Healthy Aging Begins at Home

May 2016
SENIOR HEALTH AND HOUSING TASK FORCE

The Bipartisan Policy Center formed the Senior Health and Housing Task Force to underscore the synergies between health care and housing in fostering improved health outcomes, cost savings, and enhanced quality of life for America’s aging population.

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America stands on the cusp of a major expansion of its senior population, a circumstance that will impose unprecedented strains on the nation’s fiscal health as well as its health care and housing systems. Despite the high stakes, public policy has failed to keep pace, underestimating the profound nature of the demographic transformation now underway. As a result, the United States is dramatically unprepared for the challenges that lie just ahead.

By 2030, 74 million Americans, representing more than 20 percent of the overall population, will be 65 years of age or more. Those 85 and above constitute the nation’s fastest-growing demographic group. Unfortunately, absent a comprehensive and sustained national response, the well-being and safety of millions of older Americans will be jeopardized by the following realities:

- The current supply of housing that is affordable to the nation’s lowest-income seniors is woefully inadequate. As more low-income Americans enter the senior ranks, this supply shortage — currently measured in millions of units — will become even more acute.

- The overwhelming majority of seniors say they wish to “age in place” in their own homes and communities. Yet most homes and communities lack the structural features and support services that can make living there independently a safe, realistic option.

- About 70 percent of adults over 65 will eventually require help with bathing, food preparation, dressing, and medication management — assistance that is referred to as “long-term services and supports,” or LTSS. Medicare does not cover LTSS, though the costs of this care can consume a large portion of a household’s budget. In addition, only a small minority of Americans has long-term care insurance covering these expenses.

- Personal savings are a critical source of retirement funding, but for millions of seniors these savings will fall far short of what is necessary to pay for housing, modifications to make homes safer, LTSS, health care, and other retirement needs.

The Bipartisan Policy Center established the Senior Health and Housing Task Force to draw public attention to these very serious concerns and to offer some solutions. A key premise of this report is that a greater integration of America’s health care and housing systems will be absolutely essential to help manage chronic disease, improve health outcomes for seniors, and enable millions of Americans to age successfully in their own homes and communities. A growing body of evidence is also showing that more tightly linking health care with the home can reduce the costs borne by the health care system.

We offer this report with humility and gratitude. We are heartened by the thousands of health care and housing providers across the country who each day enhance the lives of America’s oldest citizens. Their work is an inspiration to us.

Over the past year, we have been witness to many success stories: housing providers who made integrating supportive services with the home a central focus of their mission. Health care providers who understood the importance of the home as a site for care and service delivery. Local communities who deployed the power of technology to help seniors remain connected to their neighbors and friends. It is time to scale up these efforts so they become truly national in scope.

Without such a national commitment, one that involves not just the government but the private sector and philanthropic community as well, far too many Americans will likely find their retirement years to be ones of increasing stress and instability. It is our hope that this report, modest in its scope but large in its ambitions, will help provide the spark for this effort.

HENRY CISNEROS  MEL MARTINEZ  ALLYSON Y. SCHWARTZ  VIN WEBER
Executive Summary and Recommendations

In its 2013 report, *Housing America’s Future: New Directions for National Policy*, the Bipartisan Policy Center Housing Commission identified meeting the needs of the rapidly increasing number of older Americans as a “new frontier in housing.” The work of the Senior Health and Housing Task Force grows out of the Housing Commission’s examination of this issue. The Task Force has also benefited from the insights of other BPC projects: the Long-Term Care Financing Initiative, the Prevention Initiative, the Health Innovation Initiative, and the Commission on Retirement Security and Personal Savings.1

Over the next 15 years, the explosive growth of the nation’s senior population will present unprecedented challenges. Unfortunately, millions of Americans will find they lack enough savings to fund their retirements. Some will struggle to afford their housing, while others will find their housing is ill-suited for living independently. Many will eventually need help with the “activities of daily living,” like eating, bathing, and dressing, assistance that can be both costly and taxing on other family members. Most older Americans will suffer from at least one chronic condition.

A successful response will require a much higher level of focus and preparation than exists today in the United States. Experimentation and innovation, as well as a willingness to move beyond established conventions, are essential elements of this process. An ability to see important connections that span across the seemingly disparate disciplines of housing, architecture, health care, information technology, telecommunications, transportation, urban planning, and financial services is critical. Communities across the country
must make meeting the needs of their older residents a priority consideration as they plan for the future. This work must proceed apace with the urgency it deserves.

This report examines four specific aspects of the challenge before us:

- The need for a much greater supply of homes affordable to our nation’s lowest-income seniors.

- The importance of transforming homes and communities so that seniors can age with options, a desire shared by the overwhelming majority of older adults.

- The imperative to better integrate health care and supportive services with housing, recognizing that this integration has the potential to improve health outcomes for seniors and reduce the costs borne by the health care system.

- The need to deploy technologies on a far wider scale to help all Americans age successfully.

The recommendations outlined below are a call to action by a variety of actors — the Congress, members of the administration, public officials serving in state and local governments, the private sector, and leaders in the nonprofit and philanthropic communities.

The Task Force recognizes that several of its recommendations propose additional public spending. Nevertheless, the Task Force believes this additional spending is a necessary and worthwhile investment in the health and well-being of America’s seniors. Other Task Force recommendations offer the potential to generate savings in health care costs. Achieving the full benefits of the recommendations, including a long-term reduction in federal and state health care expenditures, remains a priority of the Task Force.

**Health Begins at Home: The Overriding Need for More Affordable Supply**

Monthly mortgage payments — along with property taxes, utility payments, and the cost of home maintenance and upkeep — can be major strains on the budgets of senior households. In fact, for many seniors, housing-related costs constitute their biggest household expenditures.

A major factor contributing to high housing costs is the scarcity of affordable and available rental homes. This supply-demand imbalance most negatively impacts lower-income households, many of whom are older adults living on fixed incomes. In 2013, there were 11.2 million “extremely low-income” renter households competing for only 4.3 million affordable and available rental homes, resulting in a total shortfall of 6.9 million homes. Of the 11.2 million households in this competition, 2.6 million were elderly households with no children. Unfortunately, the current shortage of affordable rental homes will intensify in the years ahead as the low-income senior population grows and more seniors transition from homeownership to rental housing.

The following recommendations aim to provide the foundation for a comprehensive national effort to increase the supply of affordable homes for our nation’s oldest citizens. Such an effort must begin with making the prevention and ending of senior homelessness a major national priority. Greater federal investment in the Low-Income Housing Tax Credit will also be necessary, as will the establishment of a new senior-supportive housing program.

Federal regulatory policies must work to encourage, not stymie, the production and preservation of new affordable homes. A much broader engagement of the private and nonprofit sectors will also be necessary. And states and communities across the country must be committed to adopting land-use policies that promote a range of affordable housing options for their seniors.
Recommendations

1. Preventing and ending homelessness among older adults should become a major national priority. The U.S. Interagency Council on Homelessness should explicitly adopt a goal to prevent and end homelessness among older adults.

2. Congress and the administration should work together to fund federal rental-assistance programs at adequate levels, particularly since these programs will serve increasingly larger numbers of low-income seniors.

3. Congress and the administration should support continued funding at adequate levels for rental assistance and for service coordination under the Section 202 Supportive Housing for the Elderly program.

4. Congress and the administration should create and fund a new program for senior-supportive housing that uses project-based rental assistance and Low-Income Housing Tax Credits to support new construction and attract funding for services from health care programs.

5. Congress should support the preservation of existing Section 202 units by making them eligible for the Rental Assistance Demonstration program.

6. Congress and the administration should identify ways to more effectively support the service coordination needs of senior housing providers, particularly mission-oriented nonprofits.

7. Congress and the administration should substantially increase federal support for the Low-Income Housing Tax Credit (LIHTC) program to help finance the production and preservation of additional units of affordable rental housing, including affordable homes for low-income seniors.

8. The states should use their National Housing Trust Fund allocations and the U.S. Treasury Department should use the Capital Magnet Fund to support the production and preservation of affordable housing for the nation’s lowest-income seniors.

9. States and local communities should consider adopting permissive land-use policies that allow for and encourage alternative housing structures for seniors, such as accessory dwelling units, micro-units, and congregate/group homes. States and local communities should also undertake a comprehensive examination of their existing policies to ensure they promote a range of affordable housing options for their seniors.

10. The Office of Management and Budget should convene an interagency task force that assesses the impact of federal laws and regulations on the production and preservation of new affordable housing, particularly for seniors, and identify ways these laws and regulations can be modified to reduce costs and increase production.

Aging with Options: Transforming Our Homes and Communities

According to a 2014 AARP survey, 88 percent of senior households strongly or somewhat agree that they would like to stay in their current residences as long as possible, while 89 percent strongly or somewhat agree they would like to remain in their community as long as possible. If these preferences continue to hold, there will likely be a growing mismatch between the desire of seniors to age in place in their own homes or communities and their ability to do so.

A big hurdle will be household finances: Over the next 20 years, nearly 40 percent of individuals over the age of 62 are projected to have financial assets of $25,000 or less; 20 percent of those over 62 will have $5,000 or less. For many, this level of savings will be woefully inadequate to cover the expenses of daily living, never mind finance long-term services and supports or the modifications necessary to make living independently at home safe and secure.

In light of these difficult conditions, new solutions will be necessary — solutions that expand the range of housing options and that accommodate a variety of needs and preferences as individuals age. The following recommendations offer ideas that can help seniors age with options in their existing homes and communities and ensure the...
needs of seniors are prioritized in community decision making. These recommendations call for better planning and improved data on the needs of existing and future senior households, as well as the availability of housing options to meet those needs. Increased coordination across government agencies will be necessary. So, too, will be greater transparency about existing government programs that can benefit senior households and help spur greater private investment.

**Recommendations**

1. Congress should authorize a new Modification Assistance Initiative (MAI) that would work on an interagency basis to coordinate federal resources available for home modifications to support aging with options.

2. The U.S. Department of Housing and Urban Development (HUD) should maintain protections and counseling services for the Home Equity Conversion Mortgage insured loan program and consider new products that assist borrowers in safely accessing home equity.

3. Congress should modernize the U.S. Department of Agriculture’s (USDA) Section 504 housing repair program.

4. States and municipalities should establish and expand programs to assist low-income seniors with home modifications through property tax credits, grants, or forgivable loans.

5. States should protect and expand property tax circuit breaker programs and other forms of property tax relief that are targeted to assist low- and moderate-income senior taxpayers.

6. Congress should reauthorize and fund the Community Innovations for Aging in Place (CIAIP) initiative to assess community living models for possible replication in low- to moderate-income communities.

7. HUD should update its Consolidated Plan to require states and local jurisdictions to more explicitly assess the housing needs of seniors and the availability of age-friendly housing and community services.

8. The federal agencies involved in the Interagency Transportation Coordinating Council on Access and Mobility should develop a one-call/one-click platform for door-to-door transportation services for older adults.

9. HUD, in partnership with the American Planning Association, should develop a model senior zoning ordinance that local jurisdictions across the United States could adopt.

10. A wide range of professionals and organizations in the health care and housing fields should establish a work group to develop a suitability-rating scale for age-friendly housing and communities.

