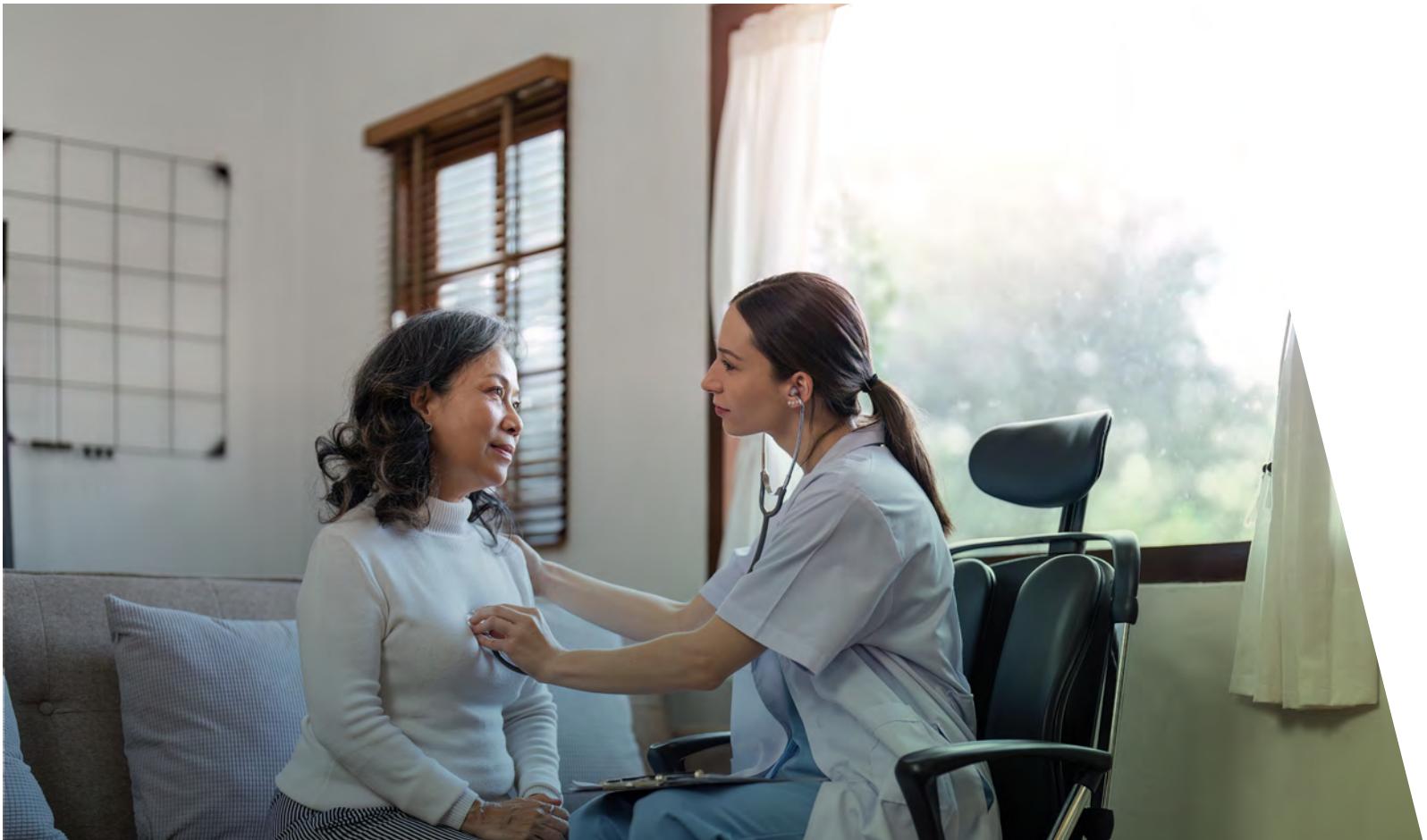




Spotlight:

Aging in Place— Reimagining
Housing for Older Adults

Common Ground
Health 



Overview

Examining the supports needed to help residents of our region age in place

For nearly eight decades, nursing homes have provided for the medical needs of older adults in long-term institutional living settings (Birnstengel, 2021). Yet today's older adults generally say they would prefer to have the services they need in the places they call home. The medically based model of care that nursing homes offer is now playing a diminished role as health, housing and community programs evolve. Care is shifting instead to a community-based model that includes a broad scope of programs and services available in homes and communities.

In the 2023 report of the Sage II commission, the commission called for a shift in resources towards this community-based model to support people as their needs change (Common Ground Health, 2023). Such services as permanent affordable and accessible housing, transportation and caregiver support could help people age in place.

