

Aging In Place



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A LETTER FROM THE PRESIDENT

Howard County, Maryland, is located between two large and growing metropolitan areas – Washington, D.C., and Baltimore. The county enjoys a rich history, and its suburban, urbanizing and rural components make it a microcosm for economically viable communities across the country. In 1960, the County's population age 60 years and older was less than 3,400. By 1995, the number was 20,000, projected to increase more than 25 percent to 26,000 by 2000. The Howard County Commission on Aging estimates that the number will rise to 72,000 by 2020, an increase of 260 percent in 20 years.

A major portion of this growth will occur within the planned community of Columbia. Columbia creator James Rouse chose Howard County for the new town because of its strategic location between the two cities, a place that seemed inevitably destined for population growth as the East Coast megalopolis extended itself.

As a 1999 survey by the Columbia Association, the group that governs the new town, says: "The planned community of Columbia began with virtually no seniors." The original town design focused on attracting younger families and businesses that would generate a viable tax base. But "as the young adults who first settled Columbia have aged and more seniors have moved into the community," Howard County faces a crucial new challenge: how to provide the quality services that will be needed by the fast-growing older population.

Following extensive planning, in 1999, The Horizon Foundation's Trustees determined that the health and wellness of older adults would be a major, continuing priority. Both the Howard County Commission on Aging and the Maryland Department of Aging confirmed that, in light of compelling demographic trends, we should place high priority on enhancing the ability of elderly county residents to remain in their homes.

Meetings were held with the local Office on Aging to articulate the first phase of a long-term aging in place strategy. A group of public and non-profit agency leaders then met in the Foundation office to discuss the current service delivery system and to propose modifications intended to enable older adults to remain in their homes as long as possible. In October 1999, we approved a grant of \$450,000 for the "Aging In Place Initiative." The Office on Aging serves as the hub of this project. In addition, we made a series of coordinated grants to three local non-profits: Developmental Services Group, Family and Children's Services and Our House.

In support of the effort, the Foundation assembled faculty and clinicians from Johns Hopkins University and the University of Maryland to address state-of-the-art issues associated with aging in place. This involvement, in the form of three joint university task forces, is aimed at predicting the service demands of an aging population and developing effective techniques to facilitate aging in place.

In total, the Initiative was designed to weave the threads of community services – some already in existence, and some not – into a fabric of support enabling older adults to remain in their own homes and avoid institutionalization. It is a pioneering effort that we hope will serve as a viable and inspirational model. And it comes at a time when the entire nation is grappling with the issue of how to best prepare for the challenge of making the later years of the rapidly-growing baby boom generation as comfortable and productive as possible.

Richard M. Krieg, Ph.D., President and CEO

"Our county is approaching a crossroad where we
will begin to see a drastic increase in our senior
population. Now, thanks to the foresight of our
Office on Aging and The Horizon Foundation, we are
heading in a pro-active direction to help fulfill our
aging residents' desires to stay in their homes in
later years."

James Robey, Howard County Executive

WHY THE AGING-IN-PLACE INITIATIVE

Most Americans want to remain in their homes as they get older. Surveys by the American Association of Retired Persons (AARP) in 1989, 1992 and 1996, found that more than 80 percent of Americans age 50 and older want to “stay in my own home and never move.” Personal comfort and satisfaction with a familiar house or apartment, neighbors and community constitute powerful reasons to search for ways to make this possible.

The shifting structure of public financing of services for the elderly has also highlighted the importance of increasing options for aging in place. Publicly funded reimbursement for nursing home care has become more narrowly focused on patients who require the most intensive medical care. Coupled with the reality of a growing, aging population, these policy changes have increased the importance of developing community-based services for seniors who may be frail or have less acute needs, whether for personal care and treatment of chronic illnesses, or for rehabilitation services following an illness or an accident.

