful service roles, the emphasis of this group is on the peer-led discussion groups and the community engagement model used to ensure success in an underserved community of largely African American older adults.

Care Team® Program, Interfaith CarePartners®

Interfaith CarePartners® is an independent, 501(c)(3) service organization to local congregations that recruits, trains, and supervises volunteers who assist older adults to live independently and help caregivers prolong care at home for a loved one. Interfaith CarePartners accesses the human resources of diverse faith communities to build a community-wide infrastructure of volunteer caregivers that spans socioeconomic and

demographic groups to enable independent living and to assist caregivers to defer or avoid institutional care. No congregation or care partner is charged a fee for services.

There are more than 2,000 team members based in 105 congregations across the denominational spectrum in three counties of greater Houston. All together, team members serve more than 1,500 clients (called care partners) annually providing more than 100,000 hours of service in the program. The organization meets its operating budget through contracts with the Harris County Area Agency on Aging, Texas Department of Health, foundation grants, congregational gifts, individual donations, and special fundraising events.

Performance Coaching Practice, Executive Service Corps of Chicago

The Executive Service Corps (ESC) of Chicago, IL, relies on its cadre of well-trained volunteers to fulfill its mission and provide its services. The primary characteristics that all ESC volunteers share are the desire to serve the community and to be involved in meaningful activities. They come from some of Chicago's top companies and organizations, and they have retired from or continue to work in accounting and finance, education, law, insurance, government, social services, community and youth development, health care, the media, utilities, cultural arts, and merchandising. As part of a consulting team, or as individual consultants, they teach clients how to create a strategic plan, how to recruit energetic board members, how to establish compensation programs for their staff members, how to manage agency finances, and how to produce fund development plans.

Faith in Action Care Program, Shepherds Center Of Greater Winston-Salem

The Shepherds Center of Greater Winston-Salem, NC, is an interfaith ministry whose mission is to help older adults pursue independent and active lives, neighbor helping neighbor, and people linked together in a bond of faithful service and support. The Shepherds Center promotes and provides volunteer opportunities, life-long learning, and support programs for older adults. Founded in 1985, the organization is an affiliate member of a national network of more than 100 centers modeled after the original Shepherds Center established in Kansas City, Mo. The Shepherds Center of Greater Winston-Salem is a Robert Wood Johnson Foundation Faith in Action Program and a member of the North Carolina Family Caregiver Support Program.

Older Adults in the Workforce

The U.S. workforce is aging. Just over 16 percent of the labor force is at least age 55, up from nearly 12 percent in 1995. The U.S. Bureau of Labor Statistics (BLS) projects that this figure will rise to 21 percent in 2014. If BLS projections are correct, more than 34 million persons aged 55 and older will be working or looking for work in 2014, an increase of more than 10 million over the figure for 2005 (U.S. Department of Labor, 2002).

The actual number of older labor force participants could be even greater than official projections suggest. According to AARP research, eight in ten (80%) Baby Boomers expect to work at least part time when they retire. Although it is unlikely that 80 percent of older adults will end up working in retirement, it seems reasonable to assume that the labor force participation rate for the 55-plus population will continue to increase.

The current economic climate may foster the need for older Americans to retire later or re-enter the workforce after retirement. The segment of adults age 65 to 69 participating in the labor force (working or looking for work) increased to 29.7 percent in 2007, from

only 20.2 percent in 1982 (Johnson, 2009). Many factors have increased labor force participation at older ages, including the decline in traditional employer-sponsored pension and retiree health plans, the increase in Social Security's normal retirement age, and changes in Social Security rules (including increasing the delayed retirement credit and restricting the retirement earnings test) that increase benefits for those who continue working past the normal retirement age (now 66).

The stock market lost 41 percent of its value between September 30, 2007 and December 31, 2008, destroying nearly $2.8 trillion in 401(K) and individual retirement accounts (IRAs) and potentially intensifying pressures on older adults to work (Soto 2008). Due to the decline in traditional employer-sponsored pension and retiree health plans, and corresponding growth in 401(K) plans and Individual Retirement Accounts (IRAs), older adults' retirement income has increasingly become more dependent on stock market performance (Johnson, 2009).

Older workers typically bring wisdom drawn from years of working and living through business cycles and management trends. Prospective employers may be willing to consider this experience and reliability as a positive attribute for employment.

