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Indiana Housing & Community Development Authority: Policy Evaluation of Aging in Place

January 9, 2014

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ACKNOWLEDGEMENTS

Special thanks to all of the individuals and organizations that contributed to the success of this project including:

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Meredith Meadows Senior Apartment Homes

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EXECUTIVE SUMMARY

Aging in place refers to making the living environment safe and adaptable for everyone to remain independent and thrive in their homes and community even as circumstances change. The primary target populations for aging in place strategies are seniors and persons with disabilities. The effort involves construction of buildings and communities that are accessible, and livable. Creation of these housing opportunities means Hoosiers can choose how and where they live: rent or own, urban or rural, close to school or close to work. The Indiana Housing and Community Development Authority (IHCDA) has been working on developing a working definition of "Aging in Place" (AiP) in order to enhance the aging in place strategic initiative to support seniors and persons with disabilities in Indiana. As a result an evaluation of the current initiative was completed to determine the needs of the target population and to enhance the strategic priority.

The goal of the program evaluation is to determine if the working definition of AiP fully encompasses the needs of the community and target population. The evaluation design involves learning and improvement of the IHCDA AiP priority and intends to improve the process. The evaluation team conducted one focus group to collect more in-depth information on perceptions, insights, attitudes, experiences, and beliefs regarding AiP. Five major themes from the focus group were identified including family, accessibility, independence, community integration, and finances. The evaluation was also able to identify a unique perspective of the definition of "home" shared by the aging in place community. To establish a home a physical and psychological component must be met. Furthermore, independent senior living communities were identified as being in high demand.

Based on the findings of the evaluation, three recommendations were developed to enhance the AiP priority at IHCDA. It is recommended that IHCDA amend the working definition to explicitly characterize the meaning of home based on the findings of this evaluation. IHCDA should also increase allocation of funds to independent senior living communities and should perform ongoing evaluations to ensure that current needs of the AiP community are being identified and met. Ongoing evaluation with the data collection tool developed in this evaluation will ensure that the AiP strategic priority at IHCDA is on the right path moving forward.

INTRODUCTION

Background

The Indiana Housing and Community Development Authority (IHCDA) is a quasi-state agency whose mission is to "create housing opportunities, generate and preserve assets, and to revitalize neighborhoods by facilitating the collaboration of multiple stakeholders, investing financial and technical resources in development efforts, and helping build capacity of qualified partners throughout Indiana"(IHCDA, 2013). Furthermore, IHCDA believes that everyone should have the opportunity to live in safe, affordable, good-quality housing in economically stable communities(IHCDA, 2013). As a result, they engage in efforts to help communities build upon their existing assets in order to create places with ready access to opportunities, goods, and services. In addition, they promote, finance, and support a broad range of housing solutions, from temporary shelters to home-ownership. IHCDA's work is done in partnership with developers, lenders, investors, and nonprofit organizations that serve low- and moderate-income Hoosiers. Also, they leverage government and private funds to invest in projects that will benefit communities(IHCDA, 2013).

IHCDA creates housing opportunity, generates and preserves assets, and invigorates neighborhoods by investing technical and financial resources into the development efforts of its partners across Indiana. Within this structure, IHCDA seeks partnerships that offer inventive solutions to community challenges. As evidenced from the socio-demographic data, survey results, and formal and informal discussions with stakeholders, IHCDA has identified four key strategic initiatives including Ending Homelessness, High Performance Building, Comprehensive Development, and Aging in Place. The program evaluation team will focus on the aging in place strategic initiative for the scope of this project.

According to IHCDA, aging in place refers to making the living environment safe and adaptable for everyone to remain independent and thrive in their homes and community even as circumstances change(Nannery, 2013; Wiles, Leibing, Guberman, Reeve, & Allen, 2012). The primary target populations for aging in place strategies are seniors and persons with disabilities, and the effort involves construction of buildings and communities that are accessible, and livable. Creation of these housing opportunities means Hoosiers can choose how and where they live: rent or own, urban or rural, close to school or close to work. Because one in five Hoosiers will be 65 by 2025, IHCDA began collaborating with FSSA's Division of Aging in the fall of 2008 to develop a program, *Home Again*, that would provide rental assistance to seniors on Medicaid who desire to move from a nursing home back into a more independent and affordable community setting(Nannery, 2013). It is estimated that 5,000-6,000 nursing home residents could make this transition based on the availability of support services, as well as the affordability and accessibility of housing(Nannery, 2013).