Any effort designed to enable older adults to remain in their homes must take into account the changes in physical and mental health that contribute to their reduced functioning. These changes result in predictable occurrences, including increased needs for: affordable home care (including personal care, help with chores and respite services for caregivers); homes that are safe and have modifications that accommodate the residents’ reduced functioning; fall prevention; and identification and treatment of depression and other mental health problems.

Extended dialogue and contacts with the Howard County Office of Aging, as well as with other community practitioners and leaders, revealed to the Foundation that the county lacked a sufficient supply of low-cost in-home care, a coordinated program of home repair and modification, a strategy to reduce the incidence of falls and a mental health outreach program designed specifically for adults. The Adult Community Evaluation Services, created by the Office more than a decade ago, has served as a central source of consultation and referrals for older adults who were living independently, but the county had not been able to marshal the resources to develop a more comprehensive service system or to keep

pace with growing needs. It was also clear that the Office of Aging has limitations in its data resources and lacks benchmark information against which to monitor community progress in promoting aging in place.

OTHER AGING-IN-PLACE INITIATIVES

A number of public and private, federal, state and local agencies and organizations around the country have been approaching the challenge of creating cost-effective aging in place programs in a variety of ways. For example, some states, including Oregon, Washington and Wisconsin, have used waivers from Medicaid – the federal-state program that pays for 50 percent of long-term care in the U.S. – enabling them to funnel more money into community- and home-based services instead of institutional care.

In Annapolis, Md., 1,600 neighbors who are members of the Heritage Harbor Health Group have joined together to fund a health services system that links them to services ranging from blood pressure screenings to education,



Josephine Wainwright and Family and Children’s Services aide Mirlaine Louis-Jacques share laundry chores in Wainwright’s Colonial Landing apartment in Elkridge. Wainwright is one of the participants in the Aging In Place Initiative.

support groups and a regular “check-in” service to make sure that no resident is in need. They fund the project by paying dues and holding fund-raisers. In other areas, in some neighborhoods or apartment complexes that were originally populated by families or younger people, the majority of the residents are now elderly, giving rise to the term “Naturally Occurring Retirement Communities (NORC).” In such communities as Cleveland, Washington, D.C., Philadelphia and several other cities, residents have teamed with non-profit service providers or public providers to gain easy access to social workers, home health workers and services such as housecleaning and transportation.

The Philadelphia Corporation for Aging is a nonprofit organization whose objective is to improve the quality of life for the elderly and disabled. Among the services it offers to more than 70,000 families each year are satellite meal programs, a senior help line, health promotion programs, home modification and an emergency fund to pay for expenses such as fuel oil, food and utility bills.

The Portland, Maine, “Independent Transportation Network” serves another important need of people who want to remain in their own homes by providing 24-hour, 7-day-a-week transportation that seniors can use to go to the grocery store, doctors appointments or any other activity that interests.

However, most of the initiatives currently in place have not yet reached the point where they can offer a truly seamless, comprehensive combination of reliably funded services that will allow large numbers of the fast-growing elderly population to remain safely and comfortably in their own homes.

THE HORIZON FOUNDATION APPROACH

Extended dialogue and contacts with the Howard County Office of Aging, as well as with other community practitioners and leaders, revealed that the county lacked several types of important resources that could promote aging in place. Among these were a sufficient supply of low-cost in-home care, a coordinated program of home repair and modification, a strategy to reduce the incidence of falls and a mental health outreach program designed specifically for older adults. It also became clear that the Office of Aging has limitations in its data resources and

lacks benchmark information against which to monitor community progress in promoting aging in place.

This is the background against which the Horizon Foundation worked with the county and with some private, non-profit agencies to create a multi-faceted initiative with the following goals:

- To provide older adults with easy access to services they need to remain healthy and vibrant in their own homes for as long as possible;
- To improve the health and wellness of older adults living at home;
- To provide clients with multiple access points for services, in order to maintain maximum flexibility;
- To develop five project components that are integrated into a seamless service delivery model that is supported by appropriate planning and evaluation.