**Integrating Health Care and Supportive Services with Housing**

One of the most important public health findings over the last two decades has been that there are a number of factors, beyond medical care, that influence health status and contribute to premature mortality. Of these factors, social circumstances and the physical environment (particularly the home, whether a single-family home or an apartment) impact an individual’s health. Housing takes on even greater importance for older Americans, since they spend a significant portion of their days in this setting. The home is also increasingly being seen as a potential site of care for seniors to receive health and wellness services and as an essential tool in chronic care management.

By virtue of the rapid expansion of the senior population, more and more Americans will be living with multiple chronic conditions and experiencing limitations in activities of daily living. Models and interventions that deliver health care and other services to seniors with these conditions in their own homes have the potential to improve health outcomes and reduce health care utilization and costs. In addition, a greater focus on preventing falls has a
tremendous upside: Approximately one in three older adults fall annually, resulting in about 2.5 million emergency-department visits, 700,000 hospitalizations, and approximately $34 billion in health care costs. Falls are the leading cause of injury-related deaths in older adults, and most falls occur in the home setting.

Today, there are several important policy opportunities to help accelerate the integration between health care and housing. Each involves key actors in the nation’s health care system: public and private insurers, health care professionals, and hospitals. The following recommendations are designed to help capture these opportunities.

**Recommendations**

1. The Centers for Medicare and Medicaid Services (CMS) should launch an initiative that coordinates health care and long-term services and supports (LTSS) for Medicare beneficiaries living in publicly assisted housing to test the potential of improving health outcomes of a vulnerable population and reducing health care costs.

2. Congress should consider expanding the Independence at Home Demonstration program into a permanent, nationwide program to maintain optimal health status and to reduce health care costs of frail, medically complex Medicare beneficiaries.

3. The administration should ensure Medicare and other federal programs and policies support substantially reducing the number of older adult falls and their associated financial impacts.

4. CMS should incorporate housing-related questions in health risk assessments used by Medicare providers and Medicare Advantage plans.

5. Congress and the administration should work together to extend the Money Follows the Person Program to support state efforts to rebalance their Medicaid long-term care systems.

6. Medicaid should collect data on state coverage of housing-related activities and services and, where possible, track its impact on beneficiary health outcomes and health costs.

7. Hospitals should incorporate questions about housing as part of their discharge planning to prevent hospital readmissions, and nonprofit hospitals, specifically, should include housing in their triennial IRS-required community health needs assessment.

**The Power of Technology to Support Successful Aging**

Older adults and their caregivers can benefit considerably from the use of existing and emerging health care technologies, including “telehealth” and remote patient monitoring services, easy access to information contained in their electronic health records, and tools that assist with medication management. Other technologies may help older adults age in place. They include fall monitoring systems, home-based activity monitoring to address cognitive impairments, speech-equipped or visually oriented “smart devices” to support sensory impairments, and social-networking applications to help with loneliness and depression.

Despite growing interest in these technologies, a number of barriers continue to stand in the way of higher levels of adoption. These barriers include high costs for innovators and consumers, lack of reimbursement, interstate licensing requirements, limited Internet access (particularly in rural areas and among low-income Americans), and continued concerns about the privacy and security of sensitive health information. There are also other barriers that prevent effective use of technologies by older adults, including: paying for devices on a fixed income, forgetting or losing the technology, low ease of use, physical challenges, skepticism about benefits, and difficulty learning to use new technologies.
In the coming years, the federal government, state governments, and the private sector must ramp up their efforts to remove the barriers that prevent widespread adoption of increasingly important health technologies. The following recommendations are designed to help further this objective.

**Recommendations**

1. CMS and the states should encourage greater reimbursement of telehealth and other technologies that have the potential to improve health outcomes and reduce costs.

2. Congress, the administration, and the states should work together to make broadband (with sufficient speed to use online education and training programs) available to as many HUD, U.S. Department of Agriculture, and LIHTC properties where low-income seniors reside, including in rural communities, as possible.

3. Relevant federal agencies should work with the scientific research community and the private sector to demonstrate the benefits of home Internet access for very low-income seniors and the effectiveness of health technologies.
Task Force Priority Recommendations

The Task Force has identified the following recommendations as its highest priorities in light of their great potential to improve the lives of America’s seniors and their positive prospects for implementation:

**Preventing and ending homelessness among older adults should become a major national priority.** The U.S. Interagency Council on Homelessness should explicitly adopt a goal to prevent and end homelessness among older adults. According to the Homelessness Research Institute, the number of homeless seniors will rise from 44,000 in 2010 to nearly 59,000 in 2020 if shelter and poverty rates remain constant. The United States should not accept a situation in which so many of its older citizens live on the streets without adequate shelter and appropriate care.

**Congress and the administration should substantially increase federal support for the LIHTC program to help finance the production and preservation of additional units of affordable rental housing, including affordable homes for low-income seniors.** The LIHTC is the nation’s most effective “supply-side” affordable housing program that leverages private capital to help finance the preservation and new construction of affordable rental homes. Many states provide preferences and set-asides in their annual LIHTC qualified allocation plans for projects that serve older adults.

**Congress and the administration should support continued funding at adequate levels for rental assistance and for service coordination under the Section 202 Supportive Housing for the Elderly program and also create and fund a new program for senior-supportive housing.** HUD’s Section 202 program is the only federal rental assistance program designed explicitly to serve seniors, yet there has been no funding for new construction under the program since fiscal year 2011. The Task Force proposes a new program for senior-supportive housing that uses project-based rental assistance and the LIHTC to support new construction and attract funding from health care programs.

**Congress should authorize a new Modification Assistance Initiative (MAI) that would work on an interagency basis to coordinate federal resources available for home modifications to support aging with options.** Numerous programs within the federal government provide resources and expertise for home assessments and modifications, yet there is little coordination among these programs and public awareness of them is limited. The MAI, administered by the Administration for Community Living within the U.S. Department of Health and Human Services, would aim to rectify these shortcomings.

**States and municipalities should establish and expand programs to assist low-income seniors with home modifications through property tax credits, grants, or forgivable loans, and states should also protect and expand property tax circuit-breaker programs and other forms of property tax relief that are targeted to assist low- and moderate-income senior taxpayers.** Currently, 80 percent of home modifications and retrofits for aging are paid out of pocket by residents. States and municipalities can help relieve some of this burden by making funding available to both individuals (homeowners and landlords) and contractors for expenses incurred acquiring or modifying a property for accessible use.

**CMS should launch an initiative that coordinates health care and LTSS for Medicare beneficiaries living in publicly assisted housing to test the potential of improving health outcomes of a vulnerable population and reducing health care costs.** Approximately 1.3 million older adult renters live in publicly-assisted housing, the vast majority of whom are dually eligible for the Medicare and Medicaid programs. Health care providers, in partnership with housing entities, should implement evidence-
based care models and programs to improve outcomes and reduce costs for these beneficiaries. This proposal would address the “wrong-pocket problem” by ensuring the health care system bears the cost of implementing a program from which it can potentially benefit.

The administration should ensure Medicare and other federal programs and policies support substantially reducing the number of older adult falls and their associated financial impacts. Approximately one in three older adults falls annually, resulting in about $34 billion in health care costs. Falls are the leading cause of injury-related deaths for older adults, and most falls occur in the home setting.

CMS and the states should encourage greater reimbursement of telehealth and other technologies that have the potential to improve health outcomes and reduce costs. In 2014, reimbursements for telehealth accounted for less than $14 million out of the more than $600 billion spent through the Medicare program.
Chapter 1. Introduction: Bridging the Health-Housing Divide: A National Imperative

The United States is in the midst of a profound demographic transformation the likes of which we have never seen before. The nation is collectively growing older. Millions of Americans are also living further into their senior years without suffering from a debilitating disease, enjoying what experts call a “longevity dividend,” the propitious result of better nutrition, technological advancements, and safety improvements.

Each day, approximately 10,000 baby boomers, the 78 million Americans born between 1946 and 1964, turn age 65. By 2030, the number of older adults in the United States is projected to exceed 74 million, nearly doubling the senior population in a mere 20 years (see: Figure 1-1). Seniors are also expected to constitute an increasingly larger share of the overall U.S. population, accounting for more than one in five Americans by 2030. By contrast, fewer than one in ten Americans were seniors not too ago, in 1970. In addition, individuals over the age of 85 constitute the fastest-growing age group in the United States.

Further, the aging population is not evenly distributed across the country. In certain regions, the population of older adults is increasing at a faster rate than in others. For example, the Central Midwest, West, and many Southern states have a larger share of counties where the 65-and-over population is at least 20 percent of the overall population. About 15 percent of residents
in nonmetropolitan regions are 65 or older, compared with 12 percent in urban areas. Among those over 65, poverty rates run higher outside metropolitan counties. Approximately 9 percent of metropolitan residents aged 65 or older are below the poverty level, compared with 13 percent of nonmetropolitan senior residents.

The aging of America will present tremendous challenges that will affect virtually every sector of society; it will place added pressure on already strained household and public budgets. But with these challenges also comes a great opportunity: the chance to enhance the quality of life for all Americans, regardless of age, who stand to benefit from a healthier and more engaged senior population.

The first order of business is seeking a greater integration of the health care and housing systems, an essential step if the nation is to ensure that limited federal dollars are wisely spent and seniors are effectively served. Rather than operating in isolation, those working in the housing and health care fields must move out of their separate silos and find ways to foster greater collaboration. This collaborative approach must become the rule rather than the exception it is today. After all, housing is widely recognized as a leading determinant of physical and mental well-being, while the home can serve as a vital platform for the delivery of health care and other critical services. Seniors spend a significant amount of time in the home setting, and health is an issue foremost on their minds.

The fiscal impact that growing numbers of older Americans will have on Social Security and our major federal health care programs, Medicare and Medicaid, is well known. With so many baby boomers entering retirement, spending for Social Security is projected to increase relative to the size of the economy — from 4.9 percent of GDP in 2015 to 6.2 percent of GDP in 2040. On average, Medicare enrollment is expected to rise by 1.6 million annually, leading to a total of nearly 81 million beneficiaries by 2030. The Congressional Budget Office projects federal outlays for Medicaid will rise from $350 billion in 2015 to $642 billion in 2026.

Far less appreciated than these trends is the alarming scarcity of housing that is safe, affordable, and physically suitable for older adults, particularly those with the least financial resources. Absent a comprehensive and sustained effort to increase the supply of these homes, the situation will likely worsen as the senior population expands. Millions of older adults understand all too well that their health and well-being depend as much on their housing as they do on their health insurance and monthly Social Security check.

The upside of a more integrated approach to senior health and housing is significant: by more tightly linking the two, the United States has the potential to improve health outcomes for older adults, reduce costs borne by the health care system, and...
The home can serve as a vital platform for the delivery of health care and other critical services.

enable millions of Americans to “age in place” in their own homes and communities.

Important work is currently underway proving the validity of this proposition. Stewards of Affordable Housing for the Future, a network of 11 nonprofit organizations that support and provide affordable rental housing for low-income older adults, and its members have pioneered how housing providers can work effectively with the health care system, including with accountable care organizations and managed care entities. Vermont’s Support And Services at Home program, run by housing provider Cathedral Square, is demonstrating how housing — when combined with supportive services for seniors — can slow the rate of growth of Medicare spending. And CAPABLE, short for “Community Aging in Place, Advancing Better Living for Elders,” is a federally funded trial at John Hopkins University that brings together a nurse, occupational therapist, and handyman for tailored home interventions. The CAPABLE model is already showing it can make a positive difference in the health of at-risk seniors, helping them avoid hospitalization and nursing home stays, with the potential to save taxpayers millions of dollars.