IHCDA has been working on developing a working definition of "Aging in Place" (AiP) in order to enhance the aging in place strategic initiative to support seniors and persons with disabilities. The working definition was developed after analyses of three focus groups that were held with key stakeholders. IHCDA's working definition of aging in place states:

"Aging in place refers to adapting to our collective living environment so it is safer, more comfortable, and increases the likelihood a person can live independently and remain at home as circumstances change. On a broader scope, while primary target populations for aging in place strategies include seniors, families with seniors, and persons with disabilities, everyone benefits from communities that are accessible, visitable, and livable.(Nannery, 2013)"

The term "visitable" refers to all housing units built with particular features that permit people with disabilities to visit people without disabilities(Pynoos, Caraviello, & Cicero, 2009). As previously mentioned, IHCDA's working definition was created after conducting several focus groups with key stakeholders. Unfortunately, the most important stakeholder, the target population, did not have a voice in these preliminary discussions.

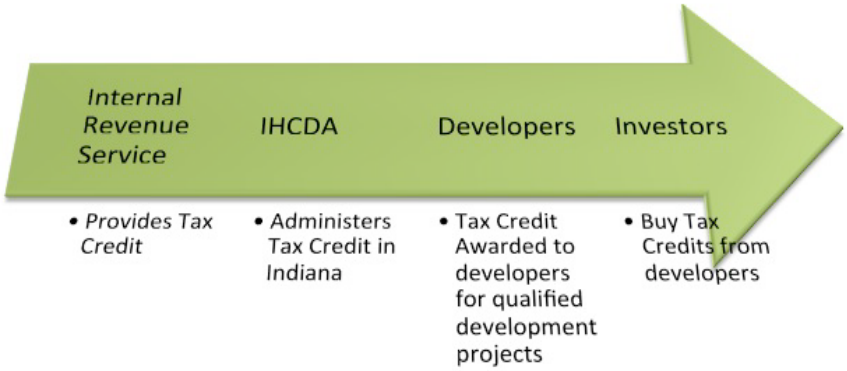
Programs

In order for IHCDA to meet the mission and vision of the agency and to meet the needs of their constituents, the organization has employed 4 strategic priorities, which include comprehensive community development, ending homelessness, high performance building, and aging in place. IHCDA has dozens of programs that contribute to the success of these priorities that range from foreclosure prevention programs to tax credit programs(IHCDA, 2013).

Tax Credit Program

The Tax Credit Program is at the forefront of the aging in place strategic priority as it provides a funding source for new housing developments targeted towards seniors and persons with disabilities(IHCDA, 2014). The Tax Credit Program was first funded in 1986 as a part of the Rental Housing Tax Credit (RHTC) Program. The legislation provided incentives for the investment of private equity capital in the development of affordable rental housing(IHCDA, 2013). RHTC lowers federal tax liability of development owners in exchange for the acquisition rehabilitation or construction of affordable rental housing(IHCDA, 2014).

The Internal Revenues Service (IRS) authorizes the tax credit. The state of Indiana is required to have an agency to administer the tax credit, which is IHCDA in the State of Indiana. IHCDA receives and reviews applications for the tax credit program that are submitted by private developers. If the developer meets all the requirements and is approved by IHCDA, they sell their tax credits to investors to build capital for the project. Developers use the capital to build housing developments. Although other programs at IHCDA contribute to the success of the Aging in Place strategic priority the Tax Credit Program is one that is easily linked to AiP. However, in order for IHCDA to most effectively meet the AiP initiative through programs such as the Tax Credit Program, they must fully understand the needs of the aging community. To better understand the needs of the aging community and build on the current efforts of the AiP initiative, IHCDA completed and evaluation of the AiP initiative(Rayburn, 2013).