A crucial factor in the success of Aging-In-Place will be the ability of county agencies to create a streamlined intake system that facilitates identification and referral of these older clients to a variety of different resources that they may require.

PROGRAM COMPONENTS

As Phyllis Madachy, administrator of the Howard County Office on Aging, explains, “Aging in place means that you may need some outside help or services to ‘live in place.’ The services are simply a way for essential activities to be done in a different way – with assistance from people, products or a change in routine. Getting dressed in the morning, caring for personal hygiene, balancing a check-book, mowing the lawn, making medical appointments, keeping the house clean....”

The Horizon Foundation initiative consists of five complementary components.

Home Repair and Modification

Lack of a wheelchair ramp, stair railings or other safety features can make the difference between a safe and happy home, and an unsafe residence that virtually imprisons an older person or forces her or him to vacate.

The Aging-In-Place Initiative addresses this prob-

lem through a unique collaboration with Our House Youth Home, a residential program that trains at-risk males age 16 to 21 to work in construction trades. Through this program, county seniors receive an assessment of their homes and, if necessary, repairs and modifications that make the building safer and enhance the ability of the resident to function safely and flexibly within the home.

A typical client of the home repair and modification project was a 71-year-old woman who was confined to the first floor of her 2-story house because of a severe heart condition. Our House workers installed a ramp and new steps to make the walk from her bedroom to the bathroom safer. Another client was an 83-year-old woman with severe arthritis who now has a banister along the staircase she uses to go to her bedroom, another along the stairs at the back door, and bars to help her lower herself into the bathtub.

Richard Bienvenue, executive director of Our House, reports that there's an unanticipated bonus of the program in the form of interaction between the generations. "It's often said that the two forgotten segments in our society are the elderly and the young," he says. In this case, "it's a neat marriage. They are coming together. The elderly are getting something practical but they are also getting the benefit of socializing with the young people who are working on their homes. It's also been eye-opening for our students, learning what elderly people are like" and developing an appreciation for their past accomplishments, as well as an understanding of their needs.

Fall Prevention

One of the most serious risks that older adults face when they remain in their homes is falling and sustaining a serious injury. According to the National Center for Injury Prevention and Control, one of every three people age 65 and older falls each year. Falls are the leading cause of injury deaths among people age 65 and older, and 60 percent of fatal falls occur in the home.

The high risk of falls faced by older adults results from a combination of reduced physical abilities such as vision or coordination or the effects of certain medications, as well as environmental factors. In the home, the risk factors include poor lighting, loose rugs, slippery or uneven surfaces and stairways or

CASE HISTORY

Mrs. A., a retired truant officer in a city public school system, has congestive heart failure and pulmonary hypertension. At age 60, she can only walk about 10 steps before becoming out of breath.

The Office on Aging sent someone to her home to assess her needs. Her ability to leave her house was severely limited by a steep step to the garage and, when she went out, she had to hold the door open with her cane. Our House installed a ramp to the garage and an automatic door, so now she can get to the car to shop and do other errands. "There's a remarkable difference. Now I can go outside and leave my home without fear that I won't be able to get back in. This has given me a kind of freedom I didn't have before," she says.

steps without banisters or guard rails.

The fall prevention component of the Aging-In-Place Initiative has two parts: community education and training, and direct services to clients. Education activities include sponsoring fall prevention screenings at senior centers and at events where older adults gather, and wide distribution of a pamphlet that helps seniors determine if they are at risk for falls and tells them where they can get help to reduce their risk. Older adults who are concerned about their risk receive a “fall prevention assessment” to help determine how that risk can be reduced. If home repairs or modifications would help reduce the risk of falls, the client is referred to Our House to have the work done on his or her home.



Older Adult Specialist Mary Ann Wilkinson of Developmental Services Group counsels Viola Whipps, a participant in the Aging In Place Initiative.

