



POLK COUNTY
**HOUSING
TRUST FUND**

Basic Needs | Powerful Solutions

Aging in Place

2012

Polk County Housing Trust Fund

SENIOR HOUSING: AGING IN PLACE

A Study of a Senior Housing Policy

Prepared by
The Polk County Housing Trust Fund

The Need for Affordable Senior Housing

There is a significant need for affordable senior housing. “By 2030, nearly 20 percent of U.S. residents will be 65 and older. By 2050, the number of people 65 and older will grow by 125 percent, to 88.5 million.”¹ There is also a present need for affordable senior housing, not only across the United States, but here in Iowa as well. As of 2010 in Iowa, the estimated number of people age 65 and over was roughly 452,888 with 46,545 of those located in Polk County.² By 2030, the projected population of Iowa residents age 65 and over is 663,186 or 22 percent of the projected population of Iowa.³

The need for affordable senior housing is apparent. “In 2009, 1.33 million elderly renters [across the United States] had worst case needs,⁴ an increase of 120,000 from 2007.”⁵ While in 2007, more than 8.5 million senior households were cost burdened, spending more than 30 percent of their income on housing.⁶ Even worse, according to a 2012 study, about one in five households age 65 – 74 paid at least half of their income on housing.⁷ Many seniors face an affordable housing crisis. This may be due to a decrease in income levels after retirement, coupled with ever present property taxes, maintenance and upkeep costs, and utility costs associated with owning or renting property.⁸

Whatever the reason, clearly something must be done to provide affordable senior housing for both senior renters and buyers. There are several different senior

housing models that may be able to accomplish just that. The model that will be the focus of this paper however is “aging in place.” Aging in place has become the preferred model of senior housing for most seniors and soon to be seniors. A survey conducted by AARP found that 89 percent of adults 50 and over want to remain in their homes for as long as possible as they age.⁹ The survey also found that older seniors, those 65 and above, have an even stronger desire to age in place.¹⁰ In fact, aging in place has become so popular, that today’s seniors are less likely to move compared to seniors just 30 years ago.¹¹ In less than 20 years, the population of older lowans, 65 and over is expected to account for almost a quarter of the state’s population.¹² Therefore, steps should be taken now to make aging in place affordable and realistic for this sizeable portion of the population.

Aging in Place, in General

Aging in place is an attractive alternative to the institutionalized senior care structure.¹³ “Aging in place means staying in one’s own home even when age or health related changes may make it difficult to do so.”¹⁴ Many seniors prefer this method of housing; it offers the opportunity to age in a comfortable, familiar, and safe environment. Most importantly, many seniors want to age in place because they desire to maintain their independence.¹⁵ In fact, a study conducted by Clarity and the EAR Foundation, found that older adults fear losing their independence or moving into a nursing home, much more than they fear death.¹⁶ It is clear that independence is extremely important to the senior population. Maintaining one’s independence is what aging in place is all about.

In order to age in place effectively, not only must the physical and mental capabilities of the person be taken into account, but the environment of the house around the senior must be considered as well.¹⁷ Proper aging in place cannot occur when the environment of the house becomes too burdensome or unmanageable.¹⁸ Therefore, in many residences where the person desires to age in place, there must be modifications made to the home. The problem is that many people who would benefit from home modifications, such as hand railings or wider doorways do not have them or cannot afford them. Indeed, throughout the nation only about one-third of elderly homeowners with physical limitations actually have even the most basic of home modifications they need.¹⁹

One of the most important aspects of aging in place is the link to supportive services.²⁰ Seniors will only be able to age in place effectively if there is access to supportive services. According to AARP, services such as public transit to the grocery store or doctor's office are essential in order to age in place.²¹ This is essential as roughly 80 percent of the older population lives in car dependent suburbs or rural areas, with destinations that make walking impractical.²² In fact, according to AARP, most seniors have a strong preference for communities that provide walking paths and public transportation.²³ It is important to the vast majority of seniors to be near the grocery store, doctor's office, and social or religious organizations.²⁴

Owning and driving a car for a senior citizen can represent a large financial burden.²⁵ After retirement, many seniors begin to live on fixed incomes. For affluent seniors without health related issues, driving may not be a problem. However for low-income seniors (AARP defined - \$15,697 per year for a single person), the costs

associated with owning and driving an automobile could cost upwards of 51 percent of a senior's fixed income.²⁶ Furthermore, a 2008 AARP survey found that 85 percent of seniors were concerned about fuel costs, which led many to look for alternate means of transportation.²⁷ Today, 21 percent of Americans over the age of 65 do not drive.²⁸ Owning and driving a car may not be sustainable when taking into account all of the other financial obligations that low-income seniors must cover.