Aging in place is defined by the World Health Organization as "meeting the desire and ability of people, through the provision of appropriate

services and assistance, to remain living relatively independently in the community in his or her current home or an appropriate level of housing. Aging in

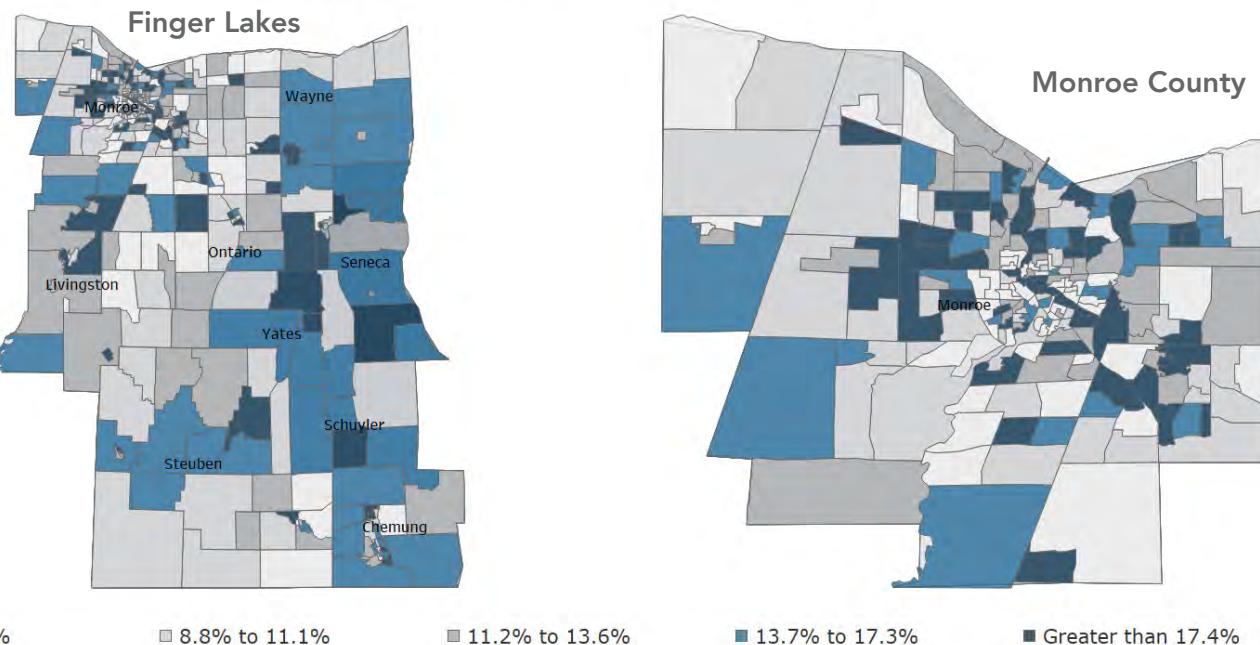
"Those with higher incomes and more assets can choose where they live, but this option is not available to those with limited means. We need to create a system where people are able to get the care they need in the setting they choose without regard for their income. We need to engage older adults in this conversation so that their choices can be respected and accommodated."

— Wade Norwood, CEO
Common Ground Health

place is designed to prevent or delay more traumatic moves to a dependent facility, such as a nursing home" (WHO Centre for Health Development, 2004).

Percent of Households who are Aged 65+ and Living Alone by Census Tract

Finger Lakes Region & Monroe County



Source: U.S. Census Bureau. 2018-2022 ACS 5-Year Estimates. Table DP02 (Selected Social Characteristics in the United States). Map displays the percent of households per tract that are aged 65+ residents who are living alone.

Figure 1

Older adults live alone in areas scattered throughout the region. In the 2022 My Health Story survey¹ of residents of the Finger Lakes region, Common Ground Health found that 73% (n = 1,022) of adults aged 55 and older said "yes" when asked "do you intend on aging in place?" (12% (n = 165) said "no" and 15% (n = 205) said "I don't know" and 59 individuals did not provide a response).

As we grow older, a variety of factors impact our decisions on where to live, including proximity to family, access to health care and community features. Maintaining independence is crucial. Some older adults may choose locations that offer necessary services and social opportunities while allowing them to stay in familiar surroundings. Balancing safety, comfort, and autonomy is key in these decisions, ensuring older adults can live independently for as long as possible. While some older adults plan to move to senior living communities or retire in warmer climates, many wish to remain in their homes and communities for as long as possible, while others may have no options other than to age where they currently live.

The nation's housing supply poses a major barrier for

those who choose to age in place, notes AARP, the nonprofit, nonpartisan organization that empowers people to choose how they live as they age.