EVALUATION

Purpose

Since the seniors and persons with disabilities who utilize and benefit from IHCDA's programs were not given an opportunity to provide their input, feedback, and to voice their needs, IHCDA wants to ensure the current working definition accurately depicts AiP and the real needs of the target population.

The goal of the program evaluation is to determine if the working definition of AiP fully encompasses the needs of the community and target population. The evaluation strives to meet several needs identified by IHCDA. First, the organization would like to develop and implement an assessment tool that may be used continuously to collect current information on the AiP population needs, which will allow for ongoing improvements of the AiP priority. Second, the evaluation will strive to attain a representative sample of the AiP population to best assess the community needs. Lastly, the evaluation will lead to development of an evaluation plan to assess how the various programs at IHCDA impact and contribute to the AiP strategic priority.

The evaluation process was designed based on four questions, which include:

1. Does IHCDA's working definition of AiP translate to the community?

2. What does "home" mean to the aging community?

3. What are the needs of the target population of the AiP priority?

4. What can IHCDA do to improve the effectiveness of the AiP Priority?

The evaluation will attempt to answer each of the questions through a formative qualitative design. The evaluation design involves learning and improvement of the IHCDA AiP priority and intends to improve the process. The qualitative evaluation will use primary data collection and secondary data sources in the methodology. The formative qualitative design method is the most applicable to the AiP evaluation.

Methodology

Project Timeline

The program evaluation team worked with IHCDA Staff members to determine the key activities of the evaluation as well as a timeline for completion of the evaluation. The projected timeline is provided in Appendix C.

Overview

The methodology for the evaluation consisted of 4 components. First, a literature review was completed for the purpose of gaining additional knowledge about AiP and driving instrument development. Next, secondary data sources were analyzed and used to support instrument development. Third, a data collection tool was developed based on the findings of the literature review and secondary data analyses. Lastly, a focus group was conducted to gather data and insight about the perceptions and experiences of the aging population. The methodologies of each of the 4 components as well as the results are discussed in the subsequent sections of this report.

Literature Review

The literature review was conducted to create a knowledge base to be used for instrument development and program

evaluation. The literature review was conducted using OVID through the Ruth Lilly Medical Library at Indiana University School of Medicine. In a preliminary analysis, we examined a broad array of terms that captured the concept of AiP. These included aging/aging in place, aging/aging at home, naturally occurring retirement community(s), elder friendly community(s), aging in the community, home independence, and staying put. The findings of the literature review are included in the appendices of this report.

Secondary Data Sources

Previously, IHCDA conducted 3 focus groups with developers, IHCDA Staff, Investors, and not-for-profit organizations to develop the working definition of AiP. These data will be analyzed and compared against the current definition to establish any discordance. These data were also used to guide instrument development and provided supplemental data for the evaluation.

The analyses determined that the working definition of AiP established by IHCDA closely aligned with the focus group data. However, a common theme throughout the 3 focus groups that was missing from the working definition was financial consideration.

Instrument Development

A standardized data collection tool was developed based on the findings of the literature review and is provided in Appendix B. The tool contains 10 questions that are categorized into 3 sections. The three sections include perspective, current living situation, and the community. The tool was designed to be used as a semi-structured interview or to guide focus group discussions. The tool was adapted from the interview tool developed from the Wiles study in 2012(Wiles et al., 2012).

Focus Group: Methods, Analyses, & Results

The evaluation team conducted one focus group to collect more in-depth information on perceptions, insights, attitudes, experiences, and beliefs regarding AiP. Six participants (5 Female, 1 Male) from Meredith Meadows Senior Apartment Homes in Noblesville, Indiana were selected to participate in the focus group. The participants ranged in age from 60-85 years of age. The session was scheduled for 90 minutes. The focus group was led by 2 facilitators. Meredith Meadows Senior Apartment Homes was developed as a part of the IHCDA Tax Credit Program in the early 2000s.

