

# **Aging in Place**

**Tuesday March 20, 2018**

**9:00 am – 10:15 am**





- Marc Cohen, Moderator
- Jennifer Molinsky, Ph.D, Speaker
- Louis Tenenbaum, Speaker
- Karen Smyth, Speaker

# ILTCI Mobile App Download Instructions

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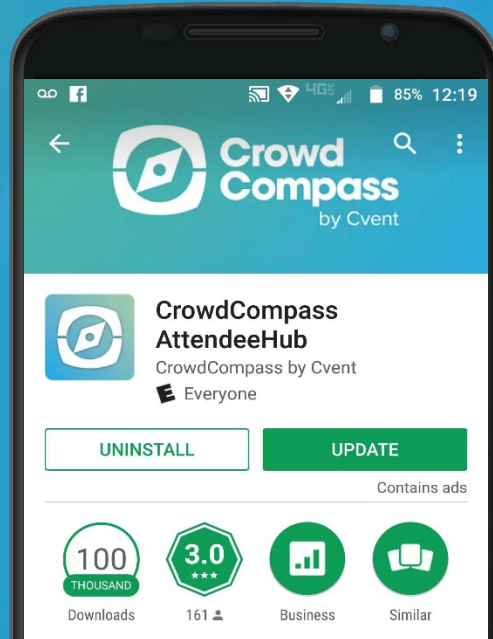
- 1) Type <https://crowd.cc/s/1flyo> in web browser
- 2) Click “Download iPhone/iPad App” to load Apple’s App Store and download the app.

android

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- 1) You’ll be using the web version of the app. Open the web browser, click the BlackBerry menu button, select “Go To” and type <https://crowd.cc/s/1flyo>.



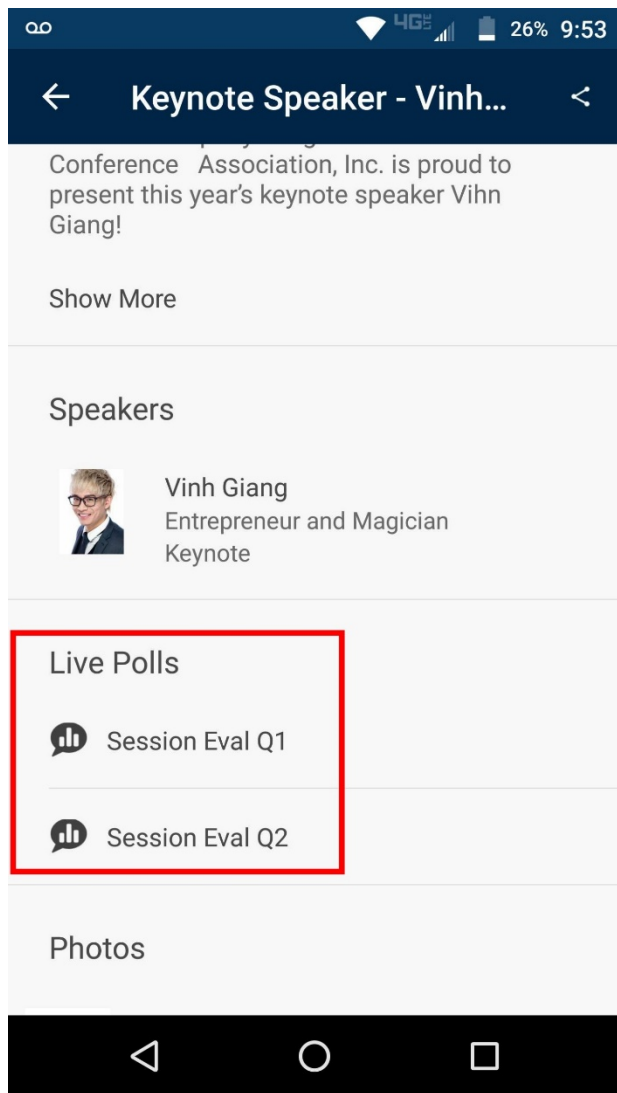
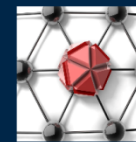
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Scroll to the bottom to find the Live Polling questions.

This year the session survey questions can be found in this section and will take just a couple seconds to complete.

# *Public Policy & Alternative Finance Solutions*

## The Housing Challenges of Aging in Place: Ensuring Older Adults' Homes Support Health and Quality of Life

Jennifer Molinsky, Ph.D.

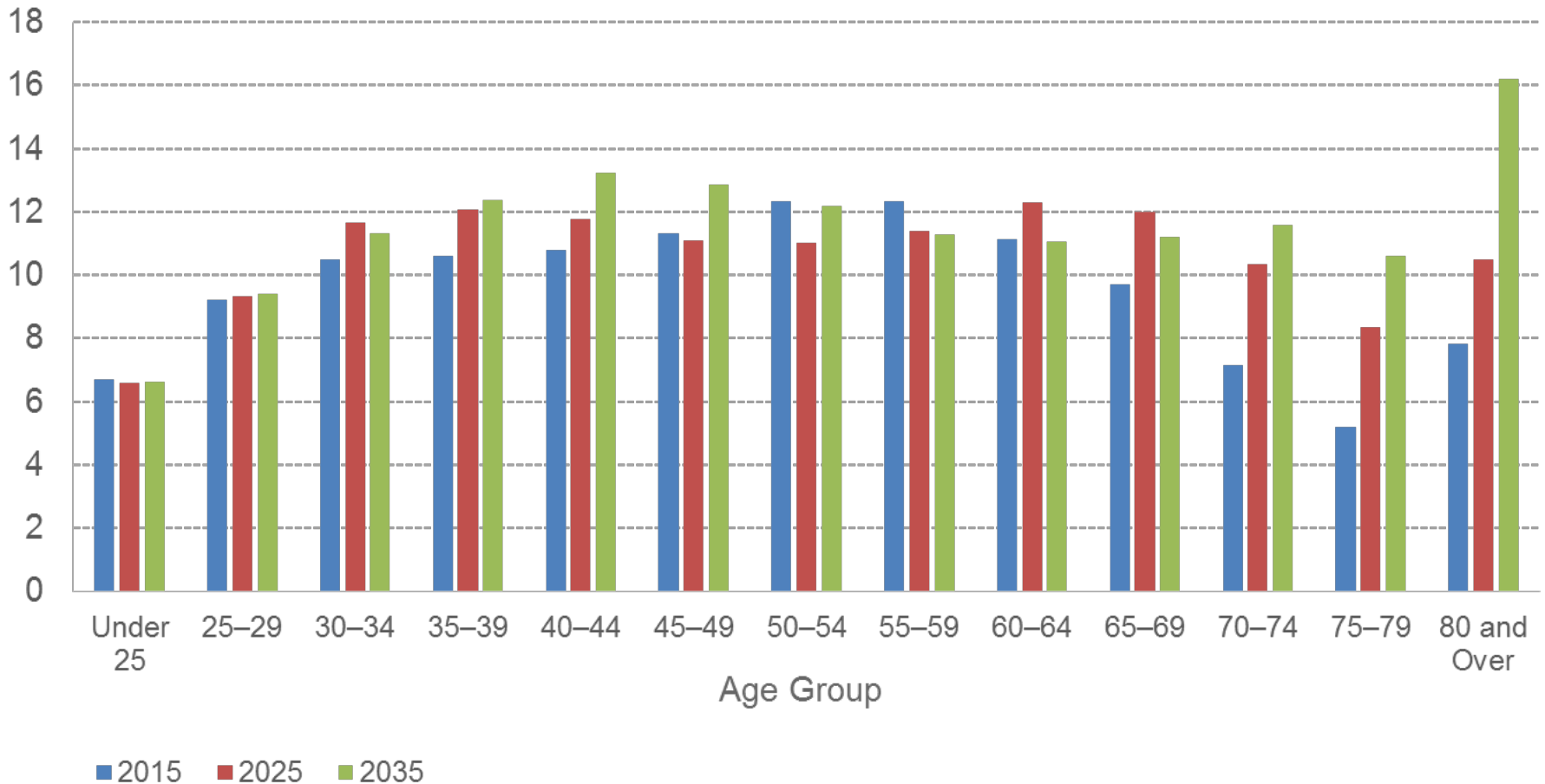


**18th Annual Intercompany Long Term Care Insurance Conference**

# Significant Growth Expected Among the Oldest Households by 2035



Projected Households (Millions)