"There has been a lack of preparation by developers and policymakers to ensure that the nation's housing stock meets the needs of people at all life stages," the organization said. "This mismatch puts millions of individuals at risk of limited or no access to housing that meets their needs or preferences as they age" (AARP Future Of Housing, n.d.).

AARP identifies seven trends that influence the housing mismatch: advances in technology used to build, buy and sell housing; shifts in environmental conditions; affordability gaps; changing demographics; local government influence; systemic barriers; and a mismatch of housing supply compared to what is needed.

This spotlight will look at the last five housing trends as key barriers to aging in place in the Finger Lakes region.

¹ My Health Story 2022 is a regional health equity survey administered by Common Ground Health. A community-engaged convening process shaped the survey content by identifying priority topics, including social determinants of health and health outcomes. The goal of MHS 2022 is to capture data to inform actionable steps to improve health equity in the Finger Lakes region. The data in this report includes survey responses from individuals aged 55 and older from the Finger Lakes region, which includes Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties. See Appendix 1 for demographic composition of the survey respondents. (Common Ground Health, 2024)

Changing demographics

The aging population continues to grow in the Finger Lakes region, creating an urgency for communities to provide needed supports (see Figure 2). A continuum of affordable and accessible housing options, and coordination of services delivered in homes by a local network of partners, are foundational for communities promoting aging in place.

As the population of older adults continues to increase, so too will the number of households headed by older adults who are living alone. Older adults who live alone may experience challenges related to social isolation, home maintenance, and in-home safety.

Concerns about housing, living alone, aging in place and finances weighed on the mind of some MHS 2022 survey respondents aged 55+ in the Finger Lakes region when asked about their top health concerns. Select responses include:

- "I live alone and can now take care of myself in my own home. I worry about the day that I won't be able to do that. I don't have long-term care insurance (too expensive) and refuse to live in a nursing home (scary stories). My current insurance doesn't cover home health aides, so I'm not sure what I'll do. I have two grown adult

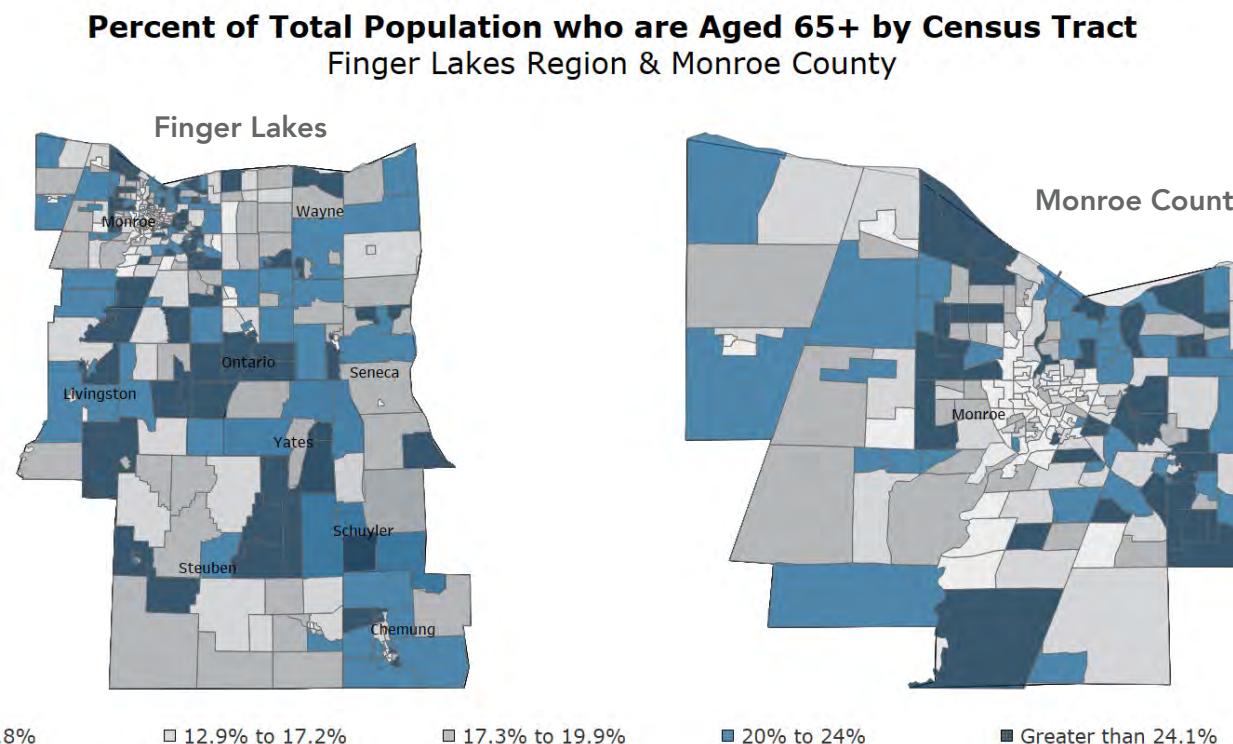


Figure 2

kids, but I don't want to have to live with them."