Focus Group: Data Analysis

The focus group was audio recorded using *Voice Recorder HD for Audio Recording Version 7.0.1* **©.** Each focus facilitator took detailed notes. Audio was replayed when necessary. The facilitators also noted key behaviors to supplement the note contents.

The detailed notes of each facilitator were compared against each other for discordance. Analyses of the results were broken into two components. First, content analyses were performed to examine the contents meaning and implications for the research question. Major themes were characterized into categories. Second, the facilitators considered time spent on the issue and intensity of expression into the importance of each major theme.

Focus Group: Results

We were able to identify 5 major themes from the focus group, which included family, accessibility, independence, community integration, and finances. The focus group also provided a better understanding of the meaning of “home” to the AiP community.

The Meaning of Home

The results indicated that home was not only tied to a geographic location, but to your family. It is possible to feel at home in a new community or a new physical location. It is the relationships with your family, friends, and neighbors that builds a since of belonging and a home. Participant 3 indicated that it was the management and staff that made the place feel like home. Participant 3 stated, "When I signed in, she [management] said, welcome home!"

"…Some of us don't have family; this is my family, you know, cuz I don't have any family here, and the closest I have is Cincinnati, Ohio and they were here…but I didn't wanna go to Cincinnati, so I stayed here… If you live in a regular apartment…you feel excluded; well you never feel that here, never…you have more camaraderie…"

~ Participant 1

Independence

Independence was a key component of the focus group discussions. The ability to take care of yourself as you age was very important to the group.

"One thing I'd say is if you were building apartments that you knew no one was going to live in them except seniors, that all the bathrooms would be walk-in showers; forget about these tubs because it's a real torture for me to get out of that tub…there is no reason to put in tubs because the older you get, the harder it is to get out of them…"

~ Participant 1

"…I started out as a child in the depression, so home was wherever we could fit in… I'm still a pilgrim. I've never felt that any place I went was home except if my wife and kids were there, and that was the key to everything."

~ Participant 2

Family

According to the group, immediate and extended family does not exclusively define family. As people age they lose family members. Therefore, family may be defined as friends and neighbors in addition to immediate and extended family members.

"The third thing that I experienced was, I sat down with my kids and I said this is what I am gonna have to do. I am going to be alone the rest of my life until I can't take care of myself. Now I want to take care of myself as long as I can. That's what I found here, I could take care of myself as long as I can."

~ Participant 2

Accessibility

Accessibility was a major theme and the participants had strong reactions to the discussion. A lot of emphasis was placed on the structure and physical characteristics of senior housing. Participants stressed the importance of developing housing for seniors that lend themselves to common physical limitations experienced by the senior community.

Community Integration

The group was very excited to talk about community integration. Emphasis was placed on the transportation resources available to them that allowed them to integrate themselves into the community. They also discussed the importance of community activities at the development and outside the development.

"…we have a bus that would come in and pick you up at your door and take you to where you're going, and I think that's why they built this, knowing that people like us are gonna need it, so we can have access to anything we need…there's entertainment, there's movies, there a playhouse, and we're close to where my great-grandkids play baseball…"

~ Participant 4

"…that [finances] was my biggest issue. I only have so much that I can live on and these are like little homes; you have your own privacy, everything is done for you, they're there for you, but I can afford it. And I don't have to give out my life…I can still afford to have a little home that's taken care of and do other things, plus I have all my friends…"

~ Participant 1

"…mine too; it's a really important factor. You know almost all of us live on limited income. I mean I don't have the capacity anymore to make the money that I did when I was a nurse. When you go through the [recession], you know we lost our entire 401K…you live on Social Security…"

~Participant 2

Finances

In order to find out how the issue of finances and affordability fit into IHCDA's working definition of AiP, the participants provided information on the impact financial considerations had on their decision to move to Meredith Meadows. Finances were important to the entire group. In fact, everyone agreed financial considerations were a major component of the decision making process as they searched for alternative living situations. Several of the participants indicated that they were on fixed incomes due to social security and retirement plans.

Healthcare

"…I fell outside and I broke my leg at the other apartment complex; it took me four hours to get into the house because nobody saw me… You age less in this kind of place, and age slower..."