A survey conducted for AARP (Brown, 2003) found that many Americans between the ages of 50 and 70 plan to work far into what has traditionally been viewed as their "retirement years":

- Nearly half of all pre-retirees (45 percent) expect to continue working into their 70s or later. Of this group, 27 percent said they would work until they were in their 70s, and 18 percent said "80 or older," "never stop working," or "as long as they are able to work."

- The most common reasons given by pre-retirees for wanting to continue working in retirement were the desire to stay "mentally active" (87 percent) or "physically active" (85 percent), and the desire "to remain productive or useful" (77 percent). Slightly more than half of the pre-retirees (54 percent) indicated that their motivation was based on "a need for money."

The result of these demographic trends is the emergence of a new life-stage between adulthood and true old age – which has been called the "third age" or "midcourse" or "my time."

Factors in the Decision to Work in Retirement (%)[3]	Pre-retirees who plan to work in retirement	Working retirees	Total
Desire to stay mentally active	87	68	83
Desire to stay physically active	85	61	80
Desire to remain productive or useful	77	73	76
Desire to do something fun or enjoyable	71	49	66

---

[3] Source: Brown, 2003. Respondents could choose as many factors as apply to them.

(Table cont.)

Factors in the Decision to Work in Retirement (%)[4]	Pre-retirees who plan to work in retirement	Working retirees	Total
Desire to help other people	59	44	56
Desire to be around people	58	47	55
Need the money	54	51	53
Desire to learn new things	50	37	48
Desire to pursue a dream	32	20	29

Select Employment Programs for Older Adults

The Senior Community Service Employment Program (SCSEP)
(http://www.doleta.gov/Seniors/html_docs/AboutSCSEP.cfm) is a community service and
work-based training program for older workers. It was authorized by Congress in Title V
of the Older Americans Act of 1965 to provide subsidized, part-time, community service
work-based training for low-income persons age 55 or older who have poor employment
prospects. Through this program, older workers have access to the SCSEP services as
well as other employment assistance available through the One-Stop Career Centers of
the workforce investment system.

In addition to providing community services and part-time work-based training, the
program has a goal of placing into unsubsidized jobs the number of participants equal to
30 percent of the authorized positions. Program participants work an average of 20 hours
a week, and are paid the highest of Federal, State or local minimum wage, or the
prevailing wage. They are placed in a wide variety of community service activities at
nonprofit and public facilities, including day-care centers, senior centers, schools and
hospitals. It is intended that these community service experiences serve as a bridge to
other employment positions that are not supported with Federal funds.

The mission of the National Council on Aging's (NCOA) **Senior Environmental
Employment (SEE)** (www.ncoa.org/content.cfm?sectionid=346) program is to provide a
unique opportunity for individuals 55 years or older to be engaged in meaningful work.

NCOA has been a SEE program sponsor administering Environmental Protection Agency
(EPA) Cooperative and Interagency Agreements for more than 15 years. NCOA works
closely with federal staff in achieving the SEE program's goal of supporting
environmental projects and giving older workers an opportunity to remain active while
using skills and knowledge obtained during their working careers.

The SEE program offers administrative and technical support positions nationwide.
These positions are full and part time with benefits: accrued vacation, sick leave, paid
holidays, and medical insurance.

---

[4] Source: Brown, 2003. Respondents could choose as many factors as apply to them.

Volunteerism

Nearly half of all Americans age 55 and over volunteered at least once in the past year. Even among those aged 75 and older, 43 percent had volunteered at some point in the previous year.

Older Adults as Volunteers	Age 55 to 64	Age 65 to 74	Age 75+
% of age group who volunteer	50.3 %	46.6 %	43.0 %
total number of volunteers	11.9 million	8.5 million	7.1 million
Avg weekly hours/volunteer	3.3 hours	3.6 hours	3.1 hours
Total time volunteered annually	4.8 billion hours	1.6 billion hours	1.1 billion hours

Older volunteers devoted the most time to community activities--almost double the national median for all ages. Compared with the U.S. median commitment of 52 volunteer hours annually, those 65 and over contributed 96 hours per year (U.S. Department of Labor, 2002)

Maryland Best Practice

Partners In Care is a community nonprofit empowering older adults to remain independent in their own homes. The program utilizes the concept of reciprocity. Founded in 1993 and now with 2600 members, service-exchange is the foundation for the network of support for seniors. The objective is to build community by engaging people to help each other with the many tasks involved in everyday living. Everyone has something to contribute and exchange and is valued for it.