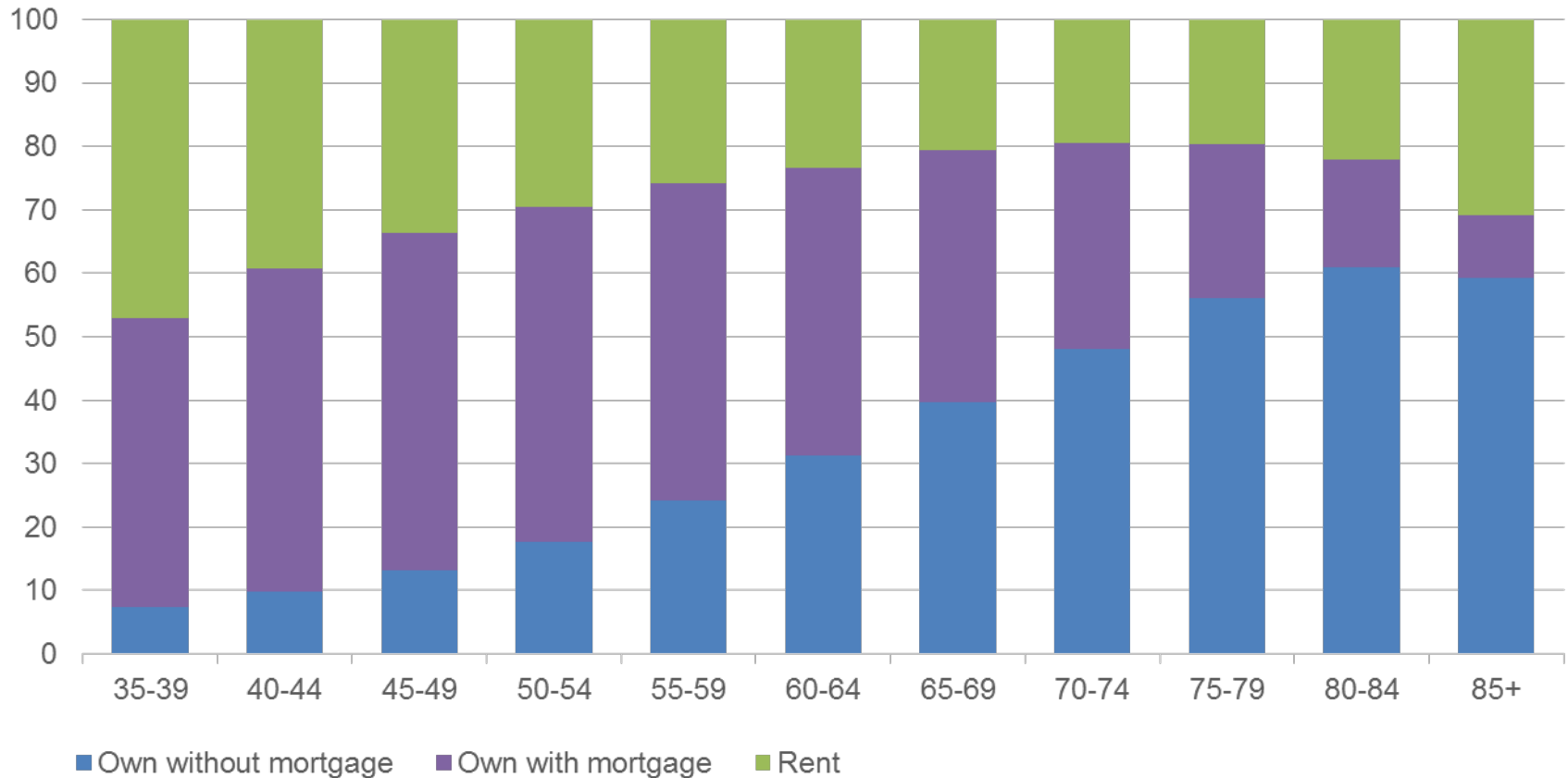


Source: 2016 Joint Center for Housing Studies Household Projections.

# Most older households own their homes



Tenure and Mortgage Status Distribution, by Age of Householder (Percent)

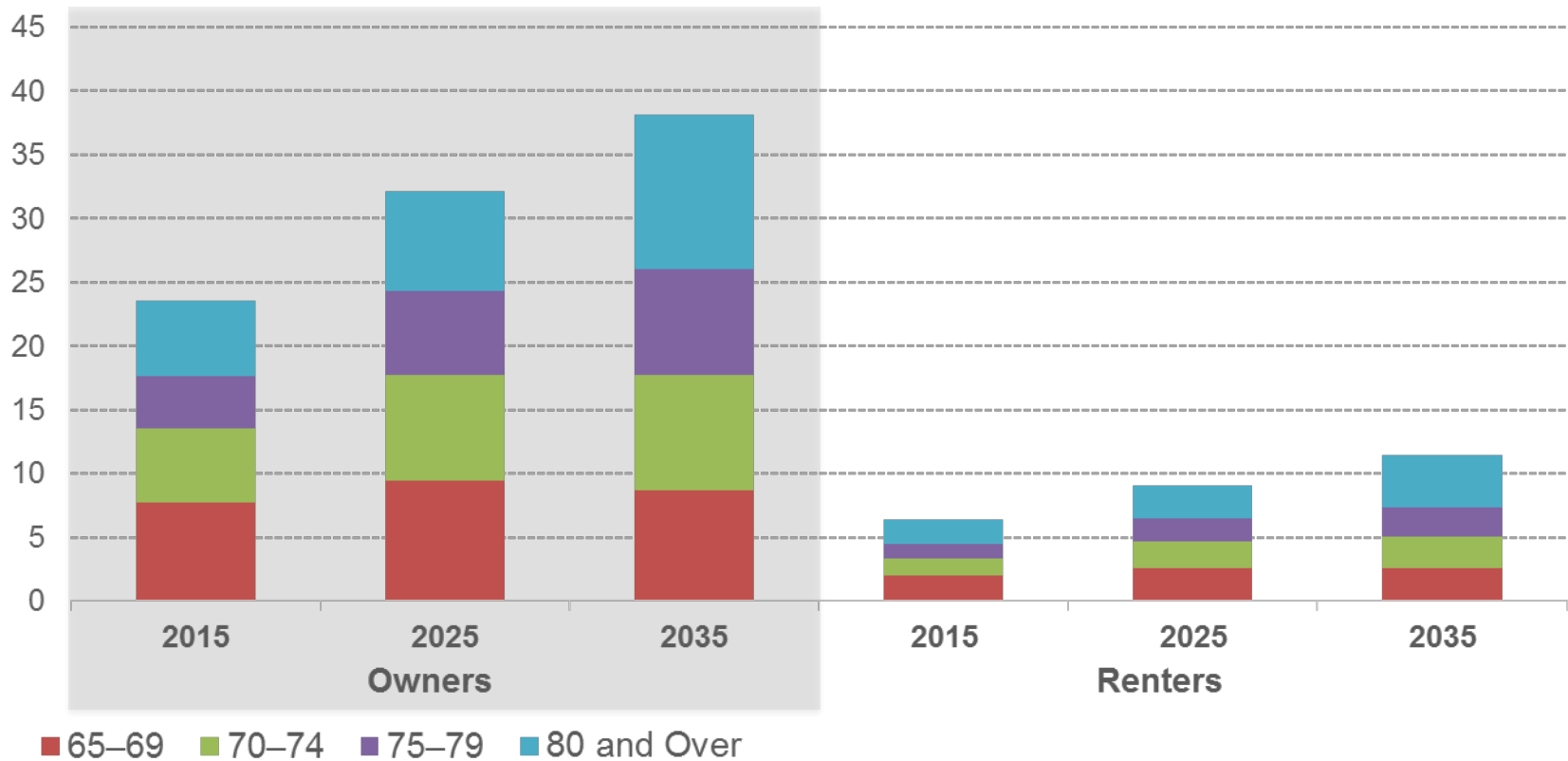


Source: JCHS tabulations of 2014 American Community Survey data.

# Owner and renter households over 80 will double



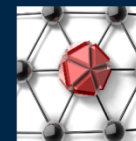
Projected Older Households by Age Group (Millions)