~Participant 3

Several discussions during the focus group focused around healthcare needs. One participant stated, *"I get better care here than I would in a nursing home. Here, I can see my doctor when I want to see my doctor and they come to me."* Furthermore, the group talked about how everyone takes care of each other and looks out for the well-being of their "family" (neighbors). The group was very satisfied with their accessibility to their healthcare providers and pharmacy. They also claimed that the independent living community was ideal for everyone in the aging community. However, it was mentioned that individuals with dementia and other serious cognitive impairing diseases would struggle to integrate into an independent living community such as Meredith Meadows.

Discussion

Prior to conducting this evaluation, IHCDA completed three focus groups made up of developers, lenders, investors, and not-for-profit organizations. Our findings shared a common theme with IHCDA's focus groups, which suggested that AiP initiatives should attempt to increase the ability for a person to live independently and remain at home as circumstances change. It was not the perceived goals of AiP initiatives that were found to be different between the current working definition and our findings, but it was the perspective of "home" that had subtle differences.

According to our findings, "home" is a concept beyond a physical house. Home is not just a reference to geography, but is defined by both psychological and physical components. Psychologically, "home" is where optimal level of comfort exists and where a person can be familiar with their environment and surroundings. To accomplish a psychological home a person must have a since of belonging to the community, a family, and independence. Also, a family may consist of friends and neighbors and does not have to comprise of only immediate and extended family members. Physically, "home" is a place that is safe and reduces the chance of physical harm. In this case, amenities and services such as entertainment, transportation and proximity to needed services, amongst others are parts of the physical characteristics of a "home". To establish a home in terms of physical characteristics a person must have a home that is accessible,

integrated into the community, and has the resources necessary to meet their needs such as healthcare needs.

Furthermore, IHCDA's working definition and conceptualization of "Aging in Place", did not highlight the affordability (finances) component of AiP. As a result, affordability was explored in more detail in this evaluation. The answer was unanimous. No matter how attractive or compelling a property may be, if the aging population cannot afford to live there, then the target has not been met. Therefore, not only do the properties have to feel like "homes" both psychologically and physically, but they must be affordable as well.

The aging population, for different reasons such as unforeseen illnesses or falling victim to financial mishap, could end up with little or even nothing by the time they are ready to take advantage of the these AiP initiatives. Consequently, affordability may become a hindrance as was the case with one of the participants who lost the financial cushion she was banking on for retirement to an economic downturn.

Limitations

The evaluation has some limitations to internal validity and external validity that should be noted. First, the focus group provided strong qualitative data, powerful insight to the experiences and attitudes of the group members. However, the participants and facility was selected based on convenience and therefore selection bias is a limitation. Also, the focus group is representative of only one type of senior living community thus they may not be generalized to all senior living communities. The lack of diversity of participants in addition to the limitation of representation contributes to the inability to generalize the findings to the entire AiP community.

Recommendations

Based on the findings of the evaluation, three recommendations were developed to enhance the AiP priority at IHCDA. The three recommendations include:

1. Amend the working definitions of "Aging in Place" to include:
    a. Affordability (finances)
    b. A definition of "home" that includes both physical and psychological components of the home.
2. Increase allocation of funds to independent senior living communities.
3. Use the developed data collection tool to complete more in-depth evaluations and investigations to confirm the findings of this evaluation.

Amend Definition

The first recommendation was to amend the current definition of AiP. As previously mentioned, there are subtle differences in the perspective of "home" for IHCDA and the target population. The evaluation identified the subtle differences to be related to the physical and psychological components of a home. IHCDA should amend the working definition of AiP to more explicitly define "home". The definition should encompass both the geographic (physical) and the psychological components that make an individual feel at home. A more explicit understanding of the term home will allow IHCDA to strategically move forward with the AiP priority to assist in "*a person [ability to] live independently and remain at home as circumstances change."*

Fund Allocation

The second recommendation was to increase the allocation of funds to independent senior living communities. The evaluation findings determined that independent senior living communities are in very high demand. Meredith Meadows currently has a two year waiting list to become a resident at the development. Management indicated that the company applied for 4 new developments, but all 4 were denied. The reasons for denial were not disclosed. However, it was evident that both the participants of the focus group and the management felt strongly about increasing the availability of independent senior living communities due to high demand, since it was deemed the "most ideal living situation" for seniors.