The negative consequences to older adults, without an effective linkage of affordable housing and quality public transportation can be severe. For example, “[a] 2004 study found that seniors age 65 and older who no longer drive make 15 percent fewer trips to the doctor, 59 percent fewer trips to shop or eat out, and 65 percent fewer trips to visit friends and family, [compared to] drivers of the same age.”²⁹ Furthermore, “more than 50 percent of non-drivers over age 65 normally do not leave home most days, partly because of a lack of transportation options.”³⁰ The American Journal of Public Health found that men in their early seventies that stop driving will need access to public transportation for about 6 years; while women in their seventies will need access to public transportation for an additional 10 years.³¹

AARP has done research in regards to how much seniors actually use the nation's public transportation systems. In 2009, seniors accounted for 9.6 percent of the over 10 billion trips taken on the nation's public transportation systems.³² Older adults also relied on family or friends 1.4 billion times per year for their transportation needs.³³ “By 2030, 25 percent of licensed drivers in the United States will be over the age of 65.”³⁴ Eventually many of these seniors may limit or stop driving all together for

various reasons. Therefore, effective community-wide public transportation systems are required to help seniors age in place successfully.

Aging in place is something the vast majority of seniors want to do.³⁵ It is the ability to remain in one's home or community, with access to services that make staying in one's home possible.³⁶ Modifying homes to accommodate for senior's needs, connecting homes with social services, and providing transportation alternatives are what allow seniors to age in place comfortably.³⁷

Aging in Place, the Benefits

There are numerous benefits associated with aging in place, such as: the cost savings for seniors aging in place, the avoidance of overcare and undercare, maintaining independence, and the added health benefits. One of the most beneficial aspects of aging in place is the potential money that can be saved from either delaying or preventing institutionalized care.³⁸ For example, “[n]umerous studies have concluded that costs of nursing home care are substantially higher than the costs of personal home care even when the value of assistive home care services is included.”³⁹ This is the case here in Iowa as well.⁴⁰ Research has shown that roughly 70 percent of people age 65 and older will require long term care services at some point.⁴¹

In Iowa, to hire a licensed homemaker services company – aides that complete household tasks such as cleaning, cooking, and running errands⁴² – it will on average cost about \$44,639 per year.⁴³ To hire licensed home health aides – personal aides that provide extensive personal care to allow the elderly to live in their own home, rather than a nursing home facility⁴⁴ – in Iowa it costs about \$47,476 per year.⁴⁵ As of 2007, there were about 9,670 home health aides in Iowa.⁴⁶ While the costs associated with

these home services that help older adults age in place may seem expensive, it is much less expensive than a nursing home facility in Iowa.⁴⁷ A nursing home facility in Iowa will run anywhere from \$55,480 – \$60,773 depending on the style of room.⁴⁸ It is cheaper to hire aides that help one age in place, rather than entering into a nursing home where one may be paying for services of which they have no need.

“Most ‘service-enriched’ housing is organized to provide care at a certain level of need, sometimes too much or too little for a particular individual.”⁴⁹ This becomes a problem referred to as “overcare” and “undercare.”⁵⁰ Many seniors who need help may not be able to afford it, or even if they can, may not receive the requisite amount of care they need, suffering undercare as a result.⁵¹ Undercare occurs when the need for housing or health related services are not being met.⁵² This can happen when one lives in substandard housing or there is a lack of transportation linked to supportive services.⁵³ Undercare, especially in regards to health services, can be dangerous. “When individuals do not receive the level of nutrition or health care necessary to maintain their health, they are more susceptible to catastrophic events.”⁵⁴

On the other hand, overcare occurs when a senior moves into an expensive and restrictive senior home setting before they actually need access to those resources.⁵⁵ Moving into an institutionalized setting may not be appropriate for many seniors, as the institutionalized setting is expensive and may provide services above one’s level of actual need.⁵⁶ For example, a government study found that 48 percent of seniors in nursing homes “did not need the intensive medical care provided by [the] nursing home.”⁵⁷ Many of these seniors could age in place if they had access to home care services.⁵⁸

Overcare can be just as harmful as undercare in many ways. Considering the fact that for many seniors losing their independence is their greatest fear, overcare may actually be considered worse by many seniors.⁵⁹ Overcare can lead to the loss of freedom, as the institutionalized setting requires a certain amount of organized structure. “Often the loss of freedom and mobility can cause depression and confusion, accelerating an individual’s deterioration.”⁶⁰ In addition, overcare can lead to a shortened and less happy life.⁶¹

The institutionalized setting may not be right for many seniors. In fact, one study found that compared to the institutional setting, aging in place is not only less expensive, but it is also better for health outcomes.⁶² Compared to institutionalized seniors, aging in place residents were more mentally and physically healthy.⁶³ By aging in place, older adults can pick and choose what resources they actually need, thus maintaining their independence while avoiding overcare. Furthermore, if supportive services and public transportation are linked with seniors aging in place, the problem of undercare can be avoided as well.