As the first service exchange program based in Maryland, Partners In Care is designed to help all Maryland residents and is based on one community member helping another. The vision is to network Partners In Care sites so that neighbors and families can help each other long distance. Partners In Care is headquartered in Anne Arundel County with a satellite office in Frederick. The service-exchange model is particularly valuable as individual and community resources are stretched thin in this economic environment.

Select Senior Volunteer Programs

Volunteer Senior Ranger Corps

The Volunteer Senior Ranger Corps program
(www.community.ups.com/downloads/pdfs/VSRCbrochure.pdf)
is designed to create and model opportunities for older adults to develop and express
stewardship for national park resources and positively affect their local communities
through volunteerism. It is a partnership effort between the National Park Service and the
Environmental Alliance for Senior Involvement and is made possible by the National
Park Foundation through generous support from the United Parcel Service Foundation's
Volunteer Impact Initiative and the Tauck Foundation.

Community Action Program (CAP)

CAP (www.ncoa.org/content.cfm?sectionID=240&detail=897) is a volunteer program
designed to encourage elders to become actively involved in their communities and to
enrich the lives of senior housing residents.   CAP was developed by the Elderly Housing
Development and Opportunity Corporation (EHDOC), a nonprofit community-based
organization that owns and manages affordable housing for low-income elders in 14
states. Activities vary in each community, depending on local needs and volunteer
interests: collecting and distributing toys, food, and other items to people with special
needs; writing letters and advocating for public policy changes at state, local, and
national levels; and assisting traumatized children, isolated individuals, and frail elders.
In addition, CAP promotes collaborative efforts to help elders improve their homes,
including Federally-assisted housing.

Maryland Senior Corps   (www.seniorcorps.org)

More than 7,400 older adults in Maryland contribute their time and talents in one of three
Senior Corps programs. Senior Corps is a program of the Corporation for National and
Community Service, an independent federal agency created to connect Americans of all
ages and backgrounds with opportunities to give back to their communities and their
nation.

Senior Corps offers several ways to get involved. Volunteers receive guidance and
training so they can make a contribution that suits their talents, interests, and availability
in the following three programs:

- The **Foster Grandparent Program**
  (www.seniorcorps.gov/about/programs/fg.asp) connects volunteers age 60 and
  over with children and young people with exceptional needs. Volunteers mentor,
  support, and help some of the most vulnerable children in the United States.
  Foster Grandparents serve one-on-one as tutors and mentors to more than 3,300

young people in Maryland who have special needs.

- The **Senior Companion Program** (www.seniorcorps.gov/about/programs/sc.asp) brings together volunteers age 60 and over with adults in their community who have difficulty with the simple tasks of day-to-day living. Companions help out on a personal level by assisting with shopping and light chores, interacting with doctors, or just making a friendly visit. Senior Companions in Maryland help more than 260 homebound older adults and other adults maintain independence in their own homes.

- **RSVP** (www.seniorcorps.gov/about/programs/rsvp.asp) connects volunteers age 55 and over with service opportunities in their communities that match their skills and availability. RSVP volunteers conduct safety patrols for local police departments, participate in environmental projects, tutor and mentor youth, respond to natural disasters, and provide other services through more than 690 groups across Maryland.

Experience Corps

The Experience Corps (www.experiencecorps.org) model–built on both research and accumulated knowledge from other service programs–focuses on several key elements, including:

- A focus on elementary schools, particularly in the inner-city because of the academic and social needs of low-income children

- Intensive service, with an expectation that older adults make a commitment to work at least 15 hours a week throughout the school year

- Incentives in the form of a stipend (which ranged from $100 to $200 a month, depending on the city) for volunteers who served at least 15 hours a week

- Diversity of participants, including volunteers at all income levels and a special focus on drawing more men to the program.

Generations United

Generations United (GU) (www.gu.org) focuses solely on promoting intergenerational strategies, programs, and policies. GU serves as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation.

Leadership

Leadership involves creating the political will to create an aging in place model, the development of viable coalitions of stakeholders to guide the process, and creating the resources needed to sustain the implementation of the model.