Ongoing Evaluation

The results from this evaluation are not generalizable to the entire AiP community and only provide a snapshot of a small segment of the population of interest. Therefore, the third recommendation is to continue with ongoing evaluation using the developed data collection tool. Ongoing evaluation will allow IHCDA to confirm the findings of this evaluation, identify current challenge and changes, and guide the AiP strategic priority efforts moving forward.

Conclusion

The aging population is the largest section of the population in the United States and has more specific needs in regards to healthcare and housing. Therefore, as the aging population continues to grow it is imperative that organizations such as IHCDA invest time and energy into Aging in Place initiatives to ensure the general well-being of the aging population. IHCDA has already established Aging in Place as a strategic priority and thus is one step ahead of the game. Incorporating the recommendations generated from this evaluation will enhance the current efforts and ensure that the Indiana Housing and Community Development Authority can keep up with and address the needs of the aging community through ongoing evaluation.

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APPENDIX A: Logic Model

IHCDA: AGING IN PLACE

Appendix B: Data Collection Tool

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Interview Tool
Goal: Determine the needs of the aging population as it relates to aging in place.

Perspective:

1. What does the word "Home" mean to you?

2. Do you feel like you are at home here?
    a. What makes it feel like home or what would it take for you to feel at home here?

3. Regarding your living situation, what factors and needs are most important to you as you decide where to live? (Health Status, Finances, etc…)
    - *If responses provided by participant include answers to Question 4, then skip to Question 5**

4. Tell me about how you came to live here?
    - *How and why was the decision to move here made?**
    - *Did you have a variety of options?**

5. What is the ideal place for an older person to live?

Current Living Situation:

6. What services and amenities are available to you and which ones do you utilize? (Services include things that cannot be touched but still utilized, such as occupational therapy. Amenities include features that enhance the desirability of your living environment, such as laundry service, and on-site maintenance staff).

    a. Is there any reason why you do not take advantage of the services and amenities that you do not utilize?

7. What services and amenities would you like to have, but which are currently unavailable to you?
    a. Why do you think these services and amenities are not offered?