Aging in Place, Community Based Models

Typically aging in place refers to staying in one’s own home. However, there are different models of aging in place. Aging in place does not necessarily have to occur solely in the home; rather it may refer simply to the community itself.⁶⁴ For example, if staying in one’s own home becomes impractical, having the ability to move into a smaller more senior friendly housing unit within the same community can be considered aging in place.⁶⁵ Moreover, housing models such as cohousing or naturally occurring retirement communities can also be considered forms of aging in place.

Cohousing can be an example of a community based model of aging in place. Cohousing is a type of residential development that is relatively rare in the United States.⁶⁶ Even rarer is senior specific cohousing.⁶⁷ Cohousing is a residential development where both community and individual privacy are promoted.⁶⁸ Each resident resides in their own condominium style unit, but there is also a common shared area in the development as well. “The physical layout and management structure encourage social interaction, cohousing appeals to those who wish to feel like part of a community.”⁶⁹ Cohousing provides several opportunities to socialize, such as shared meals or community gardening.⁷⁰ Typically 15 – 35 households will get together to form a cohousing community; there will usually be a common shared house as well for visitors or live-in caretakers.⁷¹ Senior cohousing units are usually smaller to accommodate for potential limited mobility.⁷²

There are several other advantages to the cohousing model. Health benefits, such as pooling resources for a live-in caregiver allow a senior cohousing development to have services delivered on-site rather than in an institutional setting.⁷³ Social benefits such as entertaining or doing favors for one another are common in the cohousing environment.⁷⁴ The social benefits of cohousing can help combat the potential sense of isolation and loneliness that can develop from aging in place. There can be economic benefits as well, such as energy savings, shared meals, and a shared approach to transportation.⁷⁵ Although a cohousing unit will be about the same price or slightly more expensive than the surrounding properties, it should be less expensive in the end because of these cost savings.⁷⁶ Most importantly, cohousing allows seniors to live independently outside of institutionalized care longer.⁷⁷

However, there are potential pitfalls associated with the cohousing model. Cohousing is rare in the United States, thus there is an overall lack of awareness of the “advantages it offers for aging in place.”⁷⁸ Another issue may be affordability.⁷⁹ However, if a cohousing development was being constructed, it would be prudent to designate some of the units as affordable housing.⁸⁰ One other issue is organization. It can be a complicated process to find interested seniors, hire an architect, find the land, and hire legal or financial professionals to help develop the cohousing model.⁸¹ The process to develop and get a cohousing model off the ground is difficult. As such, only about one-third of the groups that attempt to create a cohousing development actually succeed.⁸² Currently, there are a few cohousing projects attempting to form in Iowa, but none of them are senior specific.⁸³

Another form of community based aging in place is referred to as a naturally occurring retirement community (NORC). A NORC is a neighborhood, apartment complex, or housing development that was not designed specifically for the elderly, but many of the residents in the neighborhood have aged in place, resulting in a high concentration of seniors.⁸⁴ A NORC may function similarly to a cohousing development in many ways. For instance, many times the residents pool their resources for transportation, social interactions, and access to health care or other services in order to prolong the stay in their own homes.⁸⁵

NORCs are intriguing; it is aging in one’s own home, surrounded by a neighborhood of others doing the exact same thing. However, NORCs are only successful if they are properly linked with supportive services. If supportive services and public transportation do not alter to accommodate for the NORC, the residents in

the NORC can be isolated from the care they need. There have been problems linking transportation and social services to NORCs, because the suburban neighborhoods where 75 percent of seniors are aging in place were not originally developed to become NORCs.⁸⁶ As more seniors desire to age in place, communities must do a better job accounting for NORCs.

There are many benefits to aging in place, if it is implemented correctly. Avoiding under/overcare, maintaining one's independence, and the positive economic and health related outcomes are all examples of the positives to aging in place. However, “[a]lthough a large majority of older Americans say they want to age in place, it is often more easily said than done.”⁸⁷ Aging in one's own home can be difficult if the supportive services are not organized or available.⁸⁸ For example, many 65 plus residents lack access to public transportation and fewer than half of home owners have access to public transportation.⁸⁹ A lack of public transportation can make the aging in place process difficult for these home owners. Whether aging in place takes place in the home or simply the community, it must be implemented correctly in order to realize these benefits.