Political Will

Formative research, such as the AdvantAge Survey used to assess the elder-friendliness of a community, provides data that can be used to justify the need for services in targeted communities. These data bring "real life" issues to light in the community's own backyard and help to define problems and opportunities for change. This in turn can positively alter political will and motivate decision makers to take action. Information from these surveys provides valuable insights to generate ideas for desired outcomes and inform planning for successful interventions.

An example of the successful use of formative research to create political will is that done by leaders in Minnesota to prepare for the coming age wave. This effort is described in Table 2 on page 10.

Maryland Best Practice

Montgomery County engaged the Center for Productive Aging at Towson University to conduct a series of activities throughout the county to build a foundation for a comprehensive aging plan. These activities included five community forums and six focus groups. In addition, a publicized phone number and e-mail address were available for those residents who could not attend a session or preferred an alternative approach. Finally, an electronic survey was conducted for professionals in the county who work with or on behalf of older adults (Wagner et al, 2007).

Subsequently, Montgomery County engaged Reingold, a communication firm, to develop a senior outreach plan to help older adults in the county find information about services more easily and to increase participation in existing programs and services (Sullivan et al., 2007).

Sustaining Implementation

Federal Funding

The **Administration on Aging** (AoA) has relatively few grant programs in which communities could propose new aging in place models. AoA does accept applications each year in response to an Open Solicitation for proposed projects that further the

purposes of Title IV of the Older Americans Act, as amended, the AoA strategic plan, and the AoA mission. Title IV projects must:

- Test new and innovative approaches to the design and delivery of programs and services for older persons
- Expand knowledge and understanding of the older population and the aging process; help meet the needs for trained personnel in the field of aging; and/or
- Increase awareness of the need for individuals to assume responsibility for their own longevity.

AoA is particularly interested in funding innovative performance models that can demonstrate successful outcomes and that may be replicated by other organizations. Program demonstrations that are based on evidence-based models that have been supported by research (preferably randomized control trials that are published in peer reviewed journals) are preferred.

This is a highly competitive program.   AoA usually funds only 1-2 applications per fiscal year submitted in response to its Open Solicitation.

National Foundations

Beverly Foundation, Albuquerque, NM, focuses on transportation and mobility issues for older adults. In March 2009, the Foundation announced a five-year goal of $1 million in awards to services and programs that provide transportation to older adults through its STAR Awards for Excellence program. STAR Awards acknowledge innovative and cutting-edge senior transportation programs.

The Robert Wood Johnson Foundation, Princeton, NJ, is the nation's largest foundation dedicated to improving health. In addition to individual grants, RWJF funds national programs; local communities may apply to the national program office when grant opportunities occur. Community Partnerships for Older Adults (CPFOA) is a national program administered by the University of Maine. CPFOA currently supports 16 communities in deciding how best to care for their older adult population now and in the future. Each community has established a partnership that is developing innovative solutions to help older citizens remain in their homes and neighborhoods and to continue to live full, rich lives.

CPFOA has awarded a total of $28 million to these partnerships for planning and implementation. Each community is engaged in:

- Mobilizing their community to improve long term care
- Strengthening their community's partnerships
- Leveraging public and private resources in response to their community's needs
- Promoting a better quality of life and care for older adults and their caregivers

- Enhancing available choices and decision making for older adults within existing and new programs; and
- Responding to a diverse range of needs of individual caregivers.

Maryland Foundations

The Association of Baltimore Area Grantmakers (ABAG) is the Greater Baltimore region's premier resource on philanthropy, dedicated to informing grantmakers and improving our community. ABAG members include representatives of more than 130 private foundations and corporations with strategic, ongoing grantmaking programs. ABAG has an active affinity group on aging.

In May 2006, the ABAG Affinity Group on Aging and the Baltimore Neighborhood Collaborative co-sponsored an informational forum on "Aging in Place," about activities and programs, which enable older adults to remain in their own homes. After the forum, Baltimore funders with an interest in aging and/or community development continued to meet. The result is Neighborhoods for All Ages, a two-year project funded by a consortium of Baltimore area funders. The project has four goals:

- To make homes safer so that older homeowners may remain in their own homes longer
- To improve integration of older homeowners into the community life of their neighborhoods
- To enhance elderly homeowners' equity in their homes
- To improve neighborhood stability.

The two-pronged program targeted two Baltimore City neighborhoods beginning in June 2007. The first prong consists of grants to 100 low income senior homeowners in the two neighborhoods to pay for internal and external home repairs, including energy efficiency improvements, home safety improvements, and accessibility improvements. It is expected these will average $6,000 per grant.