8. What do you like most about your current living situation and what would you like to change?

The Community

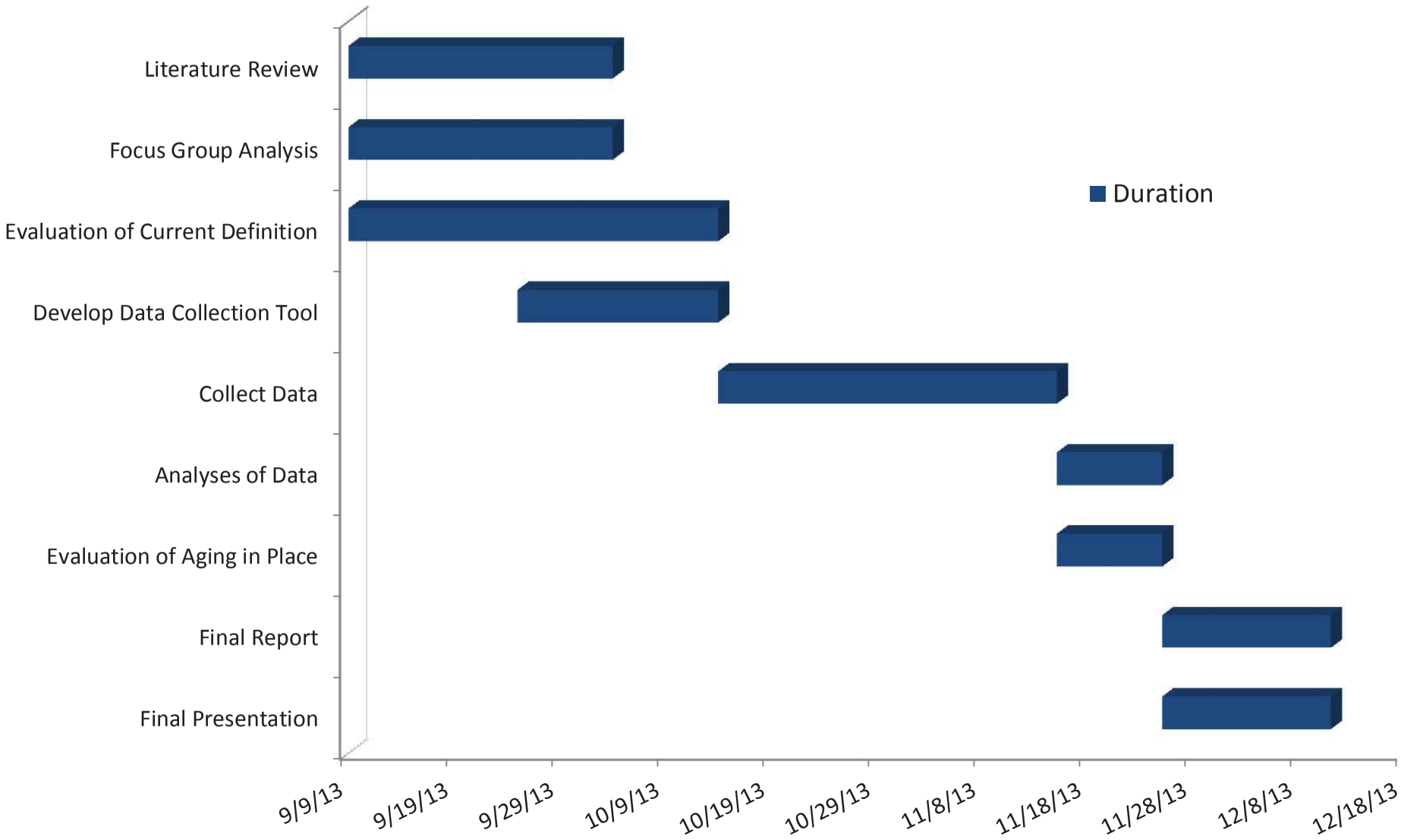
9. What does the word "community" mean to you and how would you describe your community?
    - *What do you like the most about your neighbourhood? The least?**
    - *Describe for me the places you go to and the people you see most frequently.**
    - *What about your neighbourhood makes you feel at home (and what makes you not feel at home)?**
    - *What could be improved in your neighbourhood? What would you change?**
    - *Other than your neighbourhood, what other networks or communities do you feel part of? What creates this sense of belonging? How does the place you live in makes it easier (or not) to be part of these networks?**

10. Do you want any change(s) in your community to improve your living environment?
    a. If so, what changes would you like?

* **The italicized portion of this interview tool is for the interviewer to guide the conversation if the interviewer needs to probe or stimulate the participant.**

APPENDIX C: Project Timeline

IHCDA Aging in Place: Gantt Chart



Appendix D: Literature Review

"Aging in place refers to adapting to our collective living environment so it is safer, more comfortable, and increases the likelihood a person can live independently and remain at home as circumstances change. On a broader scope, while primary target populations for aging in place strategies include seniors, families with seniors, and persons with disabilities, everyone benefits from communities that are accessible, visitable, and livable."