Aging in Place, the Difficulties

There are also various difficulties with aging in place, such as: an inadequate housing stock coupled with the excessive costs of home modifications, the economic impact and emotional stress to a caregiver, and the potential for isolation experienced by the older adult who is aging in place. Aging in place can be difficult because of the current nature of housing stock. The majority of older Americans live in the suburbs where public transportation, housing options, and social services are limited at best.⁹⁰

Suburban and rural housing is typically not built with seniors in mind. In fact, most suburban housing can be referred to as “Peter Pan Housing – housing for someone who is never going to grow old.”⁹¹ Suburban homes are typically built for families with children, not for older people with potential health issues.⁹² Moreover, 90 percent of housing units in the United States are not accessible to people with disabilities.⁹³ In Iowa, only 46,545 people age 65 and older live in Polk County out of the 452,888 people age 65 and older in the entire state.⁹⁴ Additionally, only 22,318 people 65 and older live in Des Moines.⁹⁵ This indicates that most people 65 and older live in either the suburbs or the rural areas of Iowa. This housing is generally not built considering senior health or transportation issues.

Universal design and home modifications can be implemented as a way to fix Peter Pan housing issues. Universal design elements are implemented during the construction of a new housing unit. Home modifications on the other hand are relevant in already constructed units. These already constructed housing units may require modifications to make them livable for older adults.

Home modifications are important, because they can contribute to a senior’s ability to age in place. A survey conducted in Iowa found that 34 percent of seniors felt that their property needed some modifications to enable them to age in place.⁹⁶ Many homes require modifications to allow older adults to live more comfortably. For example, one important adaption would be modifications to prevent falls.⁹⁷ This type of modification could include things such as installing grab bars around the house, improving lighting, or securing/removing carpeting.⁹⁸ These kinds of improvements project at a cost of less than \$1,000.⁹⁹ However, while this type of modification may be

relatively cheap, many other modifications are fairly expensive.¹⁰⁰ “More substantial but basic design structural modifications average \$9,000-\$12,000 per one story residence.”¹⁰¹ Unfortunately, features that are cheap when implemented during the construction phase can be extremely expensive during the modification stage.¹⁰²

Universal design on the other hand takes place during construction of a new unit. “Universal design is about creating an attractive, stylish space that everyone, regardless of age, size, or ability, can live in or visit. A home with universal design elements makes it easier for residents to live in.”¹⁰³ Implementing universal design elements into the property during construction, rather than modifying later, adds little cost to the unit and typically will be much cheaper compared to remodeling an existing unit.¹⁰⁴ Examples of universal design elements include: no step entry – an entrance into the unit without stairs, single floor living – a bedroom, kitchen and full bathroom on the first floor, reachable switches, non slip floors, wide hallways, multi level countertops, and easy to open windows.¹⁰⁵

In general, there are added costs associated with universal design features and home modifications. However, there can be economic and physical costs associated with not introducing these features as well.¹⁰⁶ For example, “disabled people living in units without adequate features face a greater risk of injury.”¹⁰⁷ For seniors, falling is a leading cause of injury and death; every year one-in-three seniors age 65 and older falls, and half of these falls occur within the home.¹⁰⁸ Surprisingly, even the fear of falling itself can be detrimental to many older adult’s health.¹⁰⁹ As a result, universally designed housing units can save costs associated with modifying the unit. Modified or

universally designed homes may also save the physical cost by preventing serious injuries from falls.

Disability rates rise with age, and as the size of the senior population continues to grow, there is a strong likelihood of an increase in the number of disabled seniors who would benefit from home modifications or universal design features.¹¹⁰ In fact in Iowa, over 18 percent of households with a person 50 and over have a physical disability.¹¹¹ Many of these would benefit from home modifications. “All too often, however, today’s housing stock is expensive, lacks accessible features, and is not convenient to essential services, all of which make it difficult to age in place.”¹¹²

In addition to the inadequate housing stock, a second drawback is the hidden economic impact of aging in place.¹¹³ For many seniors, the reason they are able to age in place is because they have an informal care system of family or friends that help care for them.¹¹⁴ Here in Iowa there are roughly 310,000 informal caregivers, working 330 million hours per year.¹¹⁵ If informal caregivers were actually being paid for their services in Iowa, the value is estimated to be roughly 3.5 billion.¹¹⁶ In a 2009 study, AARP estimated the value of unpaid informal family care across the country was about \$450 billion per year.¹¹⁷ This is a vast cost savings when compared to the institutional setting, especially for the older adult who is on a fixed income.