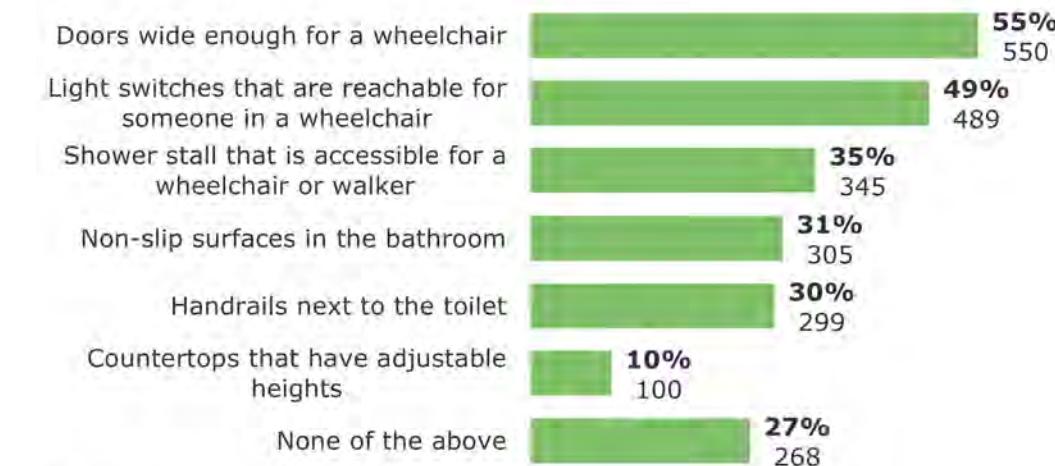
- "Aging in place; especially since that "place" is so rural...30+ min to nearest hospital."
- "Living on my own. People try to talk you into nursing home and other things I don't think I need right now."
- "Having better and reliable aides and aide services, finding financial means for all the out of pocket health care needs, many even though prescribed by doctors I have to go without because I cannot afford them."
- "Helping aging mother being low-middle class person who does not qualify for extra help - it is time for the State to help us along with the low income families."

Like much of the United States, the Finger Lakes region is in a housing crisis (FingerLakes1.com, 2024). Limited rental options, lack of affordable and accessible housing, and aging housing stock are revitalizing housing markets (New York State, 2023). Other areas have experienced an influx of remote workers relocating to the region, adding pressure in desirable areas with limited housing stock (Rural New Yorkers At Risk, 2024) (Karageorge, 2023).

Does the location where you live have any of the following living space features? (Check all that apply)

Finger Lakes Region, Older Adults (55+)

Answered by those who said they intend to age in place.



Source: Common Ground Health, My Health Story 2022 (unweighted counts and percents).
Total responses = 998, non-response = 24

Figure 3

Supply mismatch

Housing stock in the rural areas of the region is largely comprised of older, single-family homes that lack accessibility features and are costly to heat, maintain and renovate. Many older homes have more than one story, with full bathrooms on the second floor and stairs to enter the home, presenting daily challenges for people with mobility or balance concerns.

Older adults comprise more than 20% of the population in many census tracts in the Finger Lakes region. (Figure 2)

In the MHS 2022 survey, we asked about the presence of accessibility features in homes, and found that 27% (n = 268) of respondents 55 and older report having none of the following indoor accessibility features.