Literature Review: Aging in Place

Study Title	Author	Journal	Conclusions	Major Themes	Notes
The meaning of "aging in place" to older people	(Wiles, Leibing, Guberman, Reeve, & Allen, 2012)	Gerontologist	Older people want choices about where and how they age in place. "Aging in place" was seen as an advantage in terms of a sense of attachment or connection and feelings of security and familiarity in relation to both homes and communities. Aging in place related to a sense of identity both through independence and autonomy and through caring relationships and roles in the places people live.		Aging in place operates in multiple interacting ways, which need to be taken into account in both policy and research. The meanings of aging in place for older people have pragmatic implications beyond internal "feel good" aspects and operate interactively far beyond the "home" or housing.
Built environment and mobility of older adults: important policy and practice efforts	(Yen & Anderson, 2012)	J Am Geriatr Soc	Many of the design principles that Complete Streets promotes are being adopted at the state and local level across the country and could have important implications for older adult health.		Complete Street = set of design features that support safe roads for people of all ages and abilities.
Aging in place: multiple options, multiple choices	(Wick & Zanni, 2009)	Consult Pharm	Housing concerns include design elements that make homes more accessible for elders and people with disabilities, but also make the home more functional for others ("universal design").		
Activity density map visualization and dissimilarity comparison for eldercare	(Wang, Skubic, & Zhu, 2012)	IEEE Trans Inf Technol Biomed	Methodology for analyzing passive infrared motion sensor data logged in the homes of seniors.		

monitoring					
Home- and community-based services utilization and aging in place	(Tang & Lee, 2010)	Home Health Care Serv Q	Among the vulnerable, community-dwelling older adult sample (N = 2,001), users of adult day programs, housekeeping, senior lunch, helpline, or personal assistance services were more likely to indicate they would need regular help to remain living on their own. By contrast, users of senior centers, personal assistance, or visiting nurse services were more likely to indicate they would move out due to health problems. Home repair service users were less likely to perceive the need for relocation. Findings have implications for improving long-term care and supportive service systems to meet the current and future needs of community-dwelling older adults.		This study examines the relationship between home- and community-based service (HCBS) utilization and perceived service needs for aging in place versus relocation, using the data from the Community Partnership for Older Adults Survey.
Lessons learned from 5 women as they transition into assisted living	(Saunders & Heliker, 2008)	Geriatr Nurs	Four themes: deciding to move, becoming dependent, remembering what was and yearning for the past, and creating a new community.		Understanding the perspective of residents experiencing this transition may lead to innovative changes in ALF orientation programs, caring interventions, delivery of consumer directed care, and health provider educational strategies.
Aging in place: knowing where you are	(Rosel, 2003)	Int J Aging Hum Dev	Research on aging in place appropriately emphasizes the value of familiar surroundings. The current study contributes an exploration of elders' personal knowledge of where and with whom they are aging in place, knowledge actively accumulated		

			from a lifetime spent in the same area. Most notable is the depth and detail of their personal knowledge of where they are and with whom they are growing old. I conclude that both the knowledge itself, and the sharing of that knowledge with others, contribute to the implicit and explicit support deemed so valuable for elders who age in place.		
Is aging in place a resource for or risk to life satisfaction?	(Oswald, Jopp, Rott, & Wahl, 2011)	The Gerontologist	On average, young-old differ from old-old in indoor physical environmental indicators but not in neighborhood characteristics or social aspects of housing. Regression analyses revealed that apartment size, perceived neighborhood quality, and outdoor place attachment explained life satisfaction independently, whereas social housing aspects played only a minor role.		
City governments and aging in place: community design, transportation and housing innovation adoption	(Lehning, 2012)	The Gerontologist	Strategies for local government adoption include facilitating the involvement of older residents, targeting key decision makers within government, emphasizing the financial benefits to the city, and focusing on cities whose aging residents are vulnerable to disease and disability.		
The supportive community: a new concept for enhancing the quality of life of elderly living in the community	(Berg-Warman & Brodsky, 2006)	Journal of aging & social policy	The major contributions of the program reported by the members was increasing their personal security (two-thirds), easing the burden on their children (one-third), and enabling them to remain at home (one-quarter). homes and		The supportive community program enriches the variety of services available, thus providing the elderly with the choice of staying within their familiar surroundings of their

			neighborhoods.		
Creating elder-friendly communities: preparations for an aging society	(Alley, Liebig, Pynoos, Banerjee, & Choi, 2007)	J Gerontol Soc Work	This paper presents an analysis of the literature and results of a Delphi study identifying the most important characteristics of an elder-friendly community: accessible and affordable transportation, housing, health care, safety, and community involvement opportunities.		We also highlight innovative programs and identify how social workers can be instrumental in developing elder-friendly communities.

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