However, no good deed goes unpunished. This amount of informal care has a significant impact on the caregiver’s work, health, stress and finances.¹¹⁸ For many caregivers, helping take care of an elderly person is demanding. “About one in three people with high caregiving demands experiences physical or mental health problems due to [the stress of] caregiving.”¹¹⁹ Providing care to an elderly person aging in place

can also have an effect on the caregiver's work life. A study done by the National Alliance for Caregiving found that many caregivers – about 64 percent – are employed in addition to their caretaking duties.¹²⁰ According to a 2000 study by the American Council of Life Insurers, 26 percent of caregivers have even been forced to take a leave of absence to care for an elderly person, and 10 percent have had to turn down a promotion due to their caregiving responsibilities.¹²¹

The consequences of informal care are not limited to the employed caregiver; the impact is also felt by the employer. The impact results in “up to \$33.6 billion in lost productivity to U.S. business annually. It also leads to an average of 8 percent increase in employee health care costs for employed caregivers totaling approximately \$13.4 billion annually.”¹²² Caregiving has also been shown to reduce work productivity by up to 18.5 percent and increases the chances of the caregiver leaving the workforce.¹²³ The economic savings older adults receive by avoiding institutionalized care is great; if the informal care structure vanished, the cost of health care for seniors aging in place would skyrocket.¹²⁴ However the rest of the economy may suffer unintended consequences from an aging in place structure that does not adequately connect outside caregivers or other related services to senior housing needs.

The final drawback worth mentioning is the potential loneliness and isolation caused by aging in place. Many seniors feel lonely and isolated when they are limited to their homes.¹²⁵ The effects of isolation can be fairly serious. Isolation and loneliness can be major issues that can lead to depression.¹²⁶ A study conducted at Harvard University found that compared to a person with 5 – 6 social ties, those with no social ties were at an increased risk for cognitive decline.¹²⁷ This isolation may especially

affect those seniors who live alone.¹²⁸ On the other hand, evidence also indicates that seniors who live alone actually spend more time with neighbors and friends, compared to married seniors.¹²⁹ What is clear is that some older adults may feel lonely or depressed if they are not adequately connected to the outside world.

In Iowa in 2010, 29.7% of persons age 65 and over lived alone.¹³⁰ Thus for Iowans to age in place effectively and to avoid isolation, loneliness, and depression, there must be a variety of opportunities for seniors to link with services and transit.¹³¹ According to a study conducted by the Milken Institute regarding the best cities for successful aging, Des Moines has a lot of work to do with providing seniors adequate alternative transportation methods.¹³² Des Moines ranked 45 out of 100 of the largest metro areas on providing adequate public transportation.¹³³ Providing better transportation alternatives for seniors in Des Moines should be a priority for the city in order to promote more successful aging in place.

Conclusion

Aging in place is the ability to stay in one's own home regardless of age or health status.¹³⁴ The vast majority of older Americans want to age in place.¹³⁵ Whether aging in place in one's own home or just the community, there is simply an overarching desire to avoid an institutional care setting. "Communities benefit when older people are connected and involved in the life of their neighborhoods. Older adults have time, talents, and experience to share."¹³⁶ They should not be unnecessarily hidden away in a nursing home.

Communities in Iowa and Polk County should do more to support aging in place initiatives. According to research done by the Milken Institute, Des Moines is the sixth

best metro area in the United States in which to grow old.¹³⁷ Des Moines and other cities in Iowa were given high ranks for health care, great hospitals, and educational and employment opportunities for seniors.¹³⁸ While this is impressive and reflects well on Des Moines, the report listed some negatives that impact the ability to age in place.¹³⁹ Cities in Iowa were criticized by the report for a lack of public transportation, “especially for seniors who have given up driving” and “[a] lack of in-home caregivers.”¹⁴⁰

There are several ways to support aging in place: provide economic assistance with home modifications, connect older adults with social services, universal design, flexible zoning regulations, property tax abatements, and better public transportation.¹⁴¹ Yet, if aging in place initiatives are not implemented correctly, there are some potential drawbacks – isolation and loneliness, inadequate housing, and unforeseen economic consequences. However, the goal for most seniors is to age in place, and most seniors do age in place; whether or not it is effective is not always as clear.

The institutional care setting is not appropriate for many seniors. Many do not need the level of care provided at these institutions. In Iowa, aging in place is generally a more affordable option for the older adult as well. Home modifications will typically be a onetime cost as opposed to an institution which is usually an expensive annual fee. Furthermore, hiring professional in-home caregivers is less expensive in Iowa compared to the institutional setting. As the senior population in the United States and in Iowa continues to increase, more needs to be done now, to link adequate senior housing with essential services to allow proper aging in place to occur. Aging in place is the desired

outcome for the overwhelming majority of older adults; the policy of Des Moines, Polk County, and Iowa should be to make that happen in the best manner possible.