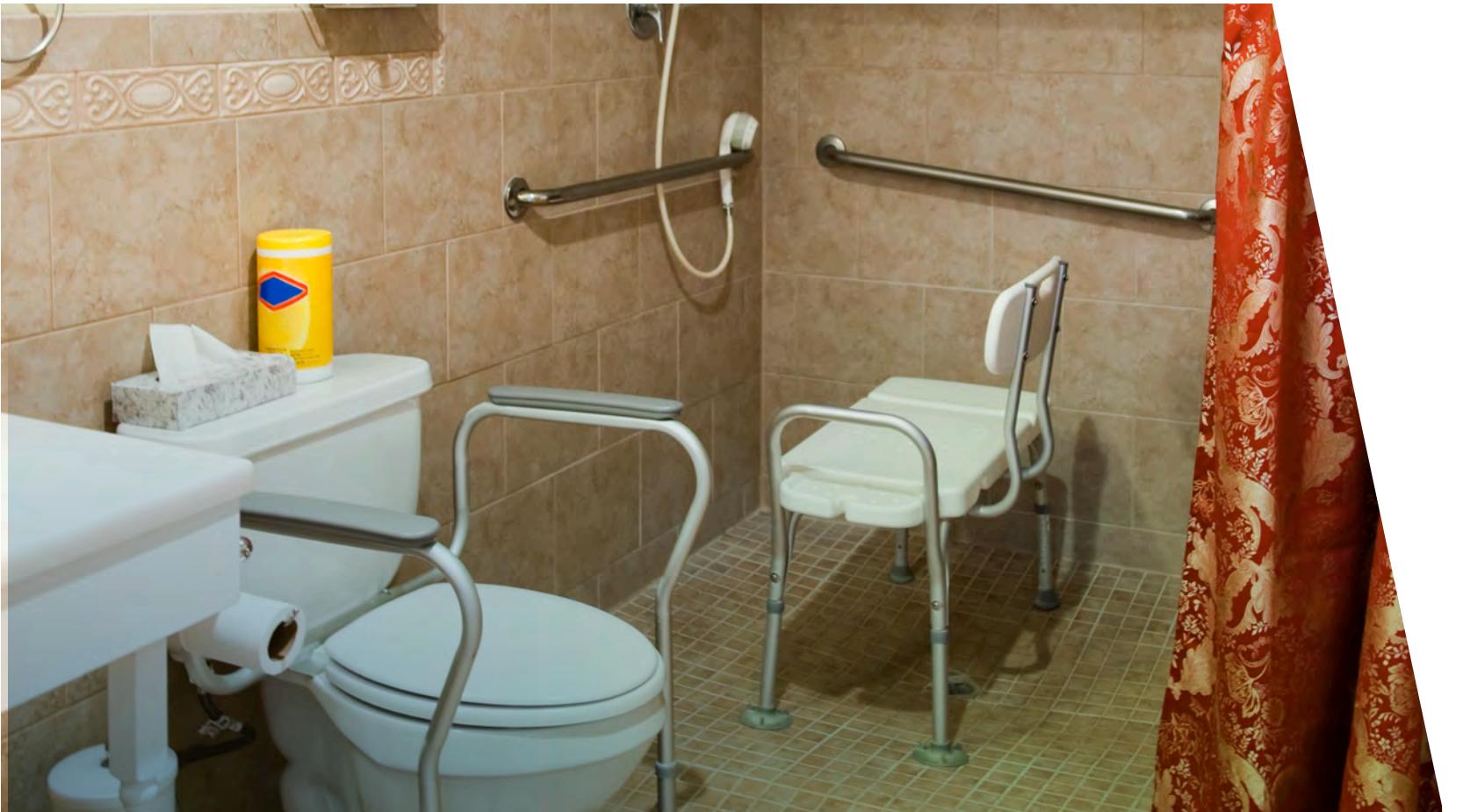
About half of older adult respondents report having doors wide enough for a wheelchair (55%, n = 550), and light switches that are reachable for someone in a wheelchair (49%, n = 489). According to the National Institute on Aging, more than 80% of falls among older adults occur in bathrooms (Bathroom Design Tips for Caregivers, 2016). In our survey, only about a

third of older adult respondents have safety features in their bathrooms:

- 30% (n = 299) have handrails next to the toilet,
- 31% (n = 305) have non-slip surfaces in the bathroom, and
- 35% (n = 345) have accessible shower stalls.

Physical adaptations for older adults' safety can range from relatively easy and cheap to install (handrails, non-slip surfaces) to significant renovation projects (widening doorways, adding bathrooms to main floors). Older adults who wish to remain in their homes may need assistance assessing the safety of their homes, and in coordination, planning and financial assistance required to install safety features.

For those who are unable to afford or install safety features, various home improvement grant programs and nonprofit assistance exist, but may be difficult to navigate, subject to change, and many have geographic limitations or strict eligibility requirements.



Affordability gaps

Most older adults in the Finger Lakes region own their home (regional average 82.2%), with larger renter populations in Monroe (25.4%) and Ontario (20.8%) counties. (US Census Bureau, 2022) In the region, 21% of older adults who own their home, and 48% of those who rent, are cost burdened.² More than half of older adult renters in Chemung (56.9%), Ontario (57.1%) and Monroe (56.6%) counties are cost burdened. Income and accumulated wealth significantly impact the choices available to older adults to safely age in place or to move to a new home or community.

Lower-income older adults may struggle to afford home adaptations and in-home care – increasing the risks of accidents and health issues (Crowell & Sokas, 2020). Even those residents who are not eligible for Medicaid but who cannot afford essential services may delay home care decisions until they experience a crisis. Some communities have inadequate housing conditions and limited access to community resources, further compromising safety and well-being of older residents. Older adults of all income levels deserve the ability to safely age in a setting of their choosing.