Mental Health

“Aging causes a number of physical changes. Many of these changes have a domino effect,” observes Mary Ann Wilkinson, an older adult specialist working in the Aging In Place Initiative. Physical problems such as reduced mobility, vision or hearing; and disorders

such as dementia or mental illness – coupled with lack of family support – often leave older people isolated and vulnerable in their homes.

The Older Adult Consultation Services (OACS), funded by the Horizon Foundation initiative, addresses the mental health of seniors through two strategies: increasing awareness of community health services in general and OACS in particular; and direct client services.

Wilkinson and other staff members promote community awareness by conducting education and training activities on the mental health of the elderly for professionals, including doctors; sponsoring training events; and speak-

ing at senior centers and to community groups about mental health and issues related to aging.

Clients are referred to OACS from a variety of sources, ranging from family members to Adult Protective Services or primary care doctors. One client, for example, was referred to OACS by her daughters, who were caring for handicapped children as well as their mentally ill mother. Suffering from depression and anxiety, Mrs. A was having panic attacks and was unable to stay in her home. Over the course of her care, Mrs. A moved for a while into assisted living and required brief hospitalizations. But through therapy and medication management, eventually her condition was stabilized and she returned to living independently in her own home.

Affordable In-Home Care

Routine and necessary tasks such as shopping, housecleaning, meal planning and preparation or bathing can become overwhelming for an older adult who is frail or disabled. Family and Children’s Services of Central Maryland (FCS) is a private, non-profit agency that has provided these types of services to frail and disabled adults for many years, but the demographic trends in Howard County are starting to overwhelm the agency’s resources.

“A couple of years ago,” says Sallie Hedenstad, director of Family and Children’s Services, “we had about 90 to 100 clients. Now we have over 300, and it’s hard to keep up.” Through the Aging-In-Place Initiative, FCS has received funding to provide in-home services by nurses and aides to an additional 35 clients. But the benefits are much broader. The coordination and collaboration with other components of the Initiative, such as home repair and mental health services, “expands our ability to help older people stay in their homes,” Hedenstad says. For example, if an FCS staff person makes a home visit and finds that the client has had a fall, or is depressed, it is easy to tap the Initiative’s other components – such as home repair or mental health services – to assist the client.

An example of the synergy that comes from the Aging-In-Place Initiative is the case of a 74-year-old grandmother who is dependent on oxygen 24 hours a day and suffers from multiple illnesses including heart problems and diabetes. On a very limited income, she lives with and cares for her 8-year-old

granddaughter, and was taking medications once a day instead of twice because she could not afford to pay for more. After being referred to the Initiative by another program that had run out of money, she was able to get assistance in paying for medications, as well as in-home help with personal care such as bathing and dressing, along with housekeeping, shopping and meal preparation.

Planning and Evaluation

In order for the Aging-In-Place Initiative to pave the way for a comprehensive, seamless system of serving Howard County's older adult population in the future, the Foundation believes that it is imperative to enhance the county's capacity to plan and evaluate the impact of the project.

Thus the purpose of the fifth component of the Initiative is to collect current data on the status of the elderly in the county, and to establish benchmarks to measure the progress of the various components.

The project engaged Read International, a consulting firm based in Silver Spring, Md., to carry out three specific tasks. The first is the "2000 Older Americans Status and Needs Assessment Survey," which will produce important information about issues such as the health status, residential conditions, social activities, availability of family or other support systems, and income of residents who are age 60 or older. It will also help to pinpoint the services they need or will need in the future to remain in their homes.

A second survey, targeted to county residents ages 40 to 60, will generate information about the future needs of this group and identify the caregiver support they are currently providing or anticipate providing in the future.

The third component of the planning and evaluation effort is the establishment of benchmarks to serve as a baseline for measuring changes in the status of the county's seniors. The benchmarks will consist of data on seniors' health and housing circumstances, as well as on their access to services. For example, a health benchmark might be the percent of seniors who are chronically disabled or who are receiving nutritional services. A housing benchmark might be the percent of seniors who live alone or with a spouse.