Citations

-
- ¹ Joan Mooney, *Preparing for an Aging Population*, <http://urbanland.uli.org/Articles/2012/May/MooneyPrepare> (May 15, 2012).
- ² State Data Center of Iowa & Iowa Department on Aging, *Older Iowans: 2012*, <http://www.iowadatecenter.org/Publications/older2012.pdf> 1, 4 (May 2012).
- ³ *Id.* at 1.
- ⁴ Barry L. Steffen et al., *Worst Case Hous. Needs 2009*, http://www.huduser.org/Publications/pdf/worstcase_HsgNeeds09.pdf vii, 65 (Feb. 2011) (“The term “worst case needs” is defined as very low-income renters with incomes below 50 percent of the Area Median Income who do not receive government housing assistance and who either paid more than one-half of their income for rent or lived in severely inadequate conditions, or who faced both of these challenges.”).
- ⁵ *Id.* at 5.
- ⁶ Keith Wardrip, *Strategies to Meet the Hous. Needs of Older Adults*, http://www.nhc.org/media/documents/AARP_insight_strategies.pdf 3, 12 (Mar. 2010).
- ⁷ Barbara Lipman et al., *Hous. an Aging Population: Are We Prepared*, <http://www.nhc.org/media/files/AgingReport2012.pdf> 1, 22 (2012).
- ⁸ Keith Wardrip, *supra* n. 6 at 7.
- ⁹ *Id.* at 2.
- ¹⁰ *Id.*
- ¹¹ Kevin DeGood et al., *Aging in Place, Stuck without Options*, <http://t4america.org/docs/SeniorsMobilityCrisis.pdf> 9, 56 (accessed Aug. 15, 2012).
- ¹² State Data Center of Iowa & Iowa Department on Aging, *supra* n. 2.
- ¹³ MetLife, *The MetLife Rep. on Aging in Place 2.0: Rethinking Solutions to the Home Care Challenge*, <http://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-aging-place-study.pdf> 2, 32 (2012).
- ¹⁴ *Id.*
- ¹⁵ Cara Bailey Fausset et al., *Challenges to Aging in Place: Understanding Home Maint. Difficulties*, 125, 141 (Taylor Francis Online, May 27, 2011).
- ¹⁶ MetLife, *supra* n. 13.
- ¹⁷ Cara Bailey Fausset et al., *supra* n. 15 at 126.
- ¹⁸ *See id.*
- ¹⁹ Stanley K. Smith, *Aging and Disability: Implications for the Hous. Indus. and Hous. Policy in the U.S.*, 290, 306 (July 23, 2008).
- ²⁰ *See* Keith Wardrip, *supra* n. 6 at 1.
- ²¹ *See id.*
- ²² N4A, *The Maturing of Am.: Getting Communities on Track for an Aging Population*, <http://www.n4a.org/pdf/MOAFinalReport.pdf> 9, 32 (accessed Aug. 2, 2012).
- ²³ Kevin DeGood, *supra* n. 11 at 12.
- ²⁴ *Id.*
- ²⁵ *See* N4A, *supra* n. 22.
- ²⁶ *See id.*
- ²⁷ Kevin DeGood, *supra* n. 11 at 3-4.
- ²⁸ Nicholas Farber, *Aging in Place: A State Survey of Livability Policies and Practices*, <http://assets.aarp.org/rgcenter/ppi/liv-com/aging-in-place-2011-full.pdf> 1, 68 (Dec. 2011).
- ²⁹ Kevin DeGood, *supra* n. 11 at 3.
- ³⁰ Nicholas Farber, *supra* n. 28.
- ³¹ Kevin DeGood, *supra* n. 11 at 3.
- ³² *Id.* at 11.
- ³³ Lynn Feinberg et al., *Valuing the Invaluable: 2011 Update the Growing Contributions and Costs of Family Caregiving*, <http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf> 5, 28 (June 2011) (Older adults referred to 70 and older in this study).

³⁴ N4A, *supra* n. 22 at 11.

³⁵ Keith Wardrip, *supra* n. 6 at 2.

³⁶ MetLife, *supra* n. 13 at 2.

³⁷ See Keith Wardrip, *supra* n. 6.

³⁸ See Stanley K. Smith, *supra* n. 19 at 302.