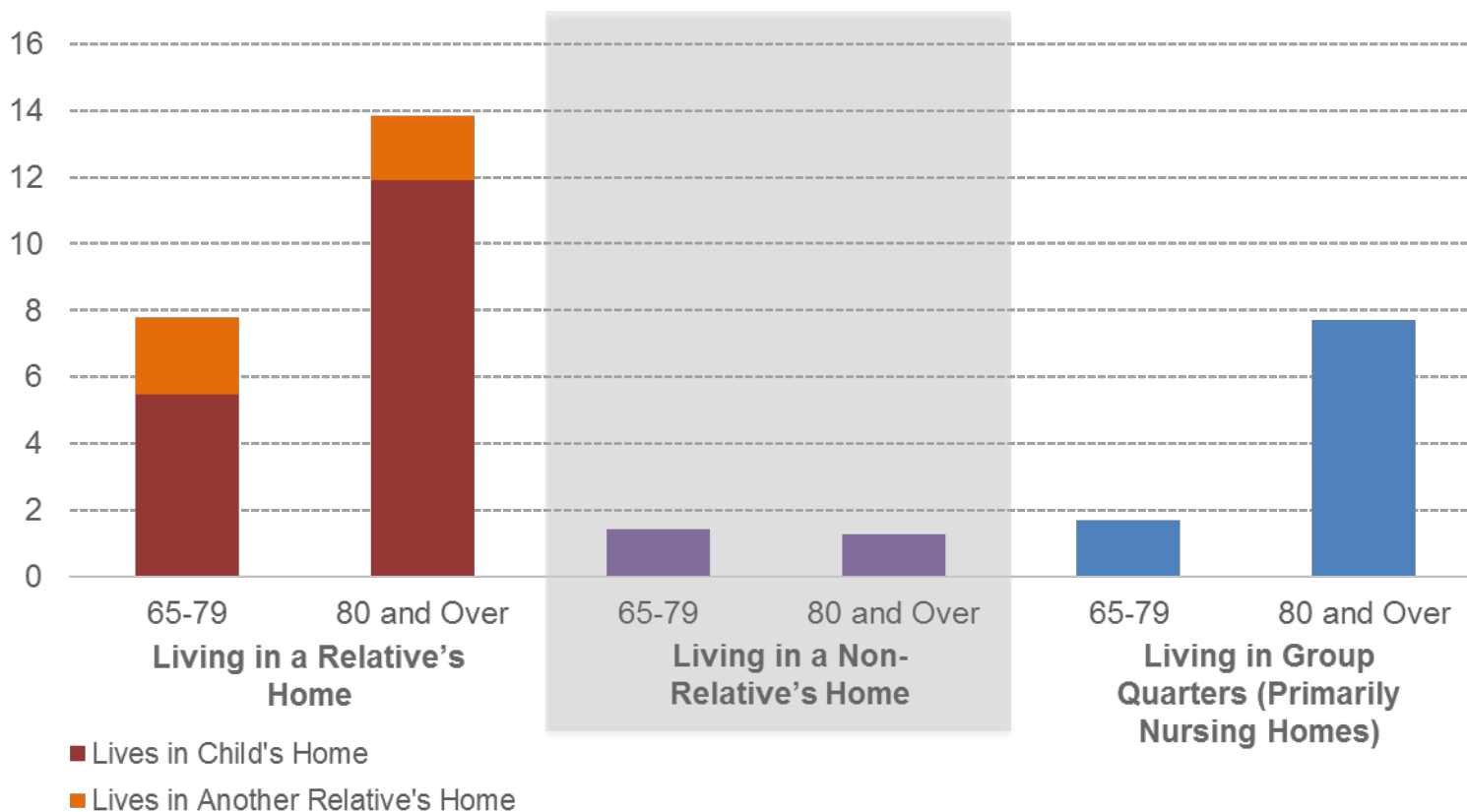
Source: 2016 JCHS Household and Tenure Projections.



# Shares living in a child's home or in group quarters increase with age



Share of Population by Age (Percent)



Note: Excludes those living as heads of household and spouses of household heads.

Source: JCHS tabulations of US Census Bureau, 2014 American Community Survey 1-Year Estimates.

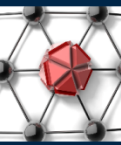
# Though many want to remain in their homes, current housing poses serious challenges



## Challenges:

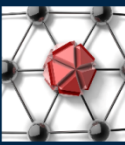
- Affordability
- Accessibility
- Connections to healthcare
- Connections to community, services, and amenities

# Challenge 1: Affordability



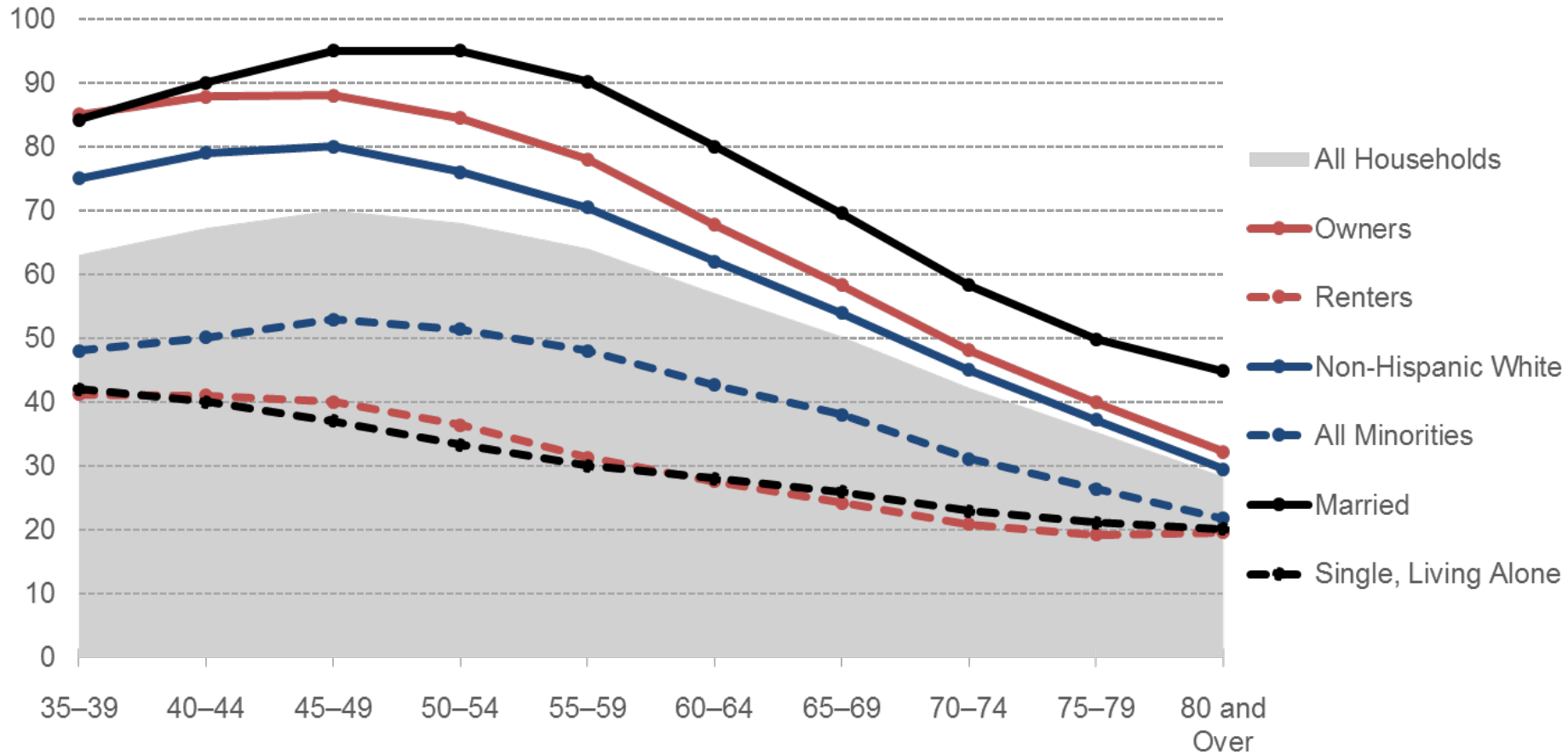
- 1/3 of households 65+ pay more than 30% of their income on housing
- Forces cut backs in healthcare, food, transportation – all of which can affect health