IMPLEMENTATION

A Steering Committee of representatives from all of the components provides ongoing oversight and coordination for the Aging-In-Place Initiative. The committee is responsible for providing joint training for the agencies involved, determining the best way to track and monitor the project and the progress of clients being served, developing community awareness and outreach, and making necessary revisions to increase the Initiative's effectiveness.

Because so many older adults have multiple needs, a key element in the success of the Initiative is the coordination of intake and referrals through the County Office on Aging. Thus a client who comes to the attention of one component – for example, home repair – may also be referred to Family and Children's Services for in-home assistance, or any of the other participating agencies. The Office of Aging is responsible for ensuring that information about the Initiative's clients is entered into a county tracking system used by the various agencies that serve older adults.

The project has thus far provided direct services to more than 250 clients and indirect services to more than 600 adults.

NEXT STEPS

Keeping in mind the demographic projections that underlie the future needs of the aging population in Howard County, The Horizon Foundation is continuing to work with the county to build an effective system of services to enable older residents to remain in their homes as they age. With this goal in mind, we have undertaken the following additional initiatives:

- **The Elkridge Aging Alliance** Working with a Community Council organized by the Foundation, we are applying what we have learned from the initial phase of the Aging-In-Place initiative to address the needs of elders in Elkridge, a close-knit community of about 2,000 persons. Based at the Elkridge Senior Center, the project will develop a database on community needs and work to mobilize schools, churches and other community resources to provide necessary services. As a result of one study already completed, we learned that

due to lack of transportation, many people have to walk along the highway to local health services. As a result, we have worked with the Urban Rural Transportation Alliance to purchase a van that will provide on-call transportation for health care appointments to anyone on a sliding fee basis.

- **Johns Hopkins University/University of Maryland Aging In Place Technology Project** The Foundation has provided a planning grant to departments of public health and gerontology at these two institutions to determine whether an electronic network communications system can enhance coordination of care for homebound older persons. The project will examine how medical and social services agencies communicate now, and how technology – including telemedicine –

might be used to improve the system of care. As part of this project, the researchers will address issues such as how to maintain patient confidentiality and acceptability of this type of system to clients and their families.

- **Interuniversity Aging In Place Workgroup** Efforts to meet the needs of the county's growing older population will not succeed unless they are based on high-quality population projections and needs assessments. This project, being conducted by the Department of Epidemiology and Preventive Medicine at the University of Maryland, will provide the Foundation with an analysis of the composition of the county's future population and provide information that can be used by the county to make decisions on issues such as where to locate new services and how to modify or add to existing services.



Marole Atkins of Columbia talks with Datron Gray, a member of the Our House Youth Home work team retrofitting her home as part of the Aging In Place Initiative. Fellow group home resident Simon Osborne puts the finishing touches on the ramp the young men built for Atkins.

- **University of Maryland/Horizon Foundation Planning Workgroup** To assist the Foundation in its efforts to further develop Aging-In-Place resources in Howard County, we have created an advisory panel made up of researchers and practitioners in geriatrics from two major universities in the area, Johns Hopkins and the University of Maryland, to work with us and with appropriate local officials.

Building a system of services to promote aging in place is one of the most important challenges faced not only in Howard County, but also in our nation. The Horizon Foundation believes that, as older persons become a larger proportion of the population, it is imperative that we explore ways to enhance the quality of these additional years of life in a manner that is humane and efficient, and does not do so at the expense of meeting the needs of children and families and other groups in our population.

The Foundation is deeply committed to this effort, and hopes that the resources invested in these projects will provide information, experience and models that will serve the nation, as well as Howard County.

“Aging in place promotes the quality of life for senior
adults, but it also strengthens the quality of life for
our families and our communities. When older rela-
tives or neighbors can continue to live safely and
successfully in our midst, the community is
enriched and the bonds of nurturing, support and
friendship are strengthened.”

Susan Fryer Ward, Secretary

Maryland Department of Aging



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