³⁹ *Id.*

⁴⁰ See Genworth Financial, *Genworth 2012 Cost of Care Survey*, http://www.genworth.com/content/etc/medialib/genworth_v2/pdf/ltc_cost_of_care.Par.40001.File.dat/2012%20Cost%20of%20Care%20Survey%20Full%20Report.pdf 36, 92 (2012).

⁴¹ *Id.* at 8.

⁴² *Id.*

⁴³ *Id.* at 36.

⁴⁴ *Id.* at 8.

⁴⁵ *Id.* at 36.

⁴⁶ Family Caregiver Alliance, *State of the States in Family Caregiver Support*, http://www.caregiver.org/caregiver/jsp/content/pdfs/state_profile_ia.pdf 2, 5 (Updated Nov. 2007).

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ MetLife, *supra* n. 13 at 2.

⁵⁰ Kathryn Lawler, *Aging in Place: Coordinating Hous. and Health Care Provision for America's Growing Elderly Population*, <http://www.nw.org/network/pubs/studies/documents/agingInPlace2001.pdf> 13, 55 (Oct. 2001).

⁵¹ *Id.*

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.* at 14 (Catastrophic events include falling and breaking a bone, heart attacks, and getting more infections.).

⁵⁵ *Id.* at 13.

⁵⁶ *Id.*

⁵⁷ Barbara R. Stucki & Janemarie Mulvey, *Can Aging Baby Boomers Avoid the Nursing Home?*, <http://www.logos4me.com/Long%20Term%20Care/Can%20BB%20Avoid%20Home.pdf>, 12, 33 (Mar. 2000).

⁵⁸ See *id.*

⁵⁹ See MetLife, *supra* n. 13.

⁶⁰ Kathryn Lawler, *supra* n. 50 at 13.

⁶¹ *Id.*

⁶² Patrick Roden, *The Econ. Dividend and Hidden Cost of Aging in Place*, <http://aginginplace.com/2012/07/the-economic-dividend-and-hidden-cost-of-aging-in-place/> (accessed Aug. 6, 2012).

⁶³ *Id.*

⁶⁴ Keith Wardrip, *supra* n. 6.

⁶⁵ See *id.*

⁶⁶ Keith Wardrip, *Cohousing for Older Adults*, <http://www.nhc.org/media/documents/fs175-cohousing.pdf> 1, 4 (2010) (Only about 115 cohousing communities throughout the U.S.).

⁶⁷ *Id.* at 2 (Only three existing senior specific cohousing communities exist in the U.S.).

⁶⁸ *Id.* at 1.

⁶⁹ *Id.* at 2.

⁷⁰ *Id.*

⁷¹ See *id.* at 1.

⁷² *Id.* at 2.

⁷³ *Id.* at 3.

⁷⁴ *Id.* at 2.