Contributing to the growing evidence base is a recent study by the Center for Outcomes Research and Education, which found that Medicaid-covered residents who moved into one of 145 different affordable housing properties in Portland, Oregon, used more primary care, had fewer emergency department visits, and accumulated lower medical expenditures. According to the study, the availability of integrated health services to housing residents was a key driver behind lower costs and fewer emergency department visits.

The challenge America faces today is one of scale. The United States needs to dramatically “up its game,” building upon the strong foundation that has already been laid. Bridging the senior health-housing divide must not remain the province of just a few enlightened health care and housing providers. Instead, it is a national imperative that must draw broadly upon the resources and intellectual capital of all sectors of society — the private sector, government at all levels, and the philanthropic and nonprofit communities. In the years ahead, fulfilling this imperative will grow even more important as millions of seniors seek and demand choices in how and where they age.

Aging with Options

As noted by the Bipartisan Policy Center Housing Commission, a substantial majority of seniors have a desire to “age in place,” defined as the “ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.” As they age, many seniors understandably hope to remain close to family and friends and to maintain the social connections that have enriched their lives. Unfortunately, this desire runs into a harsh reality: many homes and communities lack the structural features and support services to make living there independently a safe and viable option. In fact, one study estimates that just 3.8 percent of housing units in the United States are suitable for individuals with moderate mobility difficulties.

With rising numbers of seniors, ensuring that more of the nation’s homes are suitable for living independently must become a major national priority. Five “universal design” elements can help make homes safer for seniors: no-step entries; single-floor living, eliminating the need to use stairs; switches and outlets accessible at any height; extra-wide hallways and doors to accommodate walkers and wheelchairs; and lever-style door and faucet handles. However, according to Harvard’s Joint Center for Housing Studies, only 57 percent of existing homes have more than one of these features. The percentage of homes with these universal design features also varies by geographic region, with homes in the Northeast least likely to include them (see: Figure 1-3).

At the federal level, there are numerous programs that can help
Figure 1-3. Geographic Differences in Accessible Housing

<table>
<thead>
<tr>
<th>SHARE OF UNITS WITH ACCESSIBILITY FEATURE (PERCENT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO-STEP ENTRY</td>
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<tr>
<td>---------------</td>
</tr>
<tr>
<td>REGION</td>
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<tr>
<td>NORTHEAST</td>
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<td>MIDWEST</td>
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<td>WEST</td>
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<tr>
<td>METRO AREA STATUS</td>
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<tr>
<td>CENTRAL CITY</td>
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<td>SUBURB</td>
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<tr>
<td>NON-METRO</td>
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<tr>
<td>TOTAL</td>
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</tbody>
</table>

Note: Single-floor living units have both a bedroom and a bath on the entry level. Source: Adapted from Harvard Joint Center for Housing Studies, Housing America’s Older Adults: Meeting the Needs of an Aging Population. JCHS tabulations of US Department of Housing and Urban Development, 2011 American Housing Survey.

older adults age in place by supporting home retrofits and other modifications, but there is little coordination among agencies to maximize the effectiveness and reach of these programs. Some states and cities offer loans, grants, and tax benefits to help seniors with their home modifications. These efforts should be encouraged and more widely adopted. As explained later in this report, new sensor-based technologies also hold great promise in enabling seniors to live independently.

Making homes safer for seniors can pay substantial dividends: falls are the leading cause of injury-related deaths for those 65 and older (see: Figure 1-4) and result in annual medical costs of $34 billion. Most falls occur in and around the home and are preventable.

Communities, too, must aim to adopt age-friendly strategies that optimize the ability of seniors to participate fully in civic life. That means accessible transportation systems, streets that are well.

Figure 1-4. Ten Leading Causes of Injury Deaths, Age 65+, United States, 2014

Source: Centers for Disease Control and Prevention.
Just 3.8 percent of housing units in the United States are suitable for individuals with moderate mobility difficulties.

maintained and well lit, an abundance of affordable housing that is close to retail stores, services, and opportunities for social activities. In addition, access to healthy food markets and public parks and recreation facilities are important for healthy aging. A number of these community elements are measured as part of the AARP Livability Index. The Index is a tool for communities seeking to understand how they might improve upon certain quality-of-life indicators as well as how they compare with other neighborhoods across the country.

While taking these steps will be critical, we must also recognize that aging in place is neither a realistic option for every senior nor is it possible or cost-effective to modify every home to enable living independently. In addition, it may be the case that living alone, socially isolated, in a single-family home is not the most appropriate or healthiest living situation, particularly for a frail senior. America needs a broader perspective: the aspiration should be to help seniors not just to age in place but to age with options.

What does this mean? For a moderate-income senior couple, aging with options may mean the opportunity to move out of their single-family home while still healthy and independent and into a multifamily apartment building within their neighborhood, one that is conveniently located near a recreational center, shops, and medical offices and that boasts universal design features. For a lower-income senior with some disabling conditions, aging with options may mean having access to affordable housing with supportive services and not being forced to enter a nursing home or other institution simply because the demand for affordable housing far exceeds the available supply in one’s community.

Some Hard Truths

The 74 million Americans who will be 65 or older in 2030 will be an incredibly heterogeneous group. They will be more racially and ethnically diverse than at any time in the nation’s history. As is the case today, they will have very different professional backgrounds and family situations and suffer from a range of health conditions. Financial insecurity will be a concern for millions, while others will have sufficient funds to comfortably finance their retirements. In addition, the physical and financial needs of a senior at 65 can be very different when that same individual reaches the age of 75 or 85.

Providing such a diverse group of seniors with more housing options as they age is admittedly a very ambitious goal, one that will be complicated by a number of hard truths. These truths represent major challenges, but at the same time, the challenges also present important opportunities.

The aspiration should be to help seniors not just to age in place but to age with options.

1. The growing population of older adults will create a proportionally higher demand for expensive long term services and supports (LTSS).

LTSS refers to a range of clinical health and social services that assist individuals with activities of daily living such as bathing, dressing, cleaning, and taking medications. About 70 percent of adults over 65 will need LTSS at some point in their lifetimes, with
The Senior Population Will Grow Increasingly Diverse

Over the next four decades, the United States will become more racially and ethnically diverse. The U.S. Census Bureau estimates that minorities will constitute 39.1 percent of the population aged 65 and above by 2050, nearly a doubling of the 20.7 percent share that was recorded in 2012.\textsuperscript{21} A big part of this diversity story will be the explosive growth in the number of Hispanic seniors. The U.S. Census Bureau projects that the number of Hispanics aged 65 and over will grow from 3.1 million in 2012 to 15.4 million in 2050, an increase of about 500 percent. In 2050, Hispanics will constitute 18.4 percent of the 65-plus population, up from 7.3 percent in 2012.\textsuperscript{22} As they age, older Hispanics as well as Asian-Americans are more likely than members of other ethnic and racial groups to live with relatives.\textsuperscript{22}

this need intensifying by the time an individual reaches the age of 85 (see: Figure 1-5). LTSS can be provided in nursing homes or other institutional settings, and importantly, through home- and community-based services.

With rising numbers of older adults, spending on LTSS is expected to increase from 1.3 percent of GDP in 2010 to 3 percent of GDP in 2050.\textsuperscript{24} Today, these costs are financed in a variety of ways. Individuals and their families pay for about 53 percent of their total LTSS expenditures out of pocket. The states and the federal government pay for about 34 percent of total LTSS expenditures through the Medicaid program. Other public programs, such as benefits available to veterans, cover about 10 percent of total LTSS expenditures, while private long-term care insurance accounts for less than 3 percent. A significant number of individuals receive unpaid LTSS from caregivers who are family members or friends. This unpaid care has an estimated annual value of $470 billion.\textsuperscript{25}

While many people who engage in caregiving consider it rewarding, caregiving can also take a toll on the physical and mental health of the caregiver and result in missed time at work.

Under Medicaid, states must provide nursing home care and other in-patient facility care to eligible individuals who need LTSS; however, coverage for services received at home or in the community varies significantly by state. Medicare largely does not cover these services today, making the provision of LTSS for a loved one a significant expense for many moderate-income families who are not eligible for Medicaid. Some of these families gradually “spend down” their personal or retirement savings and eventually qualify for LTSS under Medicaid, thereby increasing pressure on state and federal budgets.

In 2014, the average annual cost for community-based adult day care averaged $16,900 per year,\textsuperscript{26} while the annual cost for a home health aide was approximately $45,800.\textsuperscript{27} Nursing facility care averaged approximately $87,600 annually.\textsuperscript{28} With demand for LTSS expected to double over the next 35 years, current financing options are fiscally unsustainable, a fact recognized by the BPC.
Long-Term Care Initiative.\textsuperscript{29} The initiative recently released a set of recommendations\textsuperscript{30} to improve the financing of LTSS, including proposals to enhance the affordability of private long-term care insurance and to modernize Medicaid. Understanding the role of housing and its potential as a delivery platform for LTSS will become increasingly important as a way to bring down costs and improve health outcomes.

2. Nearly all seniors in the United States have a chronic condition — the care of which is a significant driver of future health care spending.

Chronic diseases are conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living.\textsuperscript{31} Examples of chronic conditions include arthritis, asthma, chronic respiratory conditions, diabetes, and heart disease. In addition to comprising physical medical conditions, chronic conditions also include ailments such as substance abuse and addiction disorders, mental illnesses, dementia, and other cognitive impairment disorders.\textsuperscript{32} A recent analysis of just ten common chronic conditions revealed that 86 percent of seniors had a chronic condition.\textsuperscript{33} Additional estimates of a broader array of chronic conditions demonstrate prevalence rates above 90 percent among seniors. Importantly, more than 80 percent of seniors have multiple (two or more) chronic conditions,\textsuperscript{34} leading to a higher frequency of mortality, poor functional status, hospitalizations and readmissions, and adverse drug events.

Seniors with chronic conditions also account for an overwhelming share of federal health care spending and will continue to do so for the foreseeable future. It is estimated that 99 percent of Medicare spending is for seniors with chronic conditions, and 93 percent of Medicare spending is for seniors with multiple chronic conditions (see: Figure 1-6).\textsuperscript{35}

Looking ahead, care coordination for seniors with chronic conditions will be critical to improve health outcomes and reduce health care costs for this population. Several new delivery and payment models, including accountable care organizations and bundled payments, are currently being tested to help shift the health care system away from fee-for-service medicine — with its focus on the volume of services performed — to a model based on the actual value of these services.

80 percent of seniors have multiple (two or more) chronic conditions.

Figure 1-6. Distribution of Medicare Fee-for-Service Beneficiaries and Spending by Number of Chronic Conditions, 2014

As this transformation of the health care system continues, health care entities will be increasingly accountable for health outcomes and will need to embrace a “population health” approach that takes into account a broader view of health and the factors that influence health. This approach will require more than just care coordination; rather, it will also require self-management and care in the home setting. Medication adherence, the prevention of falls, and proper nutrition are important aspects of the care regimen that occur at home and are essential to ensuring optimal health for seniors.
With demand for LTSS expected to double over the next 35 years, current financing options are fiscally unsustainable.

with chronic conditions. In addition, evidence-based programs in the community that assist seniors with falls prevention, physical activity promotion, and chronic disease self-management need to be integrated with new payment and delivery models.