Communities play a key role in ensuring the provision

of adequate housing and supportive services to those on limited incomes (Melnick et al., 2013). Some regional communities are actively pursuing innovative models for home-based services offered on a sliding fee scale. This approach aims to provide affordable, tailored support, ensuring that older adults can receive necessary care without waiting for a crisis, ultimately fostering a sustainable future for aging in place.

A shift towards in-home and community based care could also address critical sustainability challenges currently faced by the long-term care sector (Marek, 2011).

Institutional care facilities are feeling the pinch of rising operational costs and inadequate reimbursement rates. In contrast, in-home and community-based care offers a more cost-effective and personalized alternative. New York State Office for the Aging (NYSOFA) programs and services are low cost, high yield interventions that save hundreds of millions of dollars on Medicaid. Services delivered via New York's 59 Area Agencies on Aging are likewise a bargain. They cost less than \$10,000 per year per person, on average, and were used for an average of 6.5 years for individuals that are nursing home eligible (Preve, n.d.). This compared to nursing home costs of "\$308 per day in the Rochester area, [or]

approximately \$112,420 per year" (New York State Department of Financial Services, n.d.).

Local government influence

Expanding home and community-based services can ease pressure on institutional long-term care facilities and public health insurance programs. It can also optimize resource allocation and meet the growing demand for flexible, person-centered care. To achieve this shift, policymakers must invest in housing and support infrastructure. They must also incentivize innovative care delivery models that prioritize sustainability and the well-being of older adults.

It would benefit local governments to consider the positives of aging in place as they make policy decisions. NYS Office for the Aging reports that New Yorkers aged 50 and older represent 36% of the population but contribute 43% of GDP (\$719B). They support 5.9 million jobs and contribute 39% of state and local taxes (\$72B) (Preve, n.d.). They also account for the majority of volunteering, philanthropy, entrepreneurs, and tourism. Looking at aging in place in this light may help foster inclusion and combat ageism.

Systemic barriers

We must also grapple with our region's history of redlining and racial segregation that have led to significant wealth and home equity gaps for today's Black and Latino older adults (Murphy, 2016). An analysis by the Center for Retirement Research at Boston College found systemic issues faced by Black residents have led to "compounding effects of the initial racial disparities and years of lower house price appreciation in their neighborhoods have both played large roles in limiting how much home equity older Black workers have accumulated" (Blanton, 2023).

Home ownership is a central tenant of the American dream and the ability to generate intergenerational wealth. Yet these opportunities have been intentionally withheld from segments of our population, leading to economic and health inequities experienced by Black and Latino older adults and their families today.

"Even decades after housing discrimination was outlawed and income-qualifying first-time homebuyer programs were established, the Black to white homeownership gap – a key driver and indicator of the wealth gap – is wider than it was in 1968. The Black homeownership rate in greater Rochester is 33%, less than half of our region's white homeownership rate of 73%. Homeownership, on average, represents 40-70% of household wealth in America. For Black households, it is typically near 70%, the primary source of household wealth, where positive wealth exists at all."

— Ajamu Kitwana
Senior VP/Director, Community Impact
ESL Federal Credit Union

Promising practices

AARP – Livable Communities

Recognizing the changing needs of an aging population, AARP's Livable Communities initiative promotes communities where people of all ages can access safe and affordable housing; transportation regardless of whether they own a car; vibrant, safe and healthy public spaces; access to needed shopping and health care services; employment or volunteer opportunities; inclusion in events and decision making; and anything else they need to live long-term (AARP Livable Communities Videos, n.d.).

A Livable Community is age-friendly: it prioritizes residents' physical and social needs so that older adults can continue to stay in their homes and neighborhoods as they age, promoting independence and a sense of belonging. In the Finger Lakes region, Chemung and Monroe Counties are members of the Livable Communities initiative, having taken the AARP Age-Friendly pledge in 2012 and 2019, respectively (AARP Livable Communities Map, n.d.). Rochester, Elmira, Big Flats and Southport are also part of AARP's Network of Age-Friendly States and Communities. Monroe County and the City of Rochester officially



received Age-Friendly designation in 2024.

In a recent article, AARP highlighted Livable Communities successes in the Finger Lakes region, including a walk audit in Henrietta, wheelchair beach mats on Lake Ontario, and centrally-located apartment complexes in Elmira. (Shaver, 2024) These examples illustrate the power of community to plan for and implement improvements that benefit people of all ages.

Area Agencies on Aging (AAAs)

New York's Area Agencies on Aging (AAAs) play a pivotal role in supporting the state's older adult population by providing a wide range of essential services and resources. These agencies, established under the Older Americans Act, are dedicated to enhancing the quality of life for seniors, promoting their independence, and ensuring they remain active, engaged members of their communities.