The second prong consists of community outreach and care coordination. A neighborhood organization in each of the two targeted communities (Bon Secours and Civic Works) employ a social worker to assist 200 older residents with non-housing needs, such as obtaining public benefits, accessing health care, and resolving legal issues. Geriatric nurses, occupational therapists and other professionals are also involved, as needed.

Members of the Funding Consortium include:
- Abell Foundation
- Baltimore Community Foundation
- Baltimore Equitable Insurance Foundation
- Betty Lee & Dudley P. Digges Memorial Fund
- Enterprise Community Partners
- Erickson Foundation

- France-Merrick Foundation
- Goldseker Foundation
- Hoffberger Foundation
- Hirschorn Foundation
- Leonard and Helen R. Stulman Charitable Foundation
- Harry & Jeanette Weinberg Foundation.

Below, Maryland foundations that have an interest in aging and that make community grants are briefly described.

Baltimore Community Foundation (BCF), founded in 1972, is the fourth largest grantmaker among Maryland 's charitable foundations. In 2007, BCF distributed $30 million to hundreds of nonprofit organizations in the Baltimore region and beyond. With assets of $193 million, BCF comprises more than 500 different charitable funds.

During the 2006-2007 period, BCF awarded grants to 10 Baltimore area nonprofit organizations that serve older adults. Grantees included: Community Mediation Program, Association of Baltimore Area Grantmakers, Family and Children's Services of Central Maryland, Copper Ridge Institute, and Comprehensive Housing Assistance, Inc.

BCF Families, Health, and Human Services (FHHS) Committee voted in January 2007 to make community engagement of older adults a priority within the field of interest in aging.

The **Horizon Foundation** in Columbia gives grants in Howard County. In 1999, the Foundation approved a grant of $450,000 for the "Aging in Place Initiative." The Howard County Commission on Aging estimates that the number of county residents age 60 or over will rise to 72,000 by 2020, an increase of 260 percent in 20 years. In response, the foundation is pursuing a pioneering effort weaving together services in three main areas: affordable in-home care, mental health services and home modification and repair. The Howard County Office of Aging coordinates the program.

The Leonard and Helen R. Stulman Charitable Foundation supports services and initiatives that enable senior citizens to remain in their own communities and stay active in community life as they age, in addition to programs that support older adults' unmet health and mental health needs.

Harry & Jeanette Weinberg Foundation is one of the nation's largest private foundations and is dedicated to relieving the burdens of poverty, especially among older adults. Foundation grants focus on meeting basic needs such as shelter, nutrition, health, and socialization, and on enhancing an individual's ability to meet those needs. Areas of giving within the grantmaking effort are focused on older adults; disabilities; health; food insecurity; workforce development; education, children and families; addictions and homelessness.

What Other States Have Done

The New Jersey Foundation on Aging (www.njfoundationforaging.org) was established in 1998 to create ongoing financial support for aging services in New Jersey. Its mission is to expand innovative approaches in the delivery of services that enable older adults to live in the community with independence and dignity. The Foundation is a nongovernmental nonprofit agency that receives support from other foundations, corporations, and individual donors. It maintains a community grants program; applicants are encouraged to include a letter of support from their local Area Agency on Aging.

The Los Angeles Foundation on Aging (LAFA) (www.givelafa.org)'s mission statement is to improve the quality of life for older adults and their families in the City of Los Angeles by improving upon and expanding existing services, and supporting new and innovative programs. LAFA was established in 2006 as an independent not-for-profit organization to support and further the mission of the City of Los Angeles Department of Aging (LADOA). It is supported by gifts from the public and grants.

The Foundation on Aging for Larimer County (www.fortnet.org/FOA/FOA/Welcome.html) in Fort Collins, CO, was founded as a private nonprofit corporation in 1986 and was supported by the Larimer County Commissioners and the Larimer County Office on Aging. A major portion of the Foundation's initial investment came from the bequest of the late Mildred Arnold, an active and concerned senior citizen in the Larimer County community who wanted to help older adults who have needs, which might otherwise not be met. Foundation programs and agency grant applications are reviewed and approved by a voluntary board of community members concerned about the well being of older adults in Larimer County.