To achieve these benefits, it will be necessary to successfully link the existing care delivery system with community-based assets and other nontraditional stakeholders. Most health care providers have historically operated with limited connection to community-based health and social-service organizations, although this is beginning to change given the systemic collaboration necessary to improve population health, including for seniors.

3. The personal savings of millions of seniors are and will be inadequate.

In the coming decades, the personal savings of older adults will continue to be a critical source of funds to support aging in place, health care, LTSS, and other needs. But for millions of seniors these savings will fall woefully short.

The lack of significant personal savings for retirement is remarkable: 29 percent of households aged 55 and older have neither assets in a retirement account nor a defined benefit pension. And even among households aged 55 to 64 with retirement savings, the median total account balance is only about $104,000, which in most cases is insufficient, by itself, to support a retirement that could last 20 or 30 years (or longer), let alone pay for home modifications or other LTSS needs associated with aging.

The Urban Institute developed projections for the BPC Commission on Retirement Security and Personal Savings that paint a troubling picture of retirement security, especially for those in the bottom half of the distribution of retirement assets. Median per capita retirement assets among younger retirement-age individuals (age 62 to 69) was around $32,000 in 2015, while those in the 25th percentile lack any retirement assets. Meanwhile, individuals in the 75th percentile of retirement assets have around $130,000 in retirement savings, which is likely still insufficient to finance a decades-long retirement on its own.

But looking at retirement assets alone paints an incomplete picture of financial security, as many individuals have savings outside of retirement accounts. And while the Urban Institute’s projections of financial assets — which include bank account balances, stocks and bonds — paint a somewhat brighter picture of older Americans’ finances, overall savings levels remain largely insufficient to finance a long retirement. According to the Urban Institute’s projections, median total assets per capita, sum of retirement accounts and financial assets, for 62- to 69-year-olds was around $105,000 in 2015, compared with $338,000 at the 75th percentile and just $24,000 at the 25th percentile (see: Figure 1-7).

Of course, the stored equity in a home is another important source of personal retirement savings for homeowners. And, for many low- to middle-income owner-occupied households, home equity actually exceeds the amount of savings held in retirement accounts (see: Chapter 3). This trend is projected to continue into the future. It is important to note that the average amount of per

Seniors with chronic conditions also account for an overwhelming share of federal health care spending.
capita home equity among homeowners age 62 and older hovers around $136,000. In black and Hispanic households, however, the average amount of home equity in 2015 was well under half the national average at $59,000 and $65,000 respectively. This is savings not available to renter households.

**Affordable Housing is the Glue that Holds Everything Together**

One thing is clear: all bets are off in bridging the health-housing divide if seniors lack access to affordable housing. Affordable housing is the glue that holds everything together: without access to such housing and the stability it provides, it becomes increasingly difficult, if not impossible, to introduce a system of home- and community-based supports that can enable successful aging. Unfortunately, even for those seniors who own their homes outright, housing-related costs often constitute their biggest household expenditures (see: Figure 1-8).

With the over-65 population poised to grow dramatically in the coming years, increasing the supply of affordable homes suitable for seniors — as well more tightly connecting the delivery of supportive services with housing — must be an urgent focus of national policy.
“I pay $650 per month in rent for my apartment. That’s more than half my monthly Social Security check. But the building managers tell me they could be getting $850 per month for my apartment. I can’t afford that. I’ve moved 11 times in my life. I’m going to be 72, I don’t want to move again.”

—Patricia Wilson, 71

Introduction

According to the Harvard Joint Center for Housing Studies, 6.5 million senior households will have incomes under $15,000 in 2024, an increase of 1.8 million households, or 37 percent, from 2014. Low incomes naturally affect the affordability of housing: the lower a household’s income, the fewer resources available to cover housing costs. The affordability of housing is a growing concern not only for older adults who rent their homes but also for senior homeowners. More and more senior homeowners are carrying mortgage debt into their retirement years. Monthly mortgage payments, along with property taxes, utility payments, and the cost of home maintenance and upkeep, can be a major strain on the budgets of senior homeowners.
Another major factor contributing to high housing costs is the scarcity of affordable and available rental homes. This supply-demand imbalance most negatively impacts lower-income households, many of whom are older adults living on fixed incomes. To understand the severity of the problem, consider this fact: In 2013, there were 11.2 million extremely low-income renter households competing for only 4.3 million affordable and available rental homes, resulting in a total shortfall of 6.9 million homes. Of the 11.2 million extremely low-income households competing for this limited supply, 2.6 million were senior households with no children (see: Figure 2.1). The acute shortage of affordable rental homes has contributed to soaring rents in many communities. According to one recent estimate, 1.8 million senior households now suffer “severe” rent burdens, paying in excess of 50 percent of their incomes just for housing. Those affected by these rent burdens reside not just in the major cities along America’s two coasts but also in communities like Louisville, Kentucky; New Orleans, Louisiana; and Hartford, Connecticut. Many of these senior households rely exclusively on

### Terms and Definitions for Affordable Housing and Household Income

The federal standard for affordable housing is that a household should pay no more than 30 percent of its income on rents and utilities. “Rent burden” is a term used to indicate the extent to which a household spends a disproportionate share of its income on rental costs.

If expenditures on housing (rent and utilities) account for:

- Between 30 and 50 percent of income, a household has a “moderate” rent burden.
- Above one-half of household income, a household has a “severe” rent burden.

“Low income” is a term used to indicate a household’s income level relative to other households in the same metropolitan area.

If a household has an income:

- Above 50 percent, up to and including 80 percent of the area median income (AMI), it is a “low-income” household.
- Above 30 percent, up to and including 50 percent of the AMI, it is a “very low-income” household.
- At or below 30 percent of the AMI, households are considered “extremely low-income.”

### 6.5 million senior households will have incomes under $15,000 in 2024.

Another major factor contributing to high housing costs is the scarcity of affordable and available rental homes. This supply-demand imbalance most negatively impacts lower-income households, many of whom are older adults living on fixed incomes. To understand the severity of the problem, consider this fact: In 2013, there were 11.2

Figure 2-1. Supply-Demand Imbalance in Available and Affordable Rental Homes

![Figure 2-1. Supply-Demand Imbalance in Available and Affordable Rental Homes](image-url)
Social Security for their income. With so much of their income devoted to covering housing costs, some are forced to cut back on medical care, nutritious food, and other essentials.

Absent a comprehensive and sustained effort to increase the supply of affordable homes for America’s seniors, this already unacceptable situation will only worsen. Why? Over the next 15 years, the United States can expect to see both a growth in the low-income senior population and millions of seniors transitioning to rental housing. In fact, according to projections by the Urban Institute, the number of senior renter households will more than double from 2010 to 2030 — from 5.8 million to 12.2 million.48 This new demand will combine with the demand created as a result of new household formation by millions of young adults to exert tremendous pressure on the existing supply of rental homes. In the absence of new supply, rents will likely increase and the housing cost burdens borne by seniors will grow. Confirming this trend, the Harvard Joint Center for Housing Studies projects that, over the next ten years, the number of households aged 65 to 74 and 75 and older with “severe” rent burdens will rise by 42 percent and 39 percent, respectively (see: Figure 2-2).49

On top of these housing affordability concerns is the question of suitability. As explained in greater detail in Chapter 3, most of the nation’s homes — both rental and owned — lack the basic features that can allow safe, independent living by America’s seniors, particularly those with disabling conditions.

Increasing the supply of affordable and suitable homes to meet demand from a rapidly expanding senior population may seem like an insurmountable challenge. But we cannot let the sheer magnitude of the problem overwhelm us and delay action. America needs to get started immediately. The Task Force believes the following principles should guide a national approach to the issue:

- Limited federal resources should be targeted to help the most vulnerable, lowest-income seniors.
- Increasing the supply of affordable housing for seniors through preservation and new construction will require much greater investment by the private sector as well as more effective partnerships with state and local governments and the nonprofit community.
- Better integration of health and LTSS with housing can lead to improved health outcomes for seniors, delay or eliminate the need for more expensive assisted living or licensed nursing care, and potentially reduce per capita medical costs.
- Technology should be integrated where possible to facilitate independence and dignity and, potentially, to reduce costs.

The number of senior renter households will more than double from 2010 to 2030 — from 5.8 million to 12.2 million.
Regulatory and land-use policies should actively promote, not hinder, the development of new affordable housing for seniors, including housing with supportive services.

Policies and programs should enable seniors to remain in the communities they know and where they have critical social, religious, and health ties.

**Senior Homelessness**

Any discussion of increasing the supply of affordable and suitable homes for our nation’s seniors must first begin with a focus on those who are among the most vulnerable citizens in society: those seniors without a home or at risk of becoming homeless.

Over the past decade, the United States has made considerable progress in reducing the incidence of homelessness. In 2015, there were 82,550 fewer people homeless on a single night than in 2007, a 13 percent decline. Notably, a reduction in the unsheltered population has accounted for the entirety of this decline, while in 2015 the number of people in shelter programs returned to 2007 levels.50

Goal setting has been an important element of the federal government’s strategy to prevent and end homelessness. Current goals include preventing and ending homelessness among veterans by 2015 and ending chronic homelessness by 2017.51 Both categories of homelessness have experienced significant declines since 2010, with veterans’ homelessness declining by 36 percent and chronic homelessness dropping by 31 percent.52 The federal government has also set goals to “prevent and end homelessness for families, youth, and children by 2020” and to “set a path to ending all types of homelessness.”

Homelessness has traditionally been viewed as a problem affecting younger adults more severely than older adults. Yet, with the dramatic increase in the number of seniors, many of whom will be economically vulnerable, it is, unfortunately, expected that older adults will assume a larger share of the nation’s homeless population. The Homelessness Research Institute of the National Alliance to End Homelessness has estimated that, assuming shelter and poverty rates remain constant, the number of homeless older adults will rise from approximately 44,000 in 2010 to nearly 59,000 in 2020, an increase of 33 percent. According to the Homelessness Research Institute, the older adult homeless population will likely rise to nearly 95,000 by 2050 (see: Figure 2-3).53 A growing body of evidence substantiates this projection.54

The number of homeless older adults is projected to rise from approximately 44,000 in 2010 to nearly 59,000 in 2020.

As is the case today, some chronically homeless adults will be unable to break the cycle of homelessness and will continue to age into their senior years without stable housing. Others will experience homelessness for the first time as an older adult. The scarcity of affordable housing for those on fixed incomes, long waiting lists for subsidized housing, alcohol abuse, and the onset of Alzheimer’s disease, dementia, and other common geriatric conditions are some of the key factors contributing to homelessness among older adults.55

Reengaging homeless people with mainstream society (including finding employment and job-training opportunities) is a key element of national, state, and local strategies to end homelessness. Because many seniors are unable to return to the workforce, that reengagement is equally important but may take a somewhat different form.

Moreover, like many younger homeless individuals, the older adult homeless are high utilizers of emergency medical and other health care services. Studies have demonstrated that allowing a person to remain chronically homeless can cost the taxpayers as much as $50,000 annually.56 A “housing first” approach that connects older adults experiencing homelessness to affordable, stable housing
with supportive services has been shown to lower public costs and generate longer-term savings.57 This approach is likely to grow in importance as the senior ranks swell.

In the years ahead, a much greater awareness of the problem of senior homelessness as well as a better understanding of its causes will be critical. We will need to identify effective interventions and deploy them on a far greater scale.