AAAs offer services such as meal programs, transportation, in-home care, caregiver support, and health and wellness initiatives. They also serve as hubs for information and assistance, helping older adults and their families navigate the complex landscape of aging services. By collaborating with local governments, nonprofits, and other community partners, New York's AAAs are instrumental in addressing the diverse needs of the elderly,

advocating for their rights, and fostering age-friendly environments across the state.

There is an Area Agency on Aging in every county in New York State. Learn more at <https://aging.ny.gov/local-offices>.

Lifespan

Lifespan offers over 30 services and advocates for older adults and their caregivers, providing trusted, unbiased information and guidance. They assist thousands of older adults and caregivers annually, extending their support from Monroe County to the Pennsylvania border and into Seneca and Genesee counties. Lifespan also offers training and education for informal caregivers, allied professionals and the community, ensuring comprehensive support for the aging population.

To address home safety concerns, Lifespan's **Home-Safe-Home** program provides a general home safety review geared toward fall prevention and completes minor home modifications including installation of grab bars, smoke detectors, hand rails for stairs, door grips, handicapped toilet seats, tub transfer benches, bathtub seats. This service is donation and income based in Monroe County.

Bishop Sheen Ecumenical Housing

Bishop Sheen Ecumenical Housing offers home repairs and safety modification programs for low- and moderate-income residents, as well as older adult 60+ and veterans. It serves 13 counties: Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates Counties. Home repair and accessibility grants are subject to household size, income eligibility guidelines and availability of funds. The nonprofit also offers homeownership assistance and development of affordable housing rental complexes throughout the Finger Lakes region.

Policy recommendations

Aging and housing intersect with all sectors of government, business, economic development, workforce development, social services, real estate development, and community based services, requiring a collective call to action. To propel change, communities need to measure and report on strategies that are important to older adults, such as investments made toward affordability, accessibility and availability.

Expand housing options through Accessory Dwelling Units (ADUs)

Expand the definition of low-density residential (LDR) to one- and two- family dwellings, so that new two-family homes can be built on vacant land or existing buildings be converted to two-family dwellings without a variance. Allow accessory dwelling units (ADUs) in LDR districts as part of the expansion to two-family dwellings. AARP has long advocated for ADUs as a way to address housing supply concerns and Common Ground Health has advocated for ADUs in response to Rochester's zoning alignment plan.

Increase support for aging services

New York's Area Agencies on Aging (AAAs) and other community-based aging services organizations have several key policy needs to enhance their effectiveness and ensure they can continue to support the state's growing elderly population.

1. Increased Funding: Adequate financial resources are crucial to expand programs and services. Increased state and federal funding would allow them to meet the rising demand for aging

MY HEALTH STORY 2022

In the My Health Story 2022 survey, we asked, **"What do you like best about the area where you live?"** Select responses from older adult survey respondents include:

"Our neighborhood grew closer during the Pandemic, helping get groceries & hard to find household products, cried & laughed together, buried & grieved over losses, celebrated newborns. Would not have survived without the support in our neighborhood."

"I live in a neighborhood called Corn Hill in Rochester. It is an extraordinary place to live with diverse group of caring neighbors. There are numerous events throughout the year for neighbors to meet, and they do."

"We are very fortunate to have all the recreational resources that are available to us in and around the city of Corning."

"A variety of ages and quite a bit of diversity. Close to a lot of activities and stores."

"Affordability and proximity to food, pharmacy and shopping."

services, particularly in underserved and rural areas.

2. Integrated Care Models: Promoting policies that support integrated care models can help streamline services and improve coordination between healthcare providers, social services, and community-based organizations and AAAs. This would ensure more comprehensive and holistic care for older adults.
3. Affordable Housing and Transportation: Ensuring access to affordable housing and reliable transportation is critical for older adults to maintain their independence. Policies that promote age-friendly housing developments and

improve transportation options for seniors can enhance their quality of life.

4. Advocacy and Awareness: Policies that support public awareness campaigns and advocacy efforts are important to highlight the needs and contributions of older adults. Raising awareness can help garner public support and drive policy changes that benefit the aging population.

Conclusion

With advanced planning and the support of community resources, more residents will be able to plan out how they will age in place.