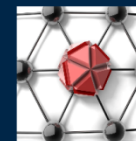
# Median income declines with age

## Median Household Income by Age of Householder (Thousands of dollars)

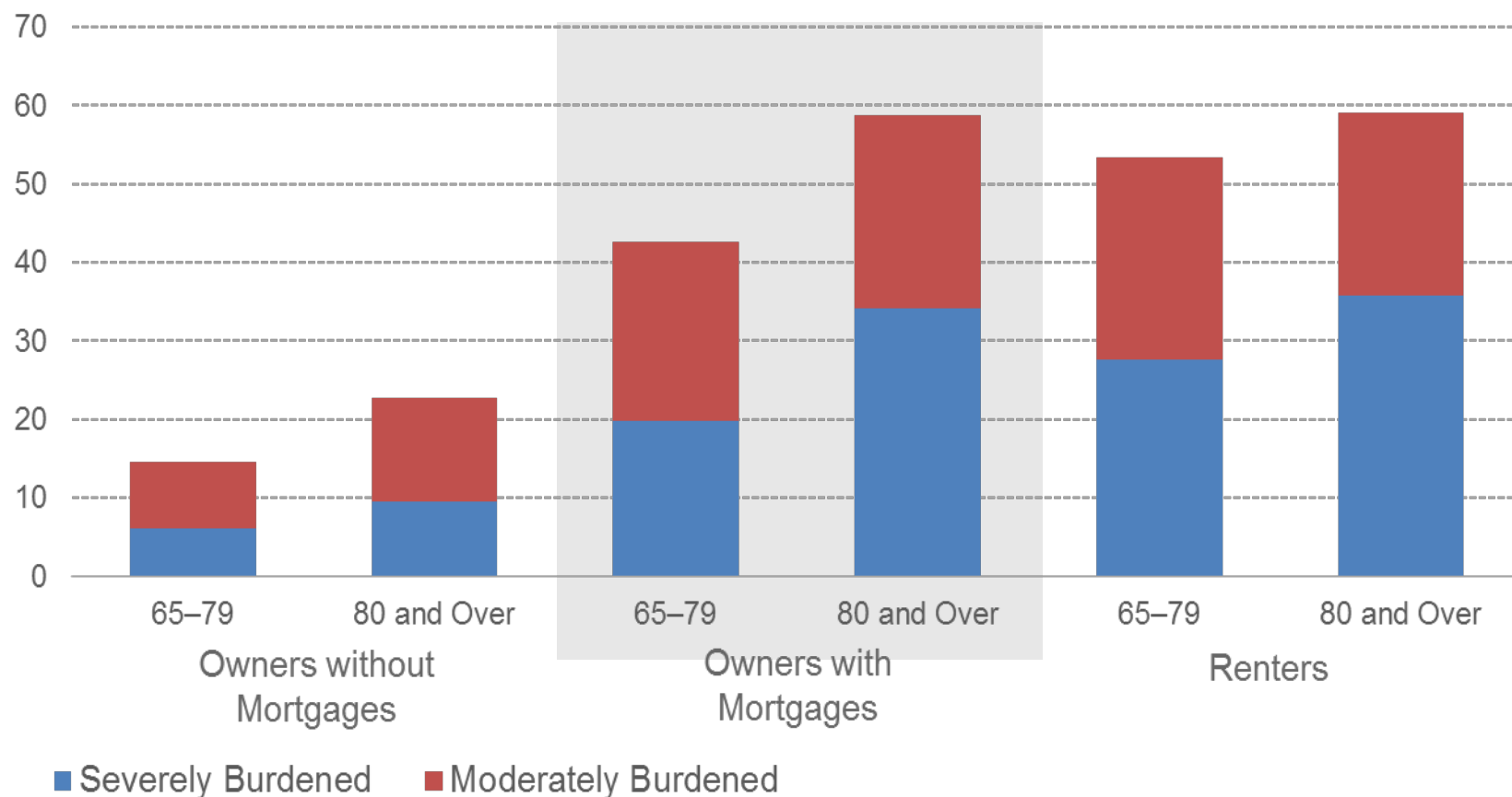


Source: JCHS tabulations of US Census Bureau, 2014 American Community Survey 1-Year Estimates.

# Cost burdens rise with age – And are particularly high for renters and owners with mortgages

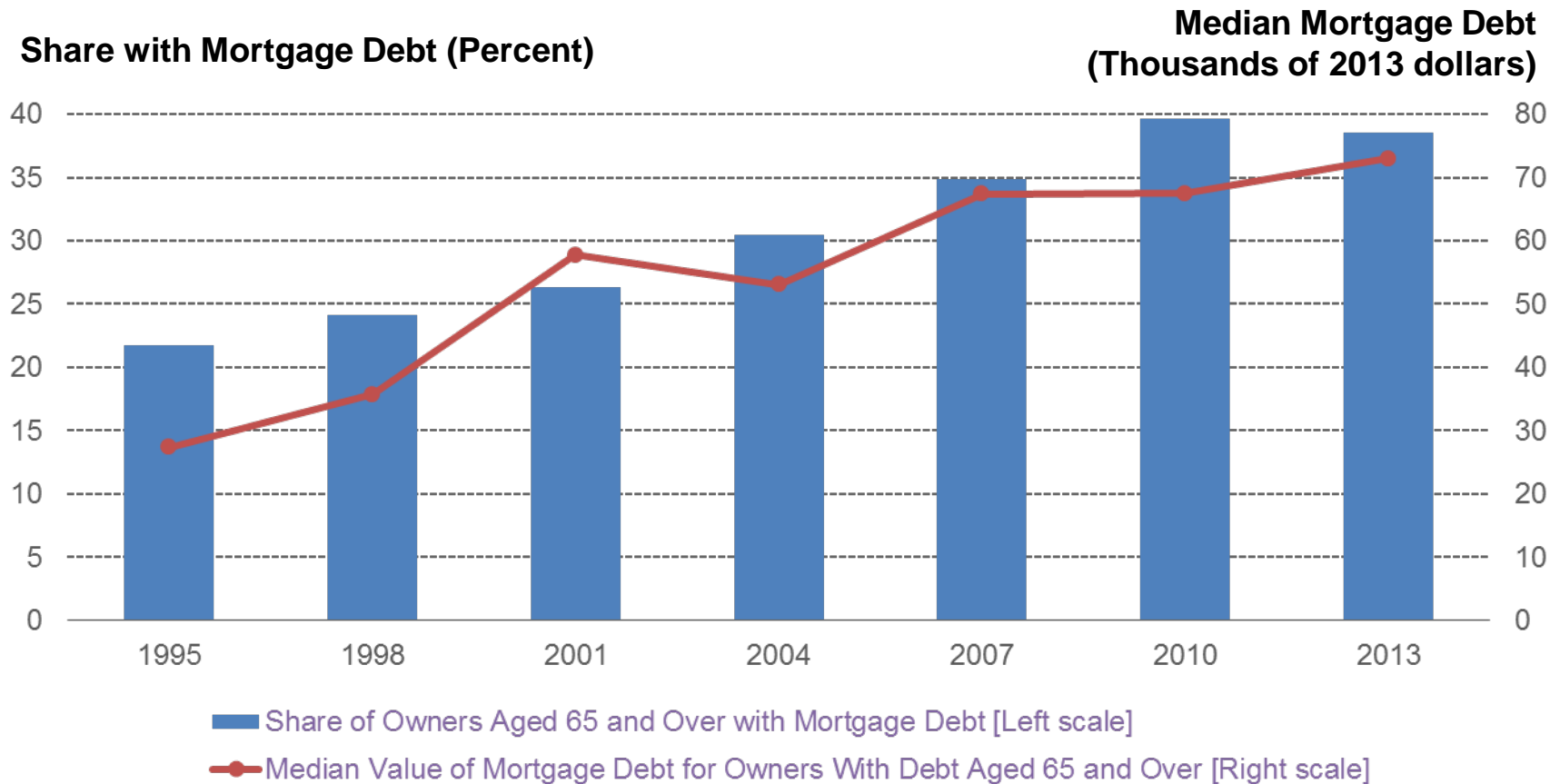
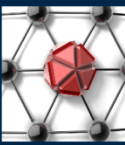


Share of Households by Age Group (Percent)



Note: Moderately / severely cost burdened is defined as paying 30–50% / over 50% of income on housing.  
 Source: JCHS tabulations of US Census Bureau, 2014 American Community Survey 1-Year Estimates.

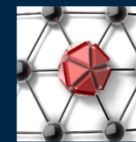
# More older households are carrying higher amounts of mortgage debt into retirement



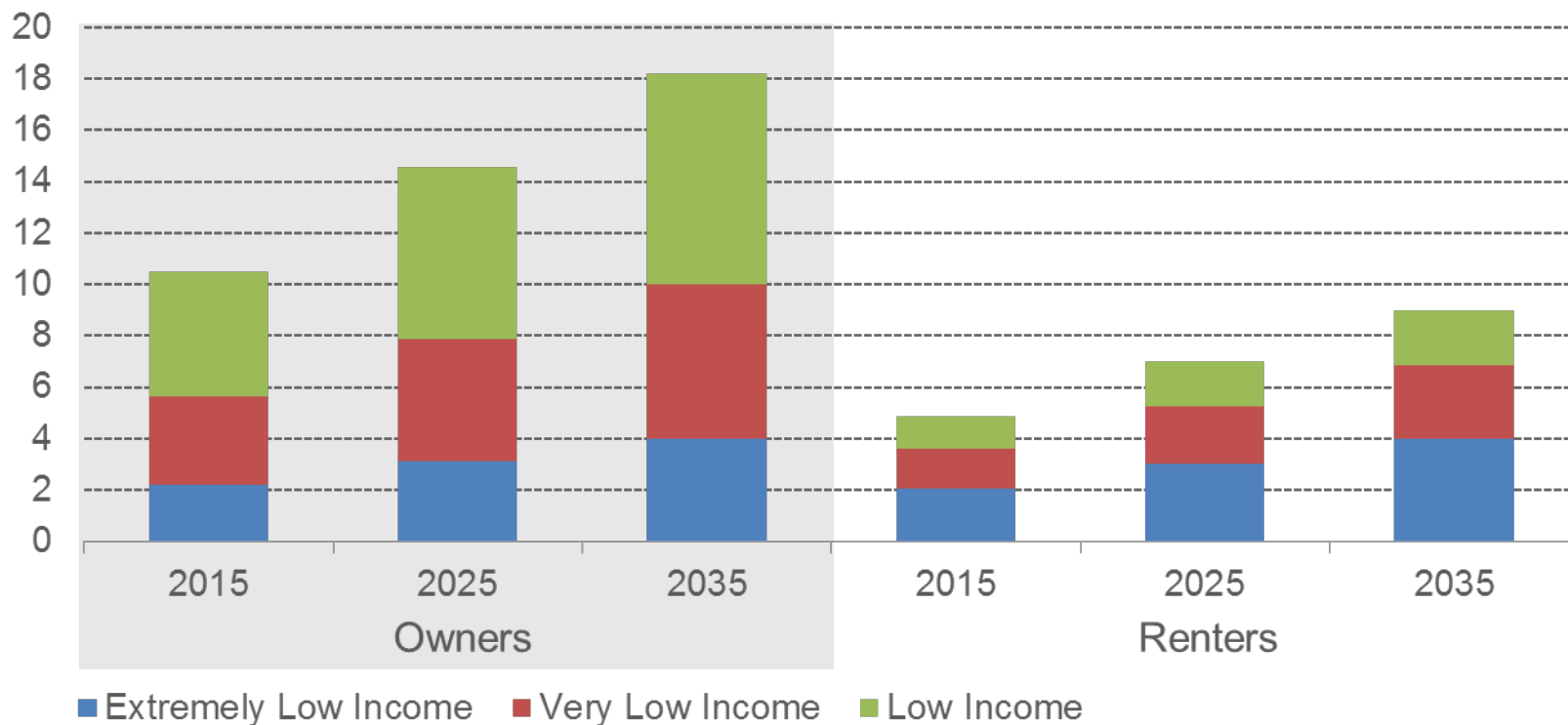
Notes: Mortgage debt is debt on a primary residence. The share with mortgage debt is among owners only. Median value of mortgage debt is among owners with mortgage debt only and in constant 2013 dollars adjusted for inflation using the CPI-U-RS.