What America can do today, however, is set a clear goal: as one of the world’s richest nations, the United States should not accept a situation in which so many of its older citizens live on the streets without adequate shelter and appropriate care. Eradicating homelessness among older Americans must become a national priority that harnesses the resources and focused commitment of the private, nonprofit, and government sectors. To this end, the U.S. Interagency Council on Homelessness should add the specific goal of preventing and ending homelessness among older adults to its list of objectives. Setting similar goals for veterans and the chronically homeless has proved to be highly effective in raising awareness and marshaling resources. It is time to do the same for the nation’s seniors.

Management consultant Peter Drucker once observed, “You can’t manage what you can’t measure.” In other words, to be successful, one must track and quantify progress toward a goal over time. The

As one of the world’s richest nations, the United States should not accept a situation in which so many of its older citizens live on the streets without adequate shelter and appropriate care.

U.S. Department of Housing and Urban Development’s (HUD) annual Point-in-Time estimates, which offer a snapshot of homelessness (both sheltered and unsheltered) on a single night in late January of each year, are an extremely valuable assessment tool but they currently track homelessness only among three age groups — those under 18, those 18 to 24, and those over 24.58 To help better understand and track homelessness among older adults, the Point-in-Time estimates should take a more granular approach and monitor homelessness among individuals who are aged 50 and above and 65 and above.

Recommendation #1. Preventing and ending homelessness among older adults should become a major national priority. The U.S. Interagency Council on Homelessness should explicitly adopt a goal to prevent and end homelessness among older adults.

Federal Rental-Assistance Programs

Federal rental-assistance programs are a critical source of help for low-income seniors. Of the approximately 5.1 million households served by HUD programs,59 34 percent are headed by an “elderly person” (defined as someone 62 years of age or older) (see: Figure 2-4). Seniors head 23 percent of the households served by the Housing Choice Voucher program, and they head even greater shares of households in public housing (32 percent) and the project-based Section 8 program (48
In addition, more than 60 percent of the renters assisted by the U.S. Department of Agriculture’s (USDA) housing programs — many of whom live in rural communities — are seniors or people with disabilities. USDA’s Section 515 program, which provides long-term, low-interest loans to support the construction and rehabilitation of multifamily housing, is a particularly important source of funding for housing that serves low- and moderate-income seniors in rural communities.

Reflecting the graying of the general population, the age of those households utilizing federal rental assistance has steadily risen over the past decade. According to HUD, the share of HUD-assisted households headed by someone 50 years of age or older has increased from 45 percent in 2004 to 55 percent in 2014. As these residents continue to age in place, the share of households headed by seniors will increase dramatically.

Today, with federal resources stretched so thin, fewer than one in four households eligible for federal rental assistance actually receives it. The result is a system in which housing subsidies are allocated by lottery or through ever-growing waiting lists. In response to this situation, the BPC Housing Commission recommended a transition over time to a system in which the country’s most vulnerable households, those with extremely low incomes (at or below 30 percent of the area median), are assured access to federal housing assistance if they need it.

With the nation’s debt burden soaring, the Task Force recognizes that budgetary pressures are likely to continue to weigh heavily on HUD, USDA, and the other agencies of the federal government. Policymakers will be forced to set priorities and make difficult budget choices. But as policymakers engage in this important exercise, they should understand that federal rental-assistance programs represent vital lifelines for hundreds of thousands of the nation’s seniors. With the senior population poised to expand dramatically over the next 15 years, demand for this help will intensify, not lessen. According to one estimate, the number of older households (aged 60 and above) eligible for federal rental assistance will likely increase by 1.3 million between 2011 and 2020, and another 1.3 million between 2020 and 2030.

At a time of scarcity, it is also incumbent that the nation’s rental-assistance programs achieve a higher level of performance to ensure that limited funds are used as effectively as possible. These programs must more fully realize the potential of rental assistance to substantially improve the life opportunities of assisted households — for example, by helping older adults to lead independent lives and assuring that work-capable households make progress toward economic self-sufficiency. Requests for additional program funds should be accompanied by well-conceived plans to achieve these and other important reform objectives.

Recommendation #2. Congress and the administration should work together to fund federal rental-assistance programs at adequate levels, particularly since these programs will serve increasingly larger numbers of low-income seniors.

HUD’s Section 202 Supportive Housing for the Elderly program is the only federal rental-assistance programs designed explicitly to
serve seniors. Since its creation in 1959, the Section 202 program, in partnership with the nation’s leading nonprofit housing providers, has helped create nearly 400,000 affordable rental homes for older Americans in developments throughout the United States. Many of the seniors served by the program are at risk of institutionalization but benefit from the supportive services available to them at the project sites. These properties have responded to a critical need that the market was not adequately serving, and the nonprofit sponsors of the properties have enhanced the lives of literally hundreds of thousands of lower-income seniors and their families. Not surprisingly, there are often long waiting lists to get into many Section 202 properties.68

Since 1990, the Section 202 program has authorized (a) interest-free capital advances for new construction (these capital advances do not have to be repaid as long as the project serves very low-income seniors for 40 years); (b) rental assistance through what are known as Project Rental Assistance Contracts (PRACs), which cover the difference between the HUD-approved operating cost for the project and the tenants’ contributions toward rent; and (c) funding for service coordinators at Section 202 properties.69

Due to federal budgetary pressures, since fiscal year 2011, there has been no funding in the form of capital advances for construction under Section 202 or rental assistance for new units. In fiscal year 2016, funding for Section 202 amounted to $433 million ($356 million for PRAC renewals and $77 million for service-coordinator grants), a 3 percent increase over fiscal year 2015 levels to accommodate increased operating costs. Looking ahead, Congress must continue to provide funding for rental assistance and service coordination at adequate levels for existing Section 202 housing, but alternative approaches to finance the construction of new affordable senior homes that incentivize private sector and state involvement are clearly also necessary.

Recommendation #3. Congress and the administration should support continued funding at adequate levels for rental assistance (PRACs for post-1990 properties and Section 8 and other forms of rental assistance for older properties) and for service coordination under the Section 202 Supportive Housing for the Elderly program.

One promising alternative approach is reflected in recent reforms to another HUD program that is closely related to Section 202 — the Section 811 Supportive Housing for Persons with Disabilities program. Like Section 202, the Section 811 program has linked affordable housing with services aimed at allowing residents to live independently. It, too, traditionally supported properties sponsored by nonprofit developers by providing interest-free capital advances and operating subsidies to these developers. As is the case with Section 202, the last appropriation for capital advances under Section 811 occurred more than five years ago, effectively eliminating the program as a viable source of funds for new construction.

In response to these circumstances, the bipartisan Frank Melville Supportive Housing Investment Act of 2010 authorized a new Section 811 Project Rental Assistance initiative in lieu of capital advances. Under this initiative, state housing agencies can competitively apply to HUD for Project Rental Assistance that can then be leveraged to help finance new or existing Section 811 affordable housing developments. These developments are typically also supported by

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The Section 202 Program Serves Some of The Nation’s Most Vulnerable Seniors

To be eligible for Section 202 housing, a household’s income must be at or below 50 percent of the area median at the time of initial occupancy. Most residents fall far below that threshold. The average annual household income for Section 202 households is between $12,300 and $12,600.70 What’s more, 38 percent of existing Section 202 tenants are considered frail or near frail, requiring assistance with basic activities of daily living.71

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Low-Income Housing Tax Credits (LIHTC), funds provided through the HOME Investment Partnerships program (HOME), and financing from other sources. As a condition to applying, state housing agencies must enter into partnerships with state health and human services and Medicaid agencies to develop policies for referrals, tenant selection, and service delivery to ensure they are targeting a population most in need of deeply affordable supportive housing.

Initial results of the Section 811 reforms are encouraging: the number of new Section 811 units produced annually is expected to increase from approximately 1,000 to more than 4,000.\(^\text{12}\)

Not every aspect of the reformed Section 811 program has application to affordable senior housing. For example, the general policy goal of the Section 811 program is to disperse persons with disabilities in apartment buildings that serve the general population, while Section 202 properties typically serve only seniors. However, the general approach is worth considering. In lieu of interest-free capital advances for new construction, a replacement for the Section 202 program could:

- Offer project-based rental assistance through state housing agencies to provide permanent supportive housing focused on seniors who are dually eligible for Medicaid and Medicare and have challenges with activities of daily living and so can benefit from on-site services.

- Provide this rental assistance for state housing agencies to award to qualifying sponsors in tandem with LIHTC, HOME and Community Development Block Grant funds, bond financing, and other federal, state, and local financing sources to support the construction of new projects.

- As a condition of participating, require state housing agencies to: (1) develop policies for resident eligibility to ensure they are targeting a population most in need of deeply affordable supportive housing; and (2) enter into partnerships with state health and human services agencies, who will provide funding to housing sponsors for their use in providing or arranging for service delivery designed to lead to agreed-upon outcomes for residents.

The combination of rental and service operating revenue, LIHTC, and other program funds would allow mission-driven nonprofits and other qualifying developers to raise private capital for construction, obviating the need for capital grants of the type provided in the Section 202 PRAC program.

This approach would also help ensure that a broader set of actors has “skin in the game” — not just the federal government and mission-oriented nonprofits but state governments and private developers and investors. By requiring states to commit to funding health care and related services, the approach would also promote the more integrated delivery of housing, health care, and other services.

The Task Force recommends building in a multiyear evaluation to assess the impact of the new senior-supportive housing program on (a) the health outcomes of the dual population served by the program and (b) per capita health care costs. If the evaluation fails to show improved health outcomes and/or reduced costs, the program could be appropriately adjusted.

**Recommendation #4.** Congress and the administration should create and fund a new program for senior-supportive housing that uses project-based rental assistance and the LIHTC to support new construction and to attract funding for services from health care programs.

Any effective strategy to increase the supply of affordable senior housing must begin with the preservation of the existing affordable housing stock. HUD’s Rental Assistance Demonstration (RAD) program offers a promising model to achieve this preservation goal.

RAD was created to help preserve and modernize the existing stock of public housing by giving public housing authorities the ability to use existing rental subsidies to leverage private sources of capital.
for this purpose. In RAD, public housing units move to a Section 8 platform with a long-term contract that, by law, the owner must renew if appropriations are available. Public housing authorities, or the sponsors and developers they select, then use this steady stream of funding to tap the capital markets for funds to make improvements in their housing stock.

Allowing nonprofit owners of Section 202 PRAC properties to participate in the RAD program would enable them to tap the capital markets for preservation financing. This approach should also make it easier for small organizations that lack the capacity to undertake major property recapitalizations to transfer these properties to other higher-capacity nonprofit owners who have larger portfolios and who can take advantage of greater operating efficiencies. Making PRAC properties eligible for RAD has the potential to preserve at least a portion of the 124,000 units in the PRAC portfolio that are at risk of loss or deterioration. Additional financial tools will be needed to preserve the entire stock of aging properties — both Section 202 properties and those financed under other programs — that serve low-income seniors.

**Recommendation #5.** Congress should support the preservation of existing Section 202 units (PRAC properties) by making them eligible for the RAD program.

Service coordinators play a critical role in transforming affordable senior housing into a platform for the delivery of supportive services that enable older adults to live independently in communities of other seniors. These services can include connecting seniors to meals-on-wheels, transportation, home health aides, financial counseling, group health initiatives such as falls prevention, and preventative health screening. Service coordinators may also perform activities such as resident health assessments, case management, acting as an advocate or coach, coordinating group programs, or training housing management staff. Service coordination may help many older adults, especially those who are frail or otherwise at risk, reduce their hospital emergency-room visits and avoid permanent placement in more costly nursing homes and other institutional settings.