References

AARP. (2001). *The Costs of Long-Term Care: Public Perceptions Versus Reality in 2006.* Washington, DC: AARP.

AARP. (2005). *Beyond 50.05. A Report to the Nation on Livable Communities: Creating Environments for Successful Aging*. Washington, DC: AARP.

Aging in Place Initiative. (undated) *The Maturing of America*. http://www.aginginplaceinitiative.org/storage/aipi/documents/maturing_of_america_reformatted_for_printing.pdf. Accessed 3/13/09.

American Psychological Association. (undated). Elder Abuse and Neglect: In Search of Solutions. http://www.apa.org/pi/aging/eldabuse.html#[. Accessed 6/09/09.

Ball, M.S. (undated). Aging in Place: A Toolkit for Local Governments. Atlanta Regional Commission.

Beverly Foundation. (2001). Supplemental Transportation Programs for Seniors. Pasadena, CA: The Beverly Foundation, p. 8.

Beverly Foundation. (2008). Volunteer Driver Programs, Fact Sheet Series, Vol. 1 (6). http://www.beverlyfoundation.org/library/volunteertransportation/factsheet.vol.1.no.6.vol.driver.pdf. Pasadena, CA: The Beverly Foundation.

Brown, S.K. (2003). "Staying Ahead of the Curve 2003: The AARP Working in Retirement Study," Washington, DC: AARP.

CDC (2001). The Oral Health of Older Americans. http://www.cdc.gov/nchs/data/ahcd/agingtrends/03oral.pdf

Centers for Disease Prevention and Control and the Merck Company Foundation. *The State of Aging and Health in America 2007,* Whitehouse Station, NJ: The Merck Company Foundation; 2007. Available at www.cdc.gov/aging.

Eldercare. (undated). Transportation Options for Older Adults. http://www.eldercare.gov/Eldercare.NET/Public/Resources/fact_sheets/pdfs/Trans_Options_Panels.pdf. Accessed 4/24/09.

Governor's Workforce Investment Board. (2007). Maryland's Aging Workforce. Fact Sheet. September.

Hart, P.D. (2002). "The New Face of Retirement: An Ongoing Survey of American Attitudes on Aging," San Francisco: Civic Ventures.

Johnson, R. (2009). "Senior Unemployment Rate Hits 31-Year High, January Update." Washington, D.C.: The Urban Institute. http://www.urban.org/url.cfm?ID=901210

Lawler, K. (2001). *Aging in Place: Coordinating Housing and Health Care Provision for America's Growing Elderly Population*. Joint Center for Housing Studies of Harvard and the University Neighborhood Reinvestment Corporation.

Maryland Department of Planning. (2007). *Demographic and Socio-Economic Outlook*, State of Maryland, Maryland Department of Planning, Planning Data Services, November.

Maryland State Department of Assessments and Taxation. (2009a). The Homestead Credit. www.dat.state.md.us/sdatweb/homestead.html. Accessed 4/13/09.

Maryland State Department of Assessments and Taxation. (2009b). What is the Homeowners' Property Tax Credit Program? www.dat.state.md.us/sdatweb/htc.html. Accessed 4/13/09.

Maryland State Department of Assessments and Taxation. (2009c). Renters' Tax Credits. http://www.dat.state.md.us/sdatweb/rtc.html. Accessed 5/7/09.

National Council on Aging. (undated). *Promising Practices for Engaging Seniors in Community Service*. http://www.ncoa.org/content.cfm?sectionID=11&detail=1642 Accessed 4/28/09.

Nunez D.E., Armbruster C., Phillips W.T. and Gale B.J. (2003). Community-Based Senior Health Promotion Program Using a Collaborative Practice Model: The Escalante Health Partnerships. Public Health Nursing, 20(1), 25-33.

Oberlink, M.R. (2008). *Opportunities for Creating Livable Communities*. Washington, DC: AARP.

PACE (Programs of All-inclusive Care for the Elderly). www.cms.hhs.gov/**PACE**/. Accessed 4/28/09

Partners for Livable Communities. (2007). A Blueprint for Action: Developing a Livable Community for All Ages. http://www.aginginplaceinitiative.org/storage/aipi/documents/Blueprint_for_Action_web.pdf. Accessed 4/27/09.

Rowe, J.W., and Kahn, R.I., *Successful Aging*, p. 53, New York: Random House, 1998.