Source: JCHS tabulations of US Federal Reserve Board, 2013 Survey of Consumer Finances.

# There will be millions more low-income older households by 2035



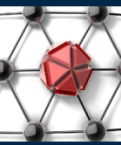
**Projected Low-Income Households Aged 65 and Over (Millions)**



Note: Extremely low income is defined as up to 30 percent of area median; very low income is more than 30 up to 50 percent of area median; and low income is more than 50 up to 80 percent of area median.

Source: JCHS tabulations of US Census Bureau, 2014 American Community Survey 1-Year Estimates and 2016 JCHS Household and Tenure Projections.

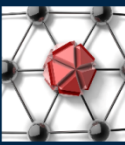
# Challenge 2: Accessibility



- Mobility disabilities rise with age, across all demographic groups
- Yet most housing lacks even basic accessibility features

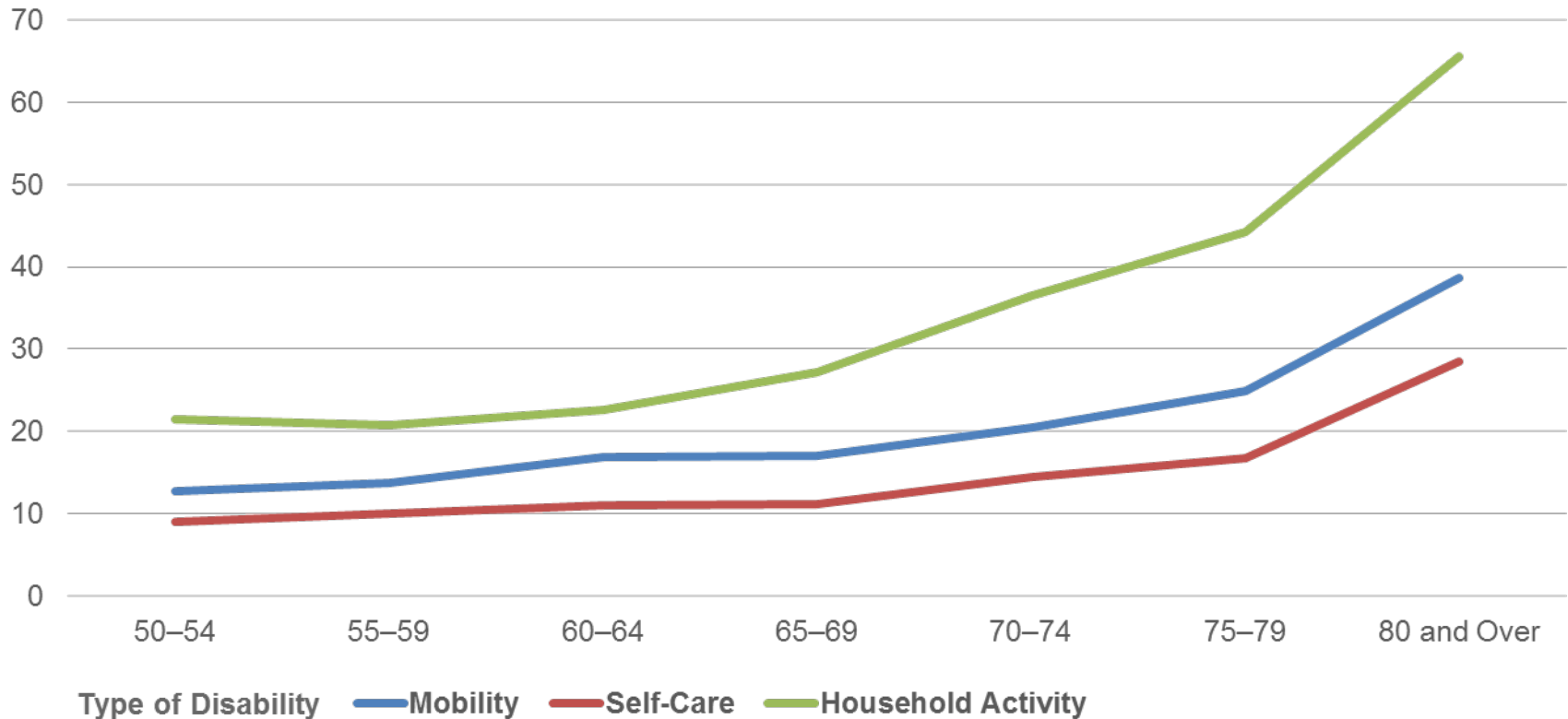






# Disability prevalence increases with age

Share of Population with Disabilities by Age Group (Percent)



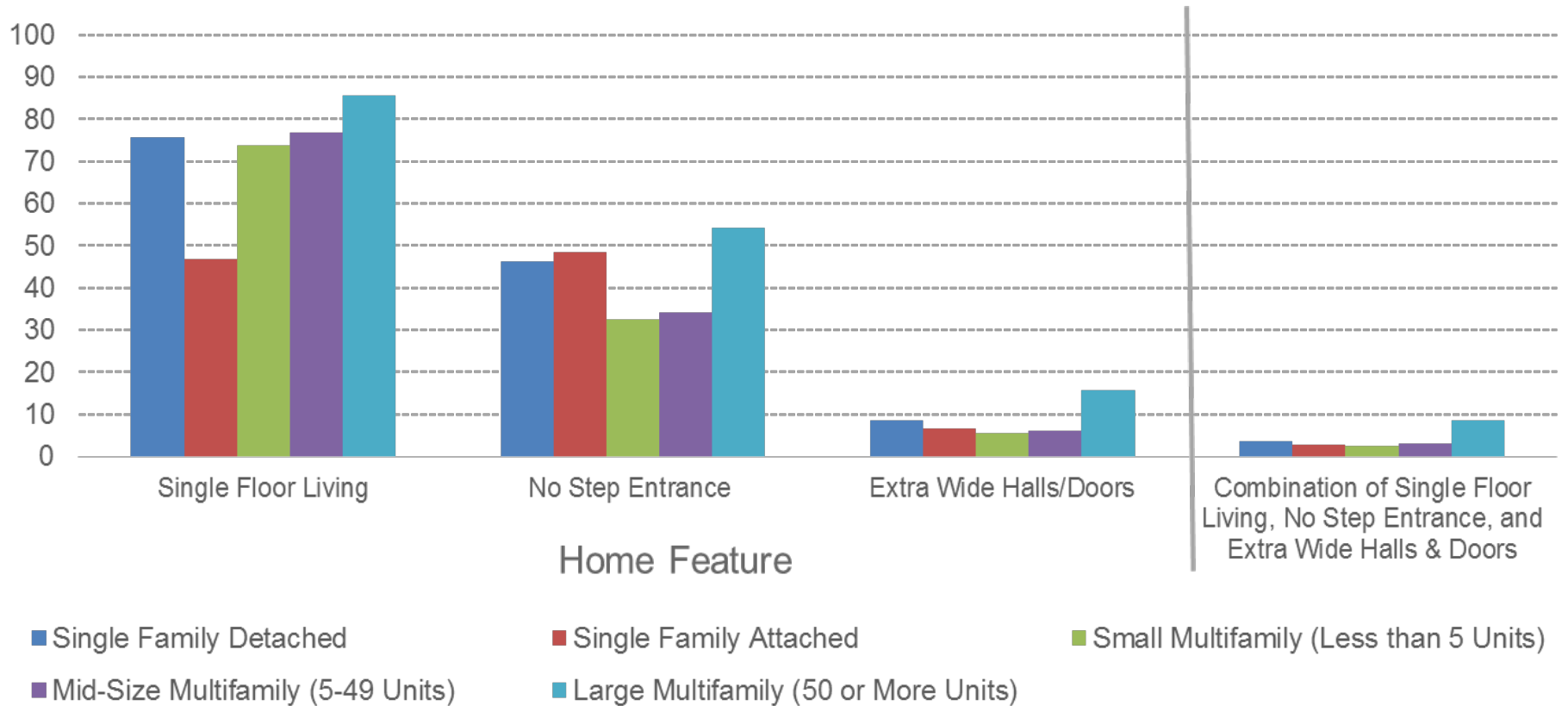
Note: Mobility disability is defined as difficulty walking, getting in and out of bed, and climbing one flight of stairs; self-care disability as difficulty eating, dressing, toileting, and bathing; and household activity disability as difficulty with meal preparation, food shopping, using the telephone, taking medication, money management, housework, and driving.