HUD is currently contributing to the evidence base for the proposition that supportive services and service coordination are essential to senior health through a $15 million Housing with Services Demonstration for low-income seniors in its assisted properties. The Task Force applauds HUD for undertaking this effort. As will be discussed in Chapter 4, health care providers have the ability to build on these efforts to help further scale health and wellness services for low-income seniors residing in congregate settings.

While HUD provides funding for the “service coordination” function to some Section 202 properties, many housing providers without HUD funding have struggled to fund service coordinators. In some instances, these providers, many of whom are mission-oriented nonprofits, have been able to assemble public and private resources on an ad hoc basis to defray the costs of service coordinators, but funding sources are often unstable and the level of support inadequate. As the lower-income senior population grows, it is critical for the federal government to continue its investment in service coordination and commit itself to a better understanding of the most effective service coordination models.

**Recommendation #6.** Congress and the administration should identify ways to more effectively support the service coordination needs of senior housing providers, particularly mission-oriented nonprofits.

**New Construction and Preservation of Affordable Rental Housing**

The LIHTC is the nation’s most effective policy tool supporting the
new construction and preservation of affordable rental housing. Since the program’s creation in the Tax Reform Act of 1986, the LIHTC has leveraged approximately $100 billion in private capital, helping to finance the construction and preservation of almost 2.8 million affordable rental homes for low-income families. About 90,000 to 95,000 units are built or preserved annually due to the LIHTC and the private investment it has brought to the table.74

The LIHTC is an important source of financing for rental homes affordable to the nation’s lowest-income seniors. According to HUD, nearly 33 percent of reported LIHTC households have a senior member (62+), and more than one-fourth (28.6 percent) have a head of household who is at least 62 years old.75 The “qualified allocation plans” of some states provide set-asides and other preferences for senior housing projects. In fact, the LIHTC program supports approximately 40,000 senior-restricted affordable units annually.76

With the need for affordable rental housing so great today — a need that affects not just seniors but individuals of all ages — the Task Force joins the call of other organizations in urging a significant expansion of federal support for the LIHTC. For example, the BPC Housing Commission recommended a 50 percent increase in funding for the LIHTC along with additional resources for LIHTC “gap” financing. Others have gone further, calling for the gradual doubling of the annual LIHTC allocation with sufficient funds for gap financing to support this expansion.77 Investor interest in the LIHTC is currently very strong, far exceeding available authority. The United States must seize this opportunity to leverage even greater private investment in the production of new affordable housing, particularly for the nation’s lowest-income seniors whose ranks will swell in the coming years.

The Task Force strongly encourages the states to provide robust preferences and set-asides in their annual LIHTC qualified allocation plans for projects that serve older adults and to adopt scoring systems that appropriately reflect the critical importance of these projects.

In addition, the states should use their qualified allocation plans as a tool to encourage applications for LIHTC projects that are designed to be close to transit and essential services and that include accessibility features enabling living independently and the better integration of health care and other services with housing.78 To the extent feasible, LIHTC-supported properties should:

- Use space efficiently to ensure the greatest possible number of seniors are served.
- Include common areas that can serve as a platform for the delivery of health care, wellness, and other services for residents as well as potentially for the broader community.
- Include universal design features such as no-step entries; single-floor living that eliminates the need to use stairs; switches and outlets accessible at any height; extra-wide hallways and doors to accommodate walkers and wheelchairs; and lever-style door and faucet handles in new construction and, where feasible, in rehabilitation.
- Maintain onsite service coordinators in significant measure to address the social determinants of health and serve as a bridge to service providers.
The 2016 Qualified Allocation Plan of the Commonwealth of Pennsylvania

The Commonwealth of Pennsylvania is an example of a state promoting the development of new senior housing through its LIHTC qualified allocation plan. In its most recent qualified allocation plan, Pennsylvania provided a preference for senior housing projects, reserving credits for a minimum of two senior-occupancy developments targeting persons 62 years of age and above in both an urban and suburban/rural “pool.” To be eligible for the preference, an applicant must demonstrate that services will be provided to residents in the proposed project that will enable them to continue to live independently.

The Pennsylvania qualified allocation plan also requires that projects seeking credits conform to minimum “visitability” requirements. These requirements include:

- The building and units must have at least one zero-step entrance with a 36-inch-wide door.
- All doorways and passages on the entry-level floor should have a width of 36 inches.
- There should be clear pathways to bathrooms and powder rooms, and these rooms should include a minimum 24-inch grab-bar beside the toilet on a reinforced wall, which can also serve as a towel bar.
- There should be clear pathways to living rooms and dining areas.

Recommendation #7. Congress and the administration should substantially increase federal support for the LIHTC program to help finance the production and preservation of additional units of affordable rental housing, including affordable homes for low-income seniors.

Additional Opportunities for Affordable Housing Production and Preservation

The Housing and Economic Recovery Act of 2008 created the National Housing Trust Fund (NHTF) and the Capital Magnet Fund (CMF) to help support new affordable housing production. The NHTF is administered by HUD, which has developed a formula by which money will be distributed to the states. The CMF, an account within the Community Development Financial Institutions Fund overseen by the U.S. Treasury Department, funds a competitive grant program for community development financial institutions and nonprofit housing agencies.

The Housing and Economic Recovery Act required Fannie Mae and Freddie Mac to set aside 4.2 basis points of their business volume each year for the NHTF and the CMF, with the NHTF receiving 65 percent of these funds and the CMF 35 percent. While this requirement was temporarily suspended when Fannie and Freddie were placed under government conservatorship in September 2008, the suspension was lifted in December 2014. HUD announced nearly $174 million in total funding for the NHTF in 2016, which may rise in future years. By law, most of the NHTF funds must be used to serve very low-income persons, of whom seniors are a significant share.

The NHTF and CMF can become vital sources of funding for the production and preservation of homes affordable to our nation’s lowest-income seniors and help stimulate innovative strategies.
by housing providers. In the coming years, both funds should be deployed and maximized for this purpose. Both HUD and the U.S. Treasury Department should regularly assess the regulations governing the NHTF and the CMF to ensure they further this goal in the most effective, efficient, and creative manner possible.

**Recommendation #8.** The states should use their National Housing Trust Fund allocations and the U.S. Treasury Department should use the Capital Magnet Fund to support the production and preservation of affordable housing for the nation’s lowest-income seniors.

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**Reducing Regulatory Barriers**

Alternative housing structures, such as accessory dwelling units (ADUs), micro-units, and congregate or group homes, typically are a less expensive form of housing than a new single-family home on a separate lot. In communities throughout the United States, they are an important source of affordable housing for low- and moderate-income older adults. In the coming years, these housing structures and arrangements can play an even greater role in meeting the affordable housing needs of seniors as the demand for affordable homes increases.

ADUs, in particular, can help seniors of all income levels realize their aspiration to age in their communities when these structures are located on the property of a grown child or close relative. When an ADU is located on a senior’s own property and then rented, it can provide a new stream of income that can help finance the senior’s retirement or serve as an offset to property taxes. ADUs also represent a potential source of housing for a caregiver to a senior. Despite these benefits, concerns are sometimes raised that the proliferation of ADUs and other alternate housing structures will change the character of a neighborhood, increase traffic flow, make parking more difficult, and impose even greater burdens on public services. In response, some communities impose zoning-code overlays, ordinances that create extra requirements beyond simple land-use specifications, before an ADU can be approved. Complying with these overlays, which range from minimum lot sizes for homes that seek to add an ADU, limits on how much of the lot can be covered with structures, and regulations governing the ADU’s relationship to the primary unit on the lot, can be time-consuming and costly. Rigid parking requirements, as well as high permit and impact fees, can also act as barriers to building a new ADU or legalizing an existing one.

Some communities, however, have found that promoting ADUs as a vital source of affordable housing has not compromised their integrity or livability. Santa Cruz, California, is one such city. Given its proximity to San Francisco, excellent climate, and local

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**Types of Alternative Housing Structures**

A 2008 HUD report separates ADUs into three categories: interior, attached, and detached. Interior ADUs are located within the primary dwelling and are typically built through conversion of existing space, such as an attic or basement. Attached ADUs are living spaces that are added on to the primary dwelling. The additional unit can be located to the side or rear of the primary structure, but can also be constructed on top of an attached garage. Detached ADUs are structurally separate from the primary dwelling. They are often a backyard cottage or an apartment above a detached garage.

Micro-units are homes that that “contain their own bathroom and a kitchen or kitchenette, but are significantly smaller than the standard studio in a given city,” generally including less than 400 square feet of living space.

In a congregate or group home, “each individual or family has a private bedroom or living quarters but shares with other residents a common dining room, recreational room, or other facilities.” These individual units can be rented or owned.
university, Santa Cruz boasts some of the highest housing prices in the country, creating a situation where affordable homes are very scarce. In response to this problem, the city decided to promote ADUs for lower-income residents—typically those aged 18 to 25 or over 65. This program sprung out of the need to regulate the growing number of illegal ADUs being built in the early 2000s as real-estate prices soared; today, the program is unique because it does not just allow ADUs to be built, but incentivizes them. For example, development fees are waived for ADUs made available for low- and very low-income households. The city also provides resources on floor plans and suggestions for development that would not sacrifice aesthetics. In addition, it has also partnered with a local credit union to provide mortgages for ADU development. Critical to the success of the ADU program in Santa Cruz were zoning code reforms that eased parking requirements.83

Communities as diverse as Fauquier County, Virginia; Lawrence, Kansas; Lexington, Massachusetts; and Portland, Oregon have also taken major steps to include ADUs in the range of affordable housing choices available to their residents. In their land-use regulations, these jurisdictions make clear that ADUs are fully permissible under certain circumstances, either by right (without the need for extensive reviews) or special permit. Lawrence, Kansas, specifically acknowledges that ADUs provide an important means for seniors and others to “remain in their homes and neighborhoods, and obtain extra income, security, companionship and services.”84 In addition, the AARP and American Planning Association have drafted a model state act and local ordinance to encourage the wider availability of ADUs.85

More generally, local communities throughout the country should comprehensively examine their land-use policies to ensure they do not unnecessarily impede the development of affordable housing. After all, a rule or requirement that may have made sense a decade or more ago may no longer do so today. Minimum lot requirements that restrict housing density, maximum floor-area ratios, unnecessarily onerous parking requirements, impact fees that are unrelated to the size of a home or the use of a service, excessive red tape, and lengthy permitting processes can increase the cost of housing by as much as 25 percent, if not more.86 These higher costs often impact lower-income households the hardest since these households typically dedicate a higher portion of their income to housing.87

After completing this review, local communities should scrap or appropriately alter those land-use policies deemed unnecessary or excessive.

A more proactive approach is also necessary: in light of the dramatic increase in the senior population and the increased demand for affordable housing that will ensue, every community should ensure its land-use policies actively foster a range of affordable housing options for its senior residents. This housing should be accessible to transportation, health care, retail, and other important services (see: Chapter 3). Recognizing that land availability and cost are major deterrents to developing new affordable housing, communities should also review their own land assets and work with their anchor institutions, such as hospitals and universities, to identify parcels that could be developed into affordable housing for seniors. HUD and the USDA should support the partial release of liens on existing senior housing when there is sufficient land for sponsors to increase density.