Simantov, E. and Oberlink, M.R. (2004). Housing Cost Burden Casts a Shadow Over Older People's Future. New York: Center for Home Care Policy and Research.

Soto, M. (2008). "How Is the Financial Crisis Affecting Retirement Savings? December 3, 2008, Update." Washington, DC: The Urban Institute. http://www.urban.org/url.cfm?ID=901206
.
Sullivan, L., Reingold, J., Welch, R., Stork, V., Tsumba, H. and Wells, B. (2007). Senior Outreach Strategic Communications Plan. http://www.montgomerycountymd.gov/content/hhs/ads/moco_senior_outreach_plan.pdf. Accessed 4/29/09.

Sundeen, M. and Farber, N. (2006). Volunteer Driver Liability and Immunity. Washington, DC: National Conference of State Legislatures.

Tan, E.J., Xue, Q., Li, T, Carlson, M.C., Fried, L.P. (2006). Volunteering: A physical activity intervention for older adults—The Experience Corps program in Baltimore. *Journal of Urban Health: Bulletin of the New York Academy of Medicine.*

United Hospital Fund. (undated).   NORC Blueprint: A Guide to Community Action. http://www.norcblueprint.org/. Accessed 12/08/08.

UNH United Neighborhood Houses (2005). Aging in the Shadows: Social Isolation Among Seniors in New York City. http://www.unhny.org/advocacy/pdf/Aging%20in%20the%20Shadows.pdf. Accessed 6/8/09.

U.S. Department of Housing and Urban Development. (undated). http://www.hud.gov/offices/cpd/affordablehousing/index.cfm. Accessed 4/27/09.

U.S. Department of Labor. (2002). Volunteering in the United States. Washington, DC: Bureau of Labor Statistics. December.

Vladeck, F. (2004). A Good Place to Grow Old: New York's model for NORC supportive service programs. United Hospital Fund. http://www.uhfnyc.org/pubs-stories3220/pubs-stories_show.htm?doc_id=203833.

Wagner, D., Cox, D., DeFreest, M., Nelson, W., Niles-Yokum, K., and Smith, C.A. (2007). Imagining an Aging Future for Montgomery County. http://www.montgomerycountymd.gov/content/hhs/ads/PDFs/mcreport7-07.pdf. Accessed 4/27/09.

Attachment 1
Statewide Empowerment Zones for Seniors
Commission Members

Statewide Empowerment Zones for Seniors
Commission Membership

Category	Name/Organization
1. MDoA	Gloria Lawlah, Chairman Secretary Maryland Department Of Aging
2. Senate	Senator Mike Lenett Maryland General Assembly
3. House	Delegate Nicholaus Kipke Maryland General Assembly
4. DHMH	Sam Colgain Department Of Health & Mental Hygiene Deputy Director Office of Nursing and Community Programs Office of Health Services
5. DHCD	Caroline Varney-Alvarado Special Assistant Department Of Housing & Community Development Office of the Secretary
6. DoT	Jan M. Bryant Director, Office of Diversity and Equity Maryland Department of Transportation
7. Planning	Linda Janey, Assistant Secretary Clearinghouse & Communications Department of Planning Communications & Intergovernmental Affairs
8. Local Government	The Honorable Eugene Grant Mayor City of Seat Pleasant
9. M4A	Theresa Grant, Director Aging Services Division Prince George's County Department of Family Services
10. Senior Service Provider	Mary Pivawer, Director Senior Friendly Neighborhoods
11. Senior Service Provider	Teresa Jeter-Cutting Division Chief, Client Services Commission on Aging & Retirement Education (CARE)

Category	Name/Organization
12. Senior Advocacy Organization	Hank Greenberg AARP Maryland
13. Senior Advocacy Organization	Carol Lienhard MSCAN
14. Neighborhood or Community Organization	Nguyen Minh Chau ("Chau") The Cambodian Buddhist Society, Inc.
15. Trade Association (Senior Services)	Mark Schulz, Director (representing LifeSpan) Lifetime Services Division Associated Catholic Charities
16. Consumer	Ted Meyerson
17. Academic Institution with Expertise in Aging Studies	Dr. Matthew McNabney Johns Hopkins University School of Medicine
	MDoA Commission Staff
18. MDoA	Ilene Rosenthal Executive/ Deputy Secretary Maryland Department Of Aging
19. MDoA	Stephanie Hull Chief, Housing Services Maryland Department of Aging
20. MDoA	Denise Adams Senior Assisted Living Program Manager/ Housing Services Maryland Department of Aging
21. MDoA	Michael Lachance Legislative Liaison/Legislation Maryland Department of Aging

Donna Lloyd-Kolkin, Ph.D. and Gloria Stables, Ph.D., Catalyst Health Concepts, served as consultants to the Commission. Strategic Results served as a subcontractor to Catalyst, providing logistical support for Commission meetings and maintaining a Commission-limited Web site.