Source: JCHS tabulations of University of Michigan, 2014 Health and Retirement Survey.

# But few homes offer basic accessibility features



Share of Housing Units by Type of Building (Percent)



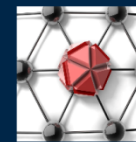
Note: Accessible electrical controls and lever-style handles instead of knobs are two additional accessibility features not shown here, but which have been included in past Joint Center analyses of home accessibility.

Source: Joint Center for Housing Studies tabulations of HUD, 2011 American Housing Survey.

# Fall prevention calls for certain modifications before disabilities arise



# Building with accessibility in mind before medical need can be less expensive, add safety to home

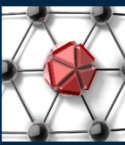


## Universal Design Features

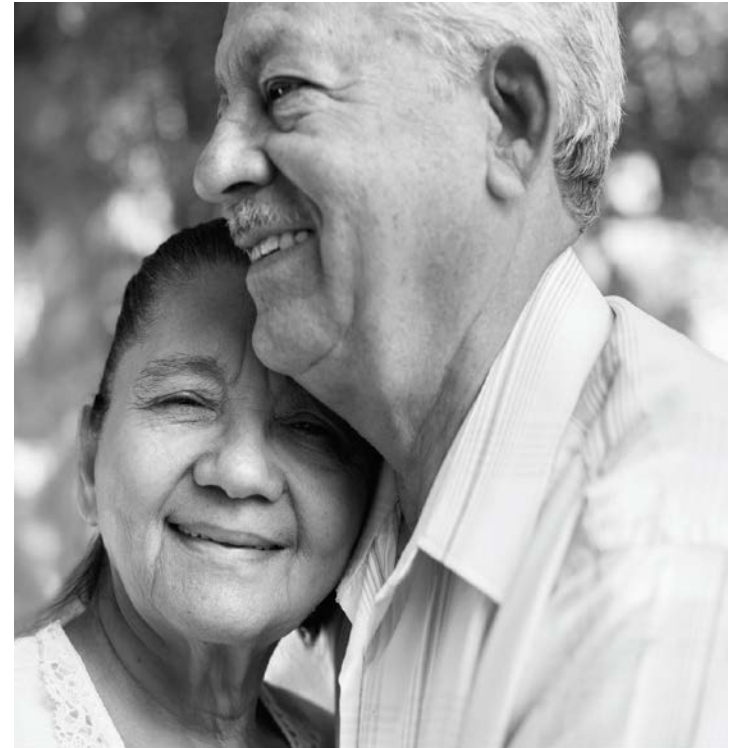


Image sources from top left, clock-wise: [www.pinterest.com](http://www.pinterest.com), [www.homedepot.com](http://www.homedepot.com), [www.icord.org](http://www.icord.org), [simsremodeling.net](http://simsremodeling.net), and <http://design4accessblog.com/>.

# Challenge 3: Connections to Health Care



- Home will increasingly be a site of long-term care/ care delivery
- Nursing home usage has declined; even for those 80+, share in nursing homes is <8%
- Many will need less intensive supports delivered to home – though “medicalizing” the home is a concern



# Care is expensive, even for those who have savings

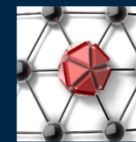


Care Category	Median Monthly Cost (Dollars)	Number of Months Before Median 65 and Over Household Spends Down ALL Wealth		
		Renters	Owners	
			Including Home Equity	Excluding Home Equity
<b>Homemaker Services</b>	3,623	2	71	28
<b>Home Health Aide</b>	3,813	2	68	27
<b>Adult Day Health Care</b>	1,408	4	184	73
<b>Assisted Living Facility</b>	3,500	2	74	29
<b>Nursing Home Care</b>	6,448	1	40	16

Notes: Excluding housing wealth, the median net wealth of owners aged 65 and over was \$258,600 in 2013, while the median net wealth of same-aged renters was \$6,150. Homemaker and home health aide costs assume 30 hours of care per week. Nursing home care costs represent costs for a semi-private room.

Source: JCHS tabulations of US Federal Reserve Board, 2013 Survey of Consumer Finances and 2014 Genworth Cost of Care Survey.

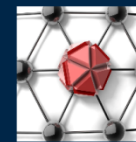
# Challenge 4: Connection to Community



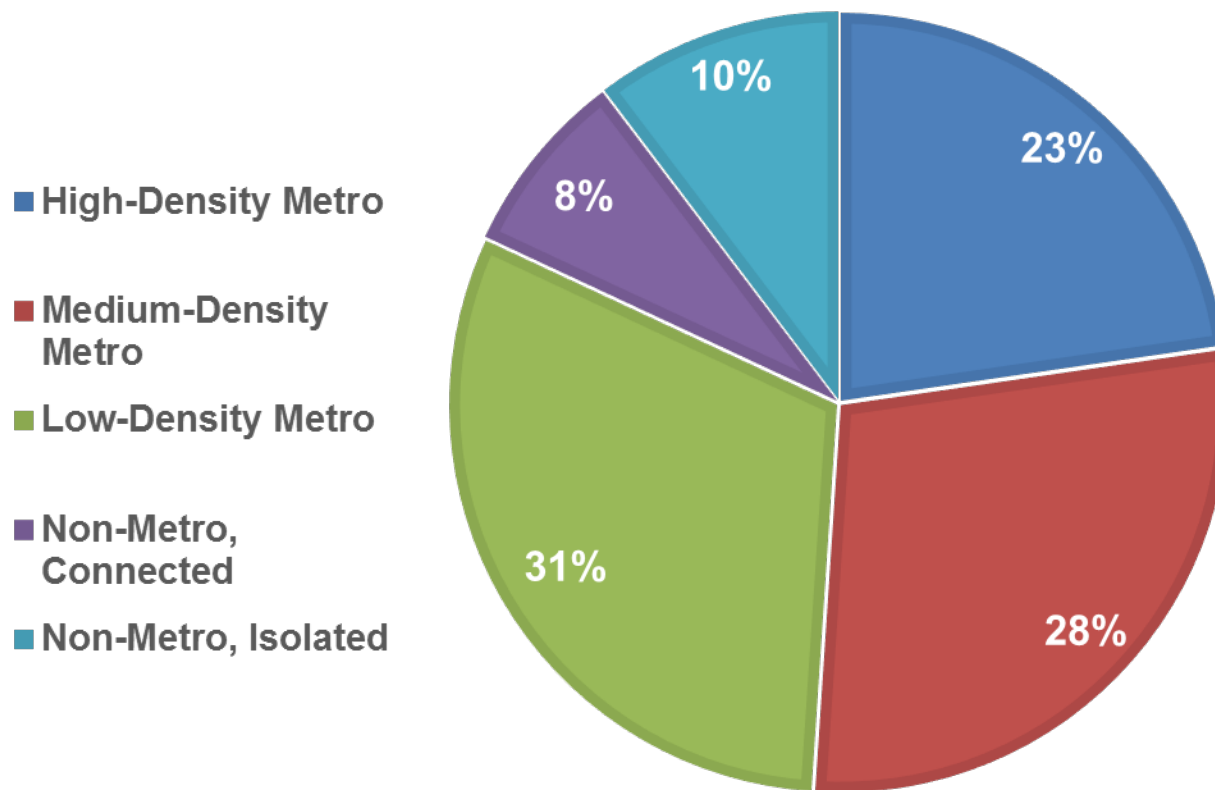
- Most older adults are aging in suburbs and low-density areas that lack needed services, transportation options
- But even city living does not guarantee connections to community or services
- Loneliness and inability to reach services have health implications



# Nearly half of older adults are aging in low-density or rural areas



Distribution of Households Aged 65 and Older by Area Type

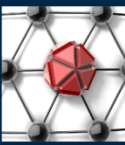


Notes: Areas are defined as census tracts. High-density metro areas have at least 2,028 housing units per square mile; medium-density metro areas have between 644 and 2,028 housing units per square mile; and low-density metro areas have less than 644 housing units per square mile. Connected and isolated non-metro areas are defined using USDA Rural-Urban Commuting Area codes.