⁷⁵ *Id.*

⁷⁶ *Id.*

⁷⁷ *Id.*

-
- ⁷⁸ *Id.* at 3.
- ⁷⁹ *Id.*
- ⁸⁰ *Id.*
- ⁸¹ *Id.*
- ⁸² *Id.*
- ⁸³ Fellowship for Intentional Community, *Cohousing Directory*, <http://directory.ic.org/records/cohousing.php> (Cohousing developments attempting to be formed in Ames, Iowa City, Granger and Fairfield).
- ⁸⁴ Philip McCallion, *Naturally Occurring Retirement Communities*, <http://www.albany.edu/aging/NORCPresentation.pdf> 12, 29 (Apr. 1, 2005).
- ⁸⁵ See U.S. News, *Is a Naturally Occurring Retirement Community Right for You?*, <http://money.usnews.com/money/blogs/the-best-life/2009/03/25/is-a-naturally-occurring-retirement-community-right-for-you> (Mar. 25, 2009).
- ⁸⁶ Kevin DeGood, *supra* n. 11 at 9.
- ⁸⁷ MetLife, *supra* n. 13 at 2.
- ⁸⁸ *Id.*
- ⁸⁹ Barbara Lipman et al., *supra* n. 7 at 15.
- ⁹⁰ Grantmakers in Aging, *Aging in Place... With a Little Help from Our Friends*, <http://www.giaging.org/documents/giaaipupdated0412.pdf>, 2, 10 (Updated Apr. 2012).
- ⁹¹ See MetLife, *supra* n. 13 at 19.
- ⁹² See *id.*
- ⁹³ See Stanley K. Smith, *supra* n. 19 at 290.
- ⁹⁴ State Data Center of Iowa & Iowa Department on Aging, *supra* n. 2 at 1 & 4.
- ⁹⁵ *Id.* at 4.
- ⁹⁶ AARP, *Voices of 50+ Iowa: Dreams & Challenges*, <http://assets.aarp.org/rgcenter/general/voices-america-dreams-challenges-ia.pdf> 16, 19 (2011).
- ⁹⁷ MetLife, *supra* n. 13 at 25.
- ⁹⁸ *Id.*
- ⁹⁹ *Id.*
- ¹⁰⁰ See *id.* at 26.
- ¹⁰¹ *Id.*
- ¹⁰² Stanley K. Smith, *supra* n. 19 at 302.
- ¹⁰³ AARP, *What is Universal Design?*, http://www.aarp.org/home-garden/home-improvement/info-09-2009/what_is_universal_design.html (Sept. 30, 2009).
- ¹⁰⁴ *Id.*
- ¹⁰⁵ Natl. Assn. of Home Builders, *Aging in Place Remodeling Checklist*, <http://www.nahb.org/generic.aspx?sectionID=717&genericContentID=89801&print=false> (Accessed Aug. 6, 2012) (An extensive list of aging in place Improvements).
- ¹⁰⁶ Stanley K. Smith, *supra* n. 19 at 302.
- ¹⁰⁷ *Id.*
- ¹⁰⁸ Barbara Lipman et al., *supra* n. 7 at 9.
- ¹⁰⁹ Stanley K. Smith, *supra* n. 19 at 290.
- ¹¹⁰ *Id.* at 289.
- ¹¹¹ AARP, *State Hous. Profiles*, http://assets.aarp.org/rgcenter/ppi/liv-com/AARP_Housing2011_Full.pdf 164, 570 (2011).
- ¹¹² Keith Wardrip, *supra* n. 6 at 1.
- ¹¹³ See MetLife, *supra* n. 13 at 7.
- ¹¹⁴ See *id.*
- ¹¹⁵ Family Caregiver Alliance, *supra* n. 46 at 1.
- ¹¹⁶ *Id.*
- ¹¹⁷ Lynn Feinberg et al., *supra* n. 33 at 1.
- ¹¹⁸ MetLife, *supra* n. 13 at 7.

-
- ¹¹⁹ Barbara R. Stucki & Janemarie Mulvey, *supra* n. 57 at 18.
- ¹²⁰ National Alliance for Caregiving, *The Economic Downturn and its Impact on Family Caregiving*, http://www.caregiving.org/data/EVC_Caregivers_Economy_Report%20FINAL_4-28-09.pdf 5, 15 (Apr. 28, 2009).
- ¹²¹ Barbara R. Stucki & Janemarie Mulvey, *supra* n. 57 at 33.
- ¹²² MetLife, *supra* n. 13 at 7 (Figures are according to 2010 dollar amounts).
- ¹²³ Joseph Coughlin, *Estimating the Impact of Caregiving and Employment on Well-Being*, http://www.well-beingindex.com/files/20100513_CHR_CareGiving.pdf 1, 7 (May 2010).
- ¹²⁴ Lynn Feinberg et al., *supra* n. 33 at 14.
- ¹²⁵ MetLife, *supra* n. 13 at 16.
- ¹²⁶ Melinda Smith et al., *Depression in Older Adults and the Elderly*, http://www.helpguide.org/mental/depression_elderly.htm (June 2012).
- ¹²⁷ Kathryn Lawler, *supra* n. 50 at 15.
- ¹²⁸ Grantmakers in Aging, *supra* n. 90 at 9.
- ¹²⁹ Anthonia Akitunde, *Aging in Place has its Benefits, Risks*, http://www.huffingtonpost.com/2012/05/03/aging-alone-living-alone-boomers-aging-in-place_n_1473591.html (June 21, 2012).
- ¹³⁰ State Data Center of Iowa & Iowa Department on Aging, *supra* n. 2 at 1.
- ¹³¹ See Grantmakers in Aging, *supra* n. 90 at 9.
- ¹³² See Anusuya Chatterjee, *Best Cities for Successful Aging*, <http://successfulaging.milkeninstitute.org/best-cities-successful-aging.pdf> 8, 58 (July 2012).
- ¹³³ *Id.*
- ¹³⁴ MetLife, *supra* n. 13 at 2.
- ¹³⁵ Keith Wardrip, *supra* n. 6 at 2.
- ¹³⁶ Grantmakers in Aging, *supra* n. 90 at 1.
- ¹³⁷ Daniel P. Finney, *5 Iowa Cities Make List of Best Places in America to Grow Old*, *The Des Moines Register* 1B (Aug 1., 2012).
- ¹³⁸ *Id.*
- ¹³⁹ *Id.*
- ¹⁴⁰ *Id.*
- ¹⁴¹ Barbara Lipman et al., *supra* n. 7 at 17.