Recommendation #9. States and local communities should consider adopting permissive land-use policies that allow for and encourage alternative housing structures for seniors, such as ADUs, micro-units, and congregate/group homes, and they should undertake a comprehensive examination of their existing policies to ensure they promote a range of affordable housing options for their seniors.

The federal government must also do its part. As a source of case studies, best practices, and the latest research, HUD’s Regulatory Barriers Clearinghouse is a valuable tool for local communities seeking to develop more effective affordable housing strategies.88 HUD should ensure that information about successful local strategies to expand the range of affordable housing options for seniors,
including through the use of the latest technologies (see: Chapter 5), is disseminated as broadly as possible.

While much of the discussion concerning regulatory barriers to affordable housing focuses on state and local requirements, federal regulations can also have an appreciable impact on the cost of housing. Federal regulations, most notably those issued by agencies like HUD, the Environmental Protection Agency, the Occupational Health and Safety Administration, and the Department of Energy (DOE), can alter the supply of land and the cost of land development. Federal regulations can also impact the ongoing cost of housing by affecting the price of utilities and replacement parts needed for home upkeep. In addition, regulations governing the purchase and financing of a home can impact affordability.89

In 1991, the Advisory Commission on Regulatory Barriers to Affordable Housing (also known as the “Kemp Commission”) recommended that an assessment of the impacts of new federal regulations on the affordability of housing be made part of the standard federal rulemaking process.90 Nine years later, the bipartisan Millennial Housing Commission offered a similar recommendation.91 Although a housing impact assessment is not part of the “regulatory impact analysis” now required for new federal rules, more modest but important efforts have been undertaken: during President George W. Bush’s administration, HUD launched Operation Regnet, a department-wide effort in which all offices within HUD were directed to review their existing rules, major handbooks, notices of funding availability, and other notices to determine whether they constituted barriers to housing affordability. This review resulted in the elimination of some policies that were deemed unnecessary.92

In light of the strong and intensifying demand for affordable housing, it is time for the federal government to comprehensively review the panoply of federal laws and regulations to ensure they are not acting as barriers to the production and preservation of affordable housing. This task is not easy: distinguishing between unnecessary regulations that should be revised or eliminated and useful regulations that should be preserved requires making difficult value judgments and weighing competing considerations. But making these assessments can be essential to reducing costs and helping generate new affordable housing supply.

**Recommendation #10.** The Office of Management and Budget should convene an interagency task force that assesses the impact of federal laws and regulations on the production and preservation of new affordable housing, particularly for seniors, and should identify ways these laws and regulations can be modified to reduce costs and increase production.

**Task Force Takeaway**

It is shameful that so many of our nation’s lowest-income seniors lack access to affordable housing. The current shortage of affordable rental homes, measured in the millions, will only intensify in the years ahead as the low-income senior population grows and more seniors transition from homeownership to rental housing. What is needed is a comprehensive and sustained national effort to increase affordable supply. Such an effort will require greater investment by the federal government, much broader engagement of the private and nonprofit sectors, and a commitment by states and communities across the country to increase the range of affordable housing options for their senior residents.
Chapter 3. Aging with Options: Transforming Our Homes and Communities

“I had gotten to the point that I couldn’t get into my bathtub. If I got in, I couldn’t get out. And, I didn’t have a shower. I just happened to mention this challenge in a conversation with my local area agency on aging care manager. She got back to me in less than a week, and told me that the Philadelphia Corporation for Aging would be able to help me. In less than three months my bathroom was completely gutted — the bathtub removed and an accessible shower put in. I got a beautiful new bathroom that I can access with peace of mind. I can’t say enough about how much this program helped me.”

— Laura Washington, 69

According to a 2014 AARP survey, 88 percent of senior households strongly or somewhat agree that they would like to stay in their current residences as long as possible, while 89 percent strongly or somewhat strongly agree they would like to remain in their communities. If these preferences continue to hold, there will likely be a growing mismatch between the desire of seniors to age in place and their ability to do so.

A big hurdle will be household finances: Over the next 20 years, nearly 40 percent of individuals over the age of 62 are projected to have financial assets of $25,000 or less; 20 percent of those over 62 will have $5,000 or less. For many, this level of savings will be
woefully inadequate to cover the expenses of daily living, never mind finance LTSS or the modifications necessary to make living independently at home safe and secure. Just securing access to an affordable home will be a major challenge for millions of lower-income seniors. Assisted living and other housing options will be prohibitively expensive for many (see: Figure 3-1).

Over the next 20 years, nearly 40 percent of individuals over the age of 62 are projected to have financial assets of $25,000 or less.

Figure 3-1. Types of Senior Living

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
<th>NATIONAL MEDIAN COST</th>
<th>NATIONAL MEDIAN ANNUAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDEPENDENT LIVING COMMUNITIES</td>
<td>Residents generally independent and self-sufficient</td>
<td>$2,000 - 5,000 per month</td>
<td>$24,000 - 60,000</td>
</tr>
<tr>
<td>ASSISTED LIVING FACILITY</td>
<td>Residents live in private apartments; staffed for assistance with some daily tasks and activities/entertainment</td>
<td>$3,600 per month</td>
<td>$43,200</td>
</tr>
<tr>
<td>MEMORY CARE</td>
<td>Secured area of assisted living or skilled nursing facility</td>
<td>$3,500 - 6,600 per month</td>
<td>$42,000 - 79,200</td>
</tr>
<tr>
<td>RESIDENTIAL CARE HOMES</td>
<td>Private residential homes adapted to accommodate limited number of residents; 24-hour supervision and assistance</td>
<td>$2,200 - 3,400 per month</td>
<td>$26,400 - 40,800</td>
</tr>
<tr>
<td>NURSING HOME CARE</td>
<td>24-hour monitoring and medical assistance (semi-private and private)</td>
<td>$220 - 250 per day</td>
<td>$80,300 - 91,250</td>
</tr>
<tr>
<td>HOME HEALTH AIDE SERVICES</td>
<td>Range from weekly visits to 24-hour care</td>
<td>$20 per hour</td>
<td>$41,600</td>
</tr>
<tr>
<td>ADULT DAY HEALTH CARE</td>
<td>Half-day or full-day care at center with transportation option</td>
<td>$69 per day</td>
<td>$17,940</td>
</tr>
<tr>
<td>RESPITE CARE</td>
<td>Short-term stay or temporary in home care, typically less than a month</td>
<td>$75 - 200 per day</td>
<td>$19,500 - 52,000</td>
</tr>
</tbody>
</table>

For some households, aging with options may mean the opportunity to move from a single-family home into a multifamily apartment building within the same neighborhood. For others, aging with options may mean having access to affordable housing with supportive services and not having to enter a nursing home or other institution simply because affordable housing is not available in one’s community.

In light of these difficult conditions, new solutions that expand the range of housing options and accommodate a variety of needs and preferences as individuals’ age will be necessary. Government action will also be necessary, both as a driver of public policy and as a force multiplier. But aging with options should also be viewed as an opportunity for the private sector to deploy new products and services to meet the needs of a growing market of consumers. New technologies hold great promise to make America’s homes and communities safer and more accessible places.

The following recommendations offer ideas that can help seniors age with options in their existing homes and communities. These recommendations call for better planning and improved data on the needs of existing and future senior households, as well as the availability of housing options to meet those needs. Increased coordination across government agencies and greater transparency about existing programs would benefit senior households and help spur private investment.

**Transforming Our Homes**

Today, numerous programs within HUD, the U.S. Department of Veterans Affairs (VA), the U.S. Department of health and Human Services (HHS), USDA, DOE, and other federal departments provide resources and expertise for home assessments and modifications, including in some cases, apartments that serve low-income people (see: Figure 3-2). Unfortunately, there is little coordination among these programs and public awareness is limited.

### Figure 3-2. Select Federal Programs Supporting Home Modifications

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>AGENCY/OFFICE</th>
<th>PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGRICULTURE</td>
<td>Rural Development</td>
<td>Section 504 Home Repair Program; Section 502 Direct Loan Program</td>
</tr>
<tr>
<td>ENERGY</td>
<td>Energy Efficiency and Renewable Energy</td>
<td>Weatherization Assistance Program</td>
</tr>
<tr>
<td>HEALTH AND HEALTH SERVICES</td>
<td>Administration for Community Living; Centers for Medicare and Medicaid Services</td>
<td>Title III of the Older Americans Act; Medicaid 1915(c) HCBS waivers</td>
</tr>
<tr>
<td>HOUSING AND URBAN DEVELOPMENT</td>
<td>Community Planning and Development</td>
<td>Community Development Block Grant; HOME Investment Partnership Program; Housing Trust Fund</td>
</tr>
<tr>
<td>VETERANS AFFAIRS</td>
<td>Veterans Health Administration</td>
<td>Home Improvements and Structural Alteration, or “HISA,” grants</td>
</tr>
</tbody>
</table>
To support greater coordination and awareness, the Task Force recommends the federal government establish a new Modification Assistance Initiative (MAI) that would be administered by the HHS Administration for Community Living (ACL). Under MAI, the ACL would coordinate existing federal efforts, as well as publish an annual inventory of programs that support home assessments and modifications for homeowners and landlords that rent to seniors. This inventory would include a demographic analysis of households served and approximate dollars invested for senior households by program. The MAI would serve as a resource center to inform the Aging Network — a national network of federal, state, and local agencies that provide services to enable older adults to live independently in their homes and community — about resources available for home assessments and modifications. The inventory would also help identify and address duplication and gaps in populations supported. Further, the effort would aim to create a national partnership with private-sector entities offering modification services.

The ACL should call on the Aging Network to identify and publish standardized information on state and local resources available for home assessments and modifications. This effort would help to encourage states and local governments to better coordinate their own existing home-modification programs. Each Area Agency on Aging in the Aging Network should be responsible for providing information to its senior-household clients on resources available for home modifications, as well as for developing and providing a resource guide on how low-cost modifications might be helpful to facilitate aging with options. AARP’s Home Fit Guide could be a model.

The mission of the ACL is to enable Americans — particularly people with disabilities and older adults — to live at home with the supports they need. Through its support of the National Eldercare Institute in the 1990s, the ACL has historically been responsible for providing information on best practices and resources relating to home modifications. This effort included publishing a home modification resource guide, producing a fact sheet on home modifications and repairs, and hosting national teleconferences on home modifications and repairs for aging in place. These resources should now be updated for a new generation of seniors.

The home modifications necessary to support aging with options range from very low-cost solutions, like removing hazards, to higher-cost adaptations, such as adding ramps and widening doorways — those costs can run beyond $5,000 (see: Figure 3-3). Modifications can be targeted to address particular physical ailments, prevent adverse events such as falls, or address particular environmental conditions such as extreme heat waves when seniors are at highest risk.

Only 1 percent of houses today have the five features necessary for universal design. Yet, 38 percent of households 65 and older have at least one person living with a disability.

Only 1 percent of houses today have the five features necessary for universal design. Yet, 38 percent of households 65 and older have at least one person living with a disability. This rate increases to more than 44 percent among very low-income older households. Individuals with disabilities increasingly live alone as they age, from 22 percent between the ages of 50 to 64 to 35 percent of individuals who are 80 and over. More effectively coordinating federal resources for home modifications should help make resources more readily available, improve opportunities for leveraging private funds, and ultimately make many of the nation’s homes safer for independent living by older adults.