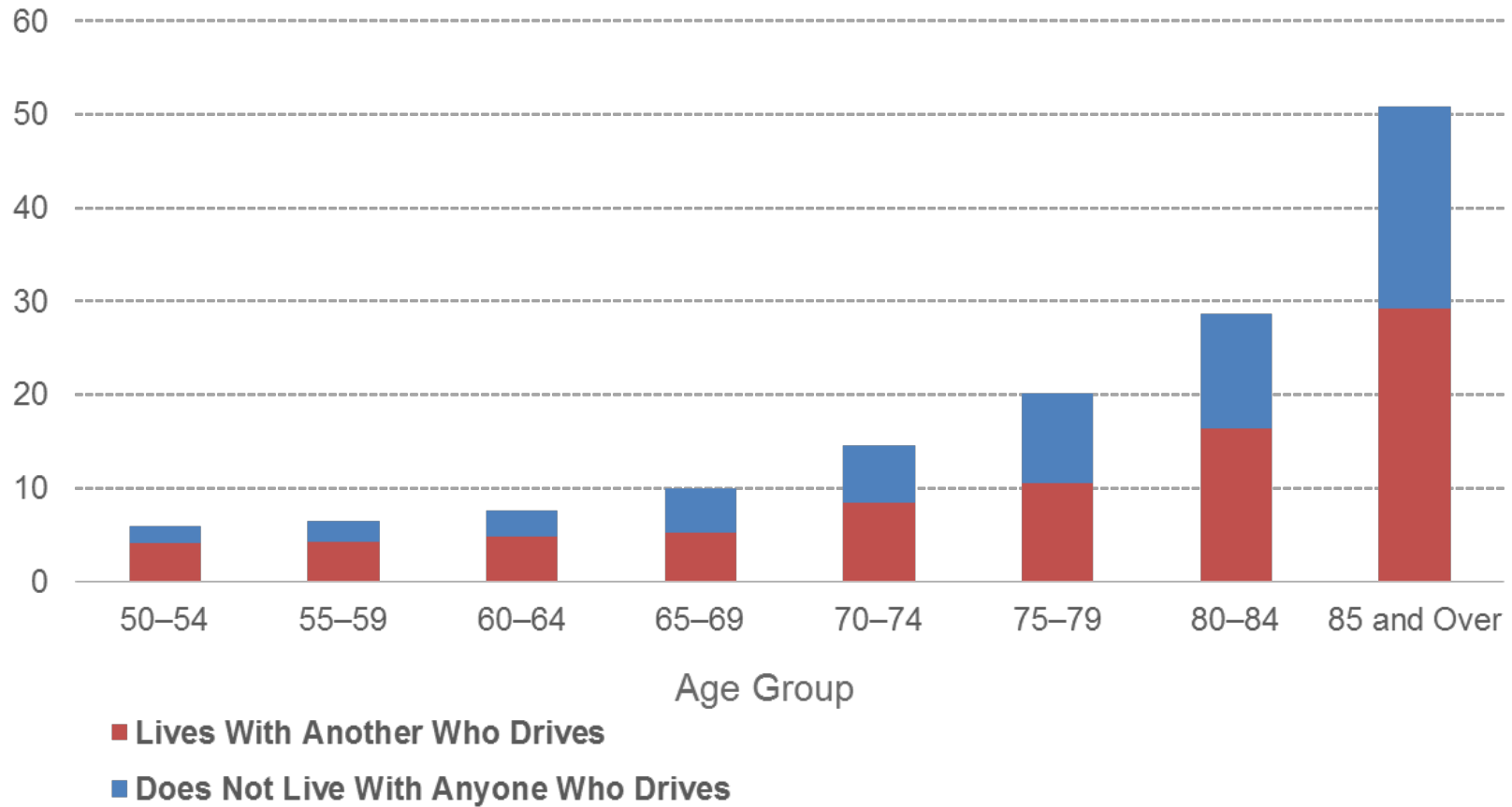
Source: JCHS tabulations of 2010-2014 American Community Survey 5-Year Estimates and USDA Rural-Urban Commuting Area codes.



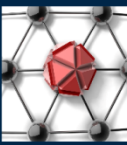
# Fewer people drive in older ages, increasing chance of isolation and dependence on others



Share of the Population that Does Not Drive an Automobile (Percent)



Source: JCHS tabulations of 2009 National Household Transportation Survey data.



# Technology Is promising...But loneliness can still be an issue



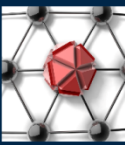
**Technology: Personal,  
Transportation, Delivery**



- Increase housing accessibility
  - Marketing/education to owners and landlords
  - Assistance to owners, tenants, landlords to pay for modifications
  - Incentives/regulations to ensure new housing is accessible
- Increase housing options in communities where people live
  - More affordable and accessible options that allow people to maintain their connections to people and place, and that suit wide range of household types
- Retrofit suburbs with desirable urban amenities



- Build on promising programs to support people at home
  - Transportation and other community services
  - Assistance with health coordination delivered to the home
  - Innovation in funding care in the home
  - Increased “housing + services” options
  - Increased community resources to support aging population
- Assist homeowners
  - Millennial: homebuyer programs
  - Older adult: instruments to access equity
- Increase subsidies to low-income renters



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# Home Updates



A good idea whose  
time has come?

# Age in Place Home Designs

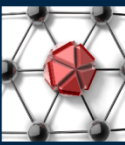




# Accessible bathrooms – with style

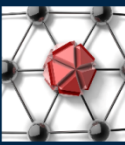


# Not your grandmother's grab bar



# Kitchens for design and access





# Aging In Place Technology Watch

*Industry Trends, Research & Analysis*

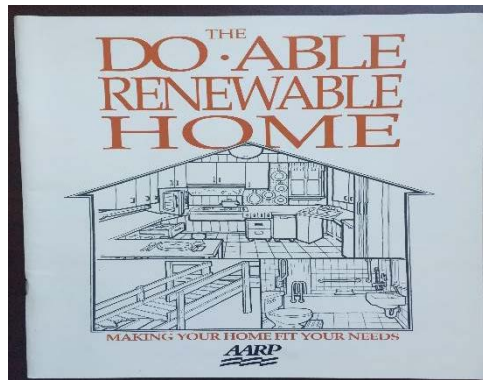


**PHILIPS**  
**Lifeline**

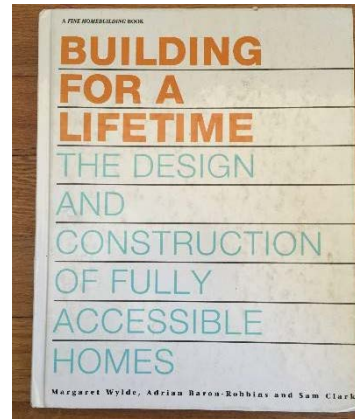
# Design evolution



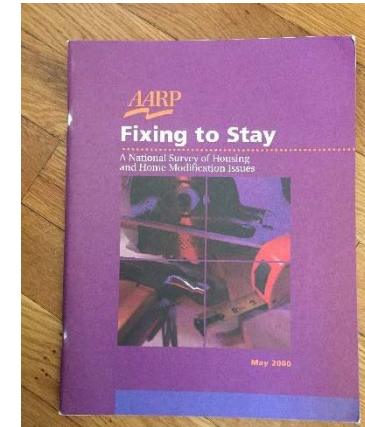
# Call for Age-friendly homes isn't new.....