Attachment 2
Maryland Demographic Tables

Maryland's 2000 Population by Jurisdiction and Age

	% of Total 60+	60+	65+	75+	85+
Allegany	2.14%	17,105	13,429	6,669	1,667
Anne Arundel	8.43%	67,510	48,820	20,985	4,440
Baltimore	17.52%	140,313	110,335	54,762	12,757
Calvert	1.14%	9,149	6,627	2,948	664
Caroline	0.66%	5,264	4,031	1,915	492
Carroll	2.72%	21,770	16,267	7,728	2,011
Cecil	1.53%	12,254	8,995	3,859	807
Charles	1.69%	13,547	9,402	3,974	902
Dorchester	0.87%	7,008	5,423	2,551	629
Frederick	3.17%	25,355	18,836	8,752	2,088
Garrett	0.74%	5,962	4,461	2,072	558
Harford	3.79%	30,352	22,160	9,254	1,888
Howard	3.32%	26,606	18,468	8,098	2,143
Kent	0.58%	4,677	3,708	1,804	466
Montgomery	16.31%	130,647	98,157	48,054	12,983
Prince George's	11.31%	90,558	61,951	25,138	5,686
Queen Anne's	0.89%	7,105	5,227	2,232	517
St. Mary's	1.36%	10,876	7,825	3,489	775
Somerset	0.57%	4,563	3,503	1,571	388
Talbot	1.10%	8,832	6,897	3,347	821
Washington	3.02%	24,225	18,690	8,887	2,246
Wicomico	1.75%	14,018	10,823	4,931	1,189
Worcester	1.55%	12,379	9,351	3,797	829
Baltimore City	13.85%	110,961	85,921	41,205	9,956
Total	**100.00%**	**801,036**	**599,307**	**278,022**	**66,902**

U.S. Census 2000; MD Department of Planning, Population - Prepared 11/20/03.

Attachment 3
Key Informant Interview Schedule

Key Informant Interview Schedule
Statewide Empowerment Zones for Seniors Commission Project

Introduction

Thank you for agreeing to share information about your aging-in-place initiative. Legislation was passed in the State of Maryland in 2007 that mandated the formation of a Statewide Empowerment Zones for Seniors Commission. This Commission is charged with recommending a plan to develop an empowerment zones for seniors program in Maryland that directs financial and regulatory incentives to local communities that develop a qualifying comprehensive empowerment zone for seniors plan that is designed to enhance aging-in-place services and facilitate the personal independence and civic and social engagement of seniors in the community.

The legislation defines a qualifying comprehensive empowerment zone. The Commission is required to recommend state incentives (regulatory and funding) for qualifying Senior Empowerment Zones communities.

1. Can you give a general description of your aging-in-place initiative?
   Probe: ethnic breakdown of who is served

2. What types of surveys or background research did you use in planning your initiative? What kind of Strategic planning did you do in the beginning?

3. Please describe the funding plan for your program.
   a. Local foundation support
   b. Short-term government funding (earmarks)
   c. Government contracts
   d. Partners
   e. Philanthropies
   f. Corporations
   g. Residents

4. What kind of leadership/governance structure do you currently use?

5. Please describe the services of your initiative.
   a. Housing
   b. Transportation
   c. Health Care/Health Promotion
   d. Supportive Community services
   e. Social Services

6. Did your state provide any regulatory or funding incentives? If so, please describe.

7. How does the county funding work?

8. Is the Area Administration on Aging involved in your aging-in-place initiative?

9. Can you profile the people resources, e.g., staff and volunteers and their skill mix? Please tell me a little bit about building/office space, equipment, supplies.

10. How do you measure your progress to determine whether your project is on track to reach your goals?

Closing

1. Overall, what has been most challenging for you in planning and implementing an aging-in-place initiative?

Thank you very much!