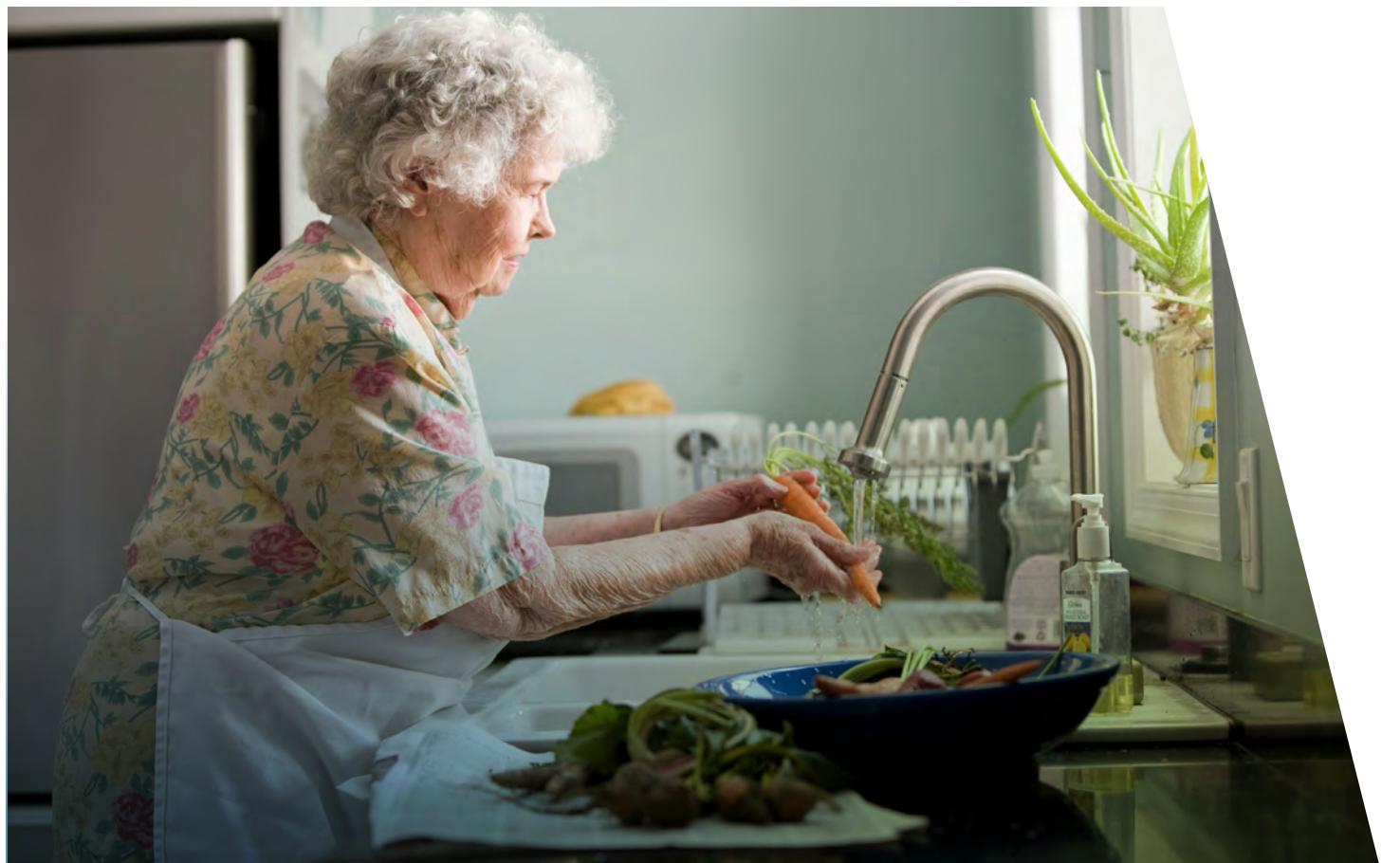
One resident responding to the My Health Story 2022 survey described this ideal when describing what they liked most about the place where they lived:

"The house itself. I bought with an eye to aging in place. I have an accessible enough for now bathroom and shower downstairs with another bathroom upstairs with room for a 3rd completely accessible bathroom if the need arises. I have a stair climber and there is a plan in place should I ever need ramp access and I have enough bedrooms should I ever need live in help."

"The house itself. I bought with an eye to aging in place. I have an accessible enough for now bathroom and shower downstairs with another bathroom upstairs with room for a 3rd completely accessible bathroom if the need arises. I have a stair climber and there is a plan in place should I ever need ramp access and I have enough bedrooms should I ever need live in help."

Our community needs to talk now about how to make this forethought a reality for more residents. ■

Note: An appendix of demographic data for My Health Story 2022 respondents ages 55 and older is available on our website at commongroundhealth.org/aginginplaceappendix.



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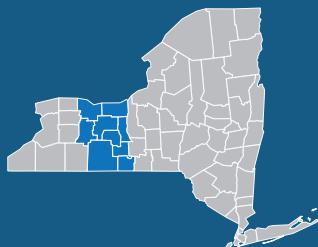
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About Common Ground Health

Founded in 1974, Common Ground Health is the health planning organization for the nine-county Finger Lakes region. We bring together health care, education, business, government and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at www.CommonGroundHealth.org.