1991



1994



2000

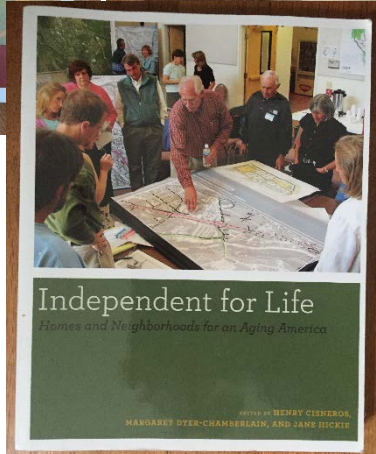
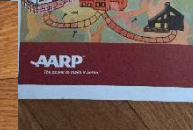
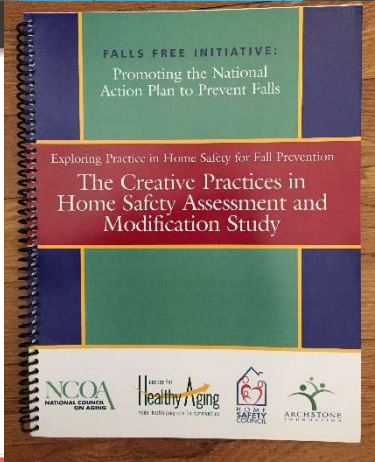
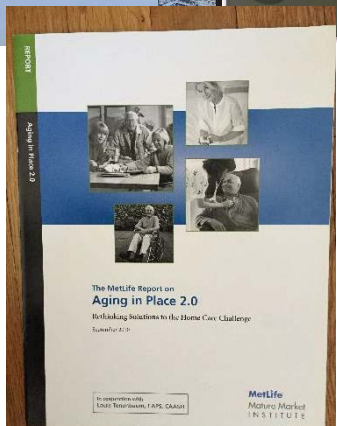
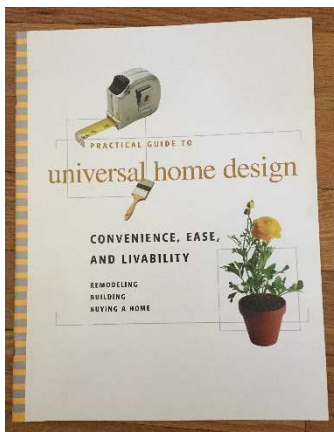
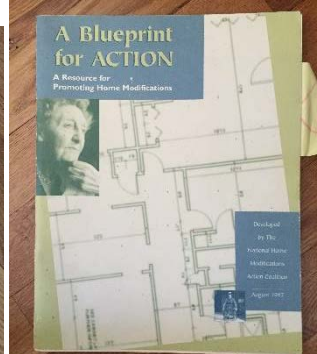
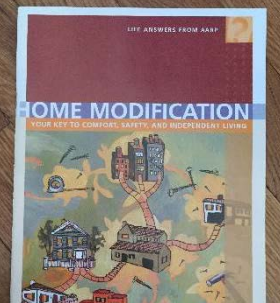
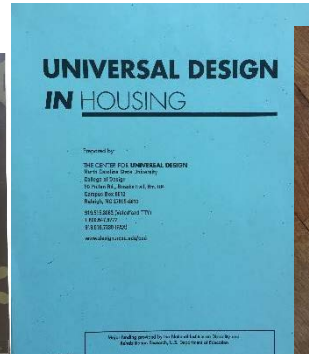
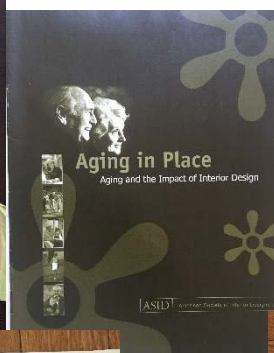
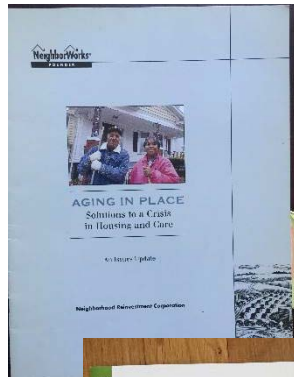
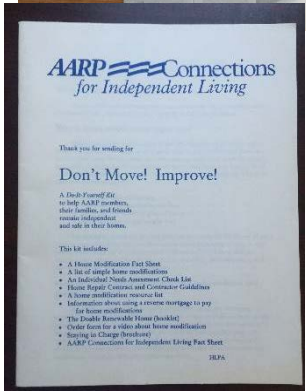
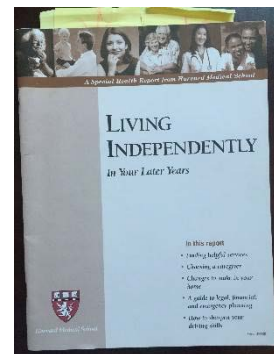
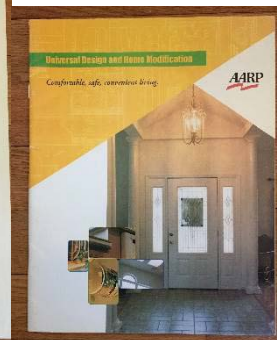
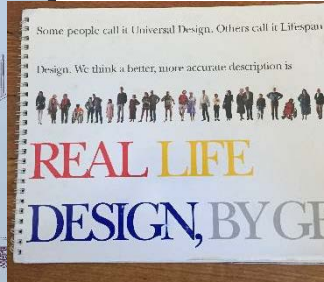
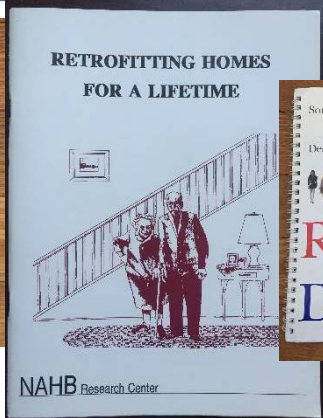
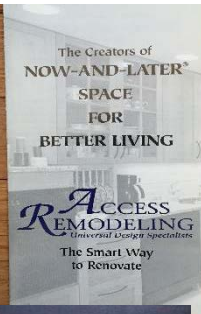


2008

2011

2016

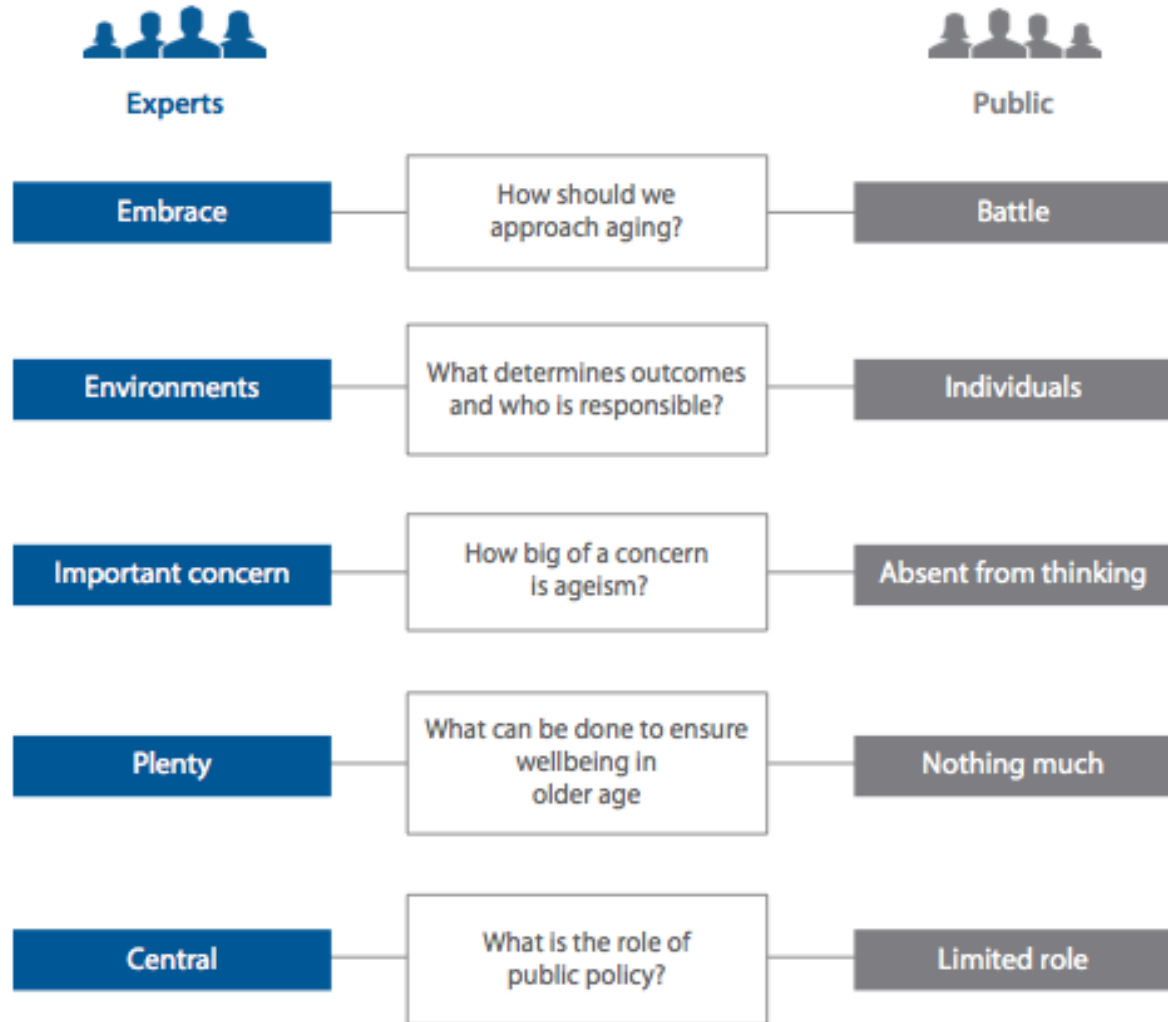
# And more.....



# What we SAY / What they HEAR GAP



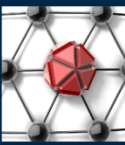
Barrier: Message Gap between Experts/ Public