Recommendation #1. Congress should authorize a new Modification Assistance Initiative (MAI) that would work on an interagency basis to coordinate federal resources available for home modifications to support aging with options.
Home equity, for seniors who own their home, offers a potential source of capital for home modifications. The homeownership rate among individuals age 62 and over is projected to dip slightly over the next 50 years. However, a large majority of seniors, nearly 75 percent, are expected to own a home well into the future.

This projected rate of homeownership among seniors offers a sustained opportunity to consider home equity as a source to cover necessary expenditures, including home modifications and LTSS. In fact, home equity is projected to exceed retirement savings for lower- and middle-income earners well into the future (see: Figure 3-4).

Home equity is the difference between the value of one’s home and the outstanding debt remaining to be paid on loans or mortgages held on the property. Stored equity can be accessed through financial instruments such as reverse mortgages. A reverse mortgage allows borrowers to gain access to the equity and convert it for other purposes. Reverse mortgages, as with any other mortgage product, must be repaid. However, unlike with traditional mortgages, reverse-mortgage borrowers do not make monthly payments, though payments into escrow accounts for property taxes and homeowners insurance may be required. The loan is only repaid when the borrower or their estate sells the property. When drawing on equity, a borrower reduces the capital stored in his or her home; when that property is sold, the borrower may see a lower return than if the equity had not been accessed.

Concerns have been raised about the complexity of reserve-mortgage products. These concerns can be mitigated with access to low-cost and effective mortgage counseling to ensure potential borrowers are clearly aware of the risks and benefits associated with the products.

In addition, efforts should be made to promote the development of alternative, low-cost products to access home equity with appropriate borrower protections. These products should be developed in a way that ensures the effective use and orderly draw-down of home equity. The BPC Commission on Retirement Security and Personal Savings calls for

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**Figure 3-3. Home Modifications Options**

<table>
<thead>
<tr>
<th>LOW COST SOLUTIONS</th>
<th>AVERAGE COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removing hazards, such as clutter, throw rugs, moving furnishings and modifying</td>
<td>$0</td>
</tr>
<tr>
<td>where activities occur (e.g., sleep on first floor instead of second)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDING FEATURES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adding nonslip strips to floors and smooth surfaces</td>
<td>$100-500</td>
</tr>
<tr>
<td>Installing home emergency-response units</td>
<td>$30-100/month</td>
</tr>
<tr>
<td>Improving lighting</td>
<td>$50-100/unit</td>
</tr>
<tr>
<td>Providing telephones with large numbers and letters</td>
<td>$25-100</td>
</tr>
<tr>
<td>Installing grab bars and lever door handles</td>
<td>$250-1500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MORE COMPLEX</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Installing ramps.</td>
<td>$400 - 4,000</td>
</tr>
<tr>
<td>Installing chairlifts or stair glides.</td>
<td>$2,500 - 6,000</td>
</tr>
<tr>
<td>Widening doorways.</td>
<td>$500 - 1,000</td>
</tr>
<tr>
<td>Lowering countertops.</td>
<td>$1,650 - 4,000</td>
</tr>
<tr>
<td>Building roll-in showers.</td>
<td>$700 - 1,000</td>
</tr>
<tr>
<td>Remodeling bathrooms.</td>
<td>$20.00 - 25,000</td>
</tr>
<tr>
<td>Improving wiring to eliminate extension cord.</td>
<td>$8,000 - 15,000</td>
</tr>
<tr>
<td>Upgrading home cooling and climate-control systems.</td>
<td>$3,500 - 4,000</td>
</tr>
</tbody>
</table>

Sources: AARP, Angie’s List, Arrow Lift, Home Advisor, Home Wyse, This Old House, and Medical Alert Systems.³⁹

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**Figure 3-4. Projected Per Capita Retirement Savings and Home Equity Among Homeowners Age 62+ (in 2015 Dollars)**

<table>
<thead>
<tr>
<th>Position in the Lifetime Earnings Distribution</th>
<th>Mean Retirement Assets</th>
<th>Mean Home Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2035</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2055</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: The Urban Institute, DYNASIM3.
establishing a low-dollar reverse-mortgage pool for retired homeowners. This structure could help to reduce fees on mortgages and make the market more accessible. The current Federal Housing Administration reverse-mortgage program, known as the Home Equity Conversion Mortgage, allows qualifying homeowners to withdraw a maximum loan amount that varies based on the interest-rate environment and the age of the borrower.\textsuperscript{100} A low-dollar reverse-mortgage pool would allow retirees to tap into smaller amounts of their home equity, which could mean lower risk for lenders, borrowers, and taxpayers, and it could have the added benefit of reduced fees and interest rates.

**Recommendation #2.** HUD should maintain protections and counseling services for the Home Equity Conversion Mortgage insured loan program and consider new products that assist borrowers in safely accessing home equity.

A disproportionate and increasing share of seniors live in rural communities across America. About 15 percent of residents in nonmetropolitan regions are 65 or older, compared with 12 percent in urban areas.\textsuperscript{101} These differences among communities are expected to hold, and have the potential to grow more drastic, as younger households seek educational and job opportunities outside of the rural communities and retirees move to rural retirement destinations. In 2013, for the first time, two states — Maine and West Virginia — recorded more deaths than births.\textsuperscript{102}

Among those over 65, poverty rates run higher outside metropolitan counties. Approximately 9 percent of metropolitan residents aged 65 or older are below the poverty level, compared with 13 percent of nonmetropolitan senior residents.\textsuperscript{103} Further, mortality rates among seniors also offer a contrast of life in rural communities compared with urban, where according to a study conducted by Dr. Leah Goeres at Oregon State University, rural seniors who took prescription drugs survived 3.5 years longer on average compared with 7.1 years for urban dwellers.\textsuperscript{104}

USDA’s Section 504 home repair program makes valuable resources available to low-income seniors living in rural areas for single-family home modifications. The program has become somewhat outdated for today’s marketplace. USDA currently caps available resources at a $7,500 grant limit and a $20,000 loan limit. Congress should provide flexibility to transfer funds between the loan and grant portions of the program, as was done for the USDA Farm Labor Housing program. Further, the loan program suffers from lack of applications, in part because homeowners who borrow more than $7,500 in the current loan program have a lien placed against their property. The loan program should be updated to increase the $7,500 borrowing threshold requiring a lien.

**Figure 3-5. Location of Households 65+, 2009\textsuperscript{105}**

Further, there are opportunities to streamline the application process for the Section 504 program. It currently takes the same amount of time and paperwork to make a $15,000 Section 504 loan as it does to underwrite a $150,000 Section 502 mortgage loan. USDA must work to automate the process, making it less onerous for senior residents in need of necessary resources for home modification.
Recommendation #3. Congress should call on USDA to modernize the Section 504 home repair program.

Currently, 80 percent of home modifications and retrofits for aging are paid out of pocket by residents. States and municipalities can help relieve some of this burden by making funding available to both individuals (homeowners and landlords) and contractors for expenses incurred acquiring or modifying a property for accessible use. The funding offered either through tax credit, grant, or forgivable loan should be modeled on other local jurisdictions that have implemented these types of programs (see: Figure 3-6). Claims could be offered in an amount not to exceed $5,000 per home, and the overall program could be limited to an annual amount that is feasible for the authorizing jurisdiction. A more widespread deployment of these financial incentives by state and local governments would help increase the supply of accessible housing available to the nation’s aging population.

Recommendation #4. States and municipalities should establish and expand programs to assist low-income seniors with home modification through property tax credits, grants, or forgivable loans.

Property tax relief is a particularly important way to help senior homeowners age with options in their own homes and communities. Because property taxes are based on home values, not income, they are not connected to a homeowner’s ability to pay. Property taxes can hit older seniors particularly hard since incomes decline dramatically following retirement.

States provide property tax relief through a number of different mechanisms, including homestead exemptions that reduce the appraised value of a senior’s home and the deferral of property tax payments until after a home is sold or the owner passes away. In some states, these tax benefits are not means-tested and are open to everyone regardless of income level.

Property tax “circuit breakers” are another mechanism by which to provide tax relief to lower- and moderate-income households. Under these programs, taxpayers receive a credit if their income is below a defined level and their property taxes exceed a specified percentage of their incomes.

Currently, 33 states and the District of Columbia offer property tax circuit-breaker programs in some form. Many states extend eligibility only to the very poorest homeowners, every state limits the dollar amount that can be claimed, and some states index the credit to inflation. Some states have experimented with extending eligibility for the circuit breaker to renters based on the view that owners of rental properties pass through some of their property tax liability to tenants in the form of higher rents.

With the senior population poised to increase, property tax circuit-breaker programs have great potential value in helping seniors afford their housing and remain in their communities. Yet the cost of these programs is likely to increase in the coming years, putting additional pressure on state budgets. Protecting and expanding property tax relief programs that target their assistance to low- and moderate-income senior households should be a priority of state policy.

Recommendation #5. States should protect and expand property tax circuit-breaker programs and other forms of property tax relief that are targeted to assist low- and moderate-income senior taxpayers.

Transforming Our Communities

The role of communities in supporting aging with options is critical to ensure optimal health and well-being. There are a number of opportunities for federal agencies to help support older adults access
## Figure 3-6. Case Studies of State and Local Accessible Housing Tax-Credit Programs

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Requirements</th>
<th>Term</th>
</tr>
</thead>
</table>
| **Virginia Livable Homes Tax Credit** at the Virginia Department of Housing and Community Development**110** | *Eligibility: individuals and contractors*  
• New units include three visitability or accessibility standards  
• Modifications include one visitability or accessibility feature | *$5,000 purchase/construction new accessible unit*  
• 50% of cost of modifying existing units (cap $5,000)  
• Program FY allocation $1 million |
| **Allegheny County Residential Visitability Design Tax Credit** at the Allegheny County, PA, Office of Property Assessments**111** | Create “visitable floor” with all features:  
• at least one no-step entrance  
• firm, stable, slip-resistant, and reasonable sloping path to enter  
• entrance door opening at least 32” and lever door handles  
• hallways at least 36” wide and inside doors at least 32” wide  
• bathrooms with lever handles and reinforced walls for grab bars  
• accessible light switches | *$2,500 over 5 years to cover increases in property taxes as a result of construction/renovation*  
• Participating municipalities offer additional $2,500 credit toward municipal property taxes |
| **Georgia Disabled Person Home Purchase or Retrofit Tax Credit**112 | Qualified visitability standards include:  
• no-step entrance  
• inside doors at least 32” wide  
• reinforced bathroom walls to facilitate installation of grab bars  
• accessible light switches/outlets | *Lesser of $500 or taxpayer income tax liability for purchase of new accessible home*  
• $125 for cost of modifications, claimed by taxpayer |
| **District of Columbia Safe at Home Program**113 | *Eligibility: seniors age 60 and older, and persons living with a disability age 18-59*  
Home accessibility adaptations to reduce the risk of falls and reduce barriers that limit mobility, such as:  
• Bed transfer handles  
• Furniture risers  
• Handrails  
• Lamps  
• Shower seats  
• Stair lifts | *Grants up to $10,000 to cover an in-home assessment from an occupational therapist to identify problematic areas and develop a list of modifications, equipment, and labor costs* |
| **Proposed: Ohio Livable Homes Tax Credit**114 | *Eligibility: individuals and contractors* | *$5,000 income credit cap for purchase/build accessible home or modify existing property to be accessible* |
| **Canada Healthy Homes Renovation Tax Credit**115 | Remodeling expenses for homeowners, renters, and those who share homes with older relatives | *Up to $1,500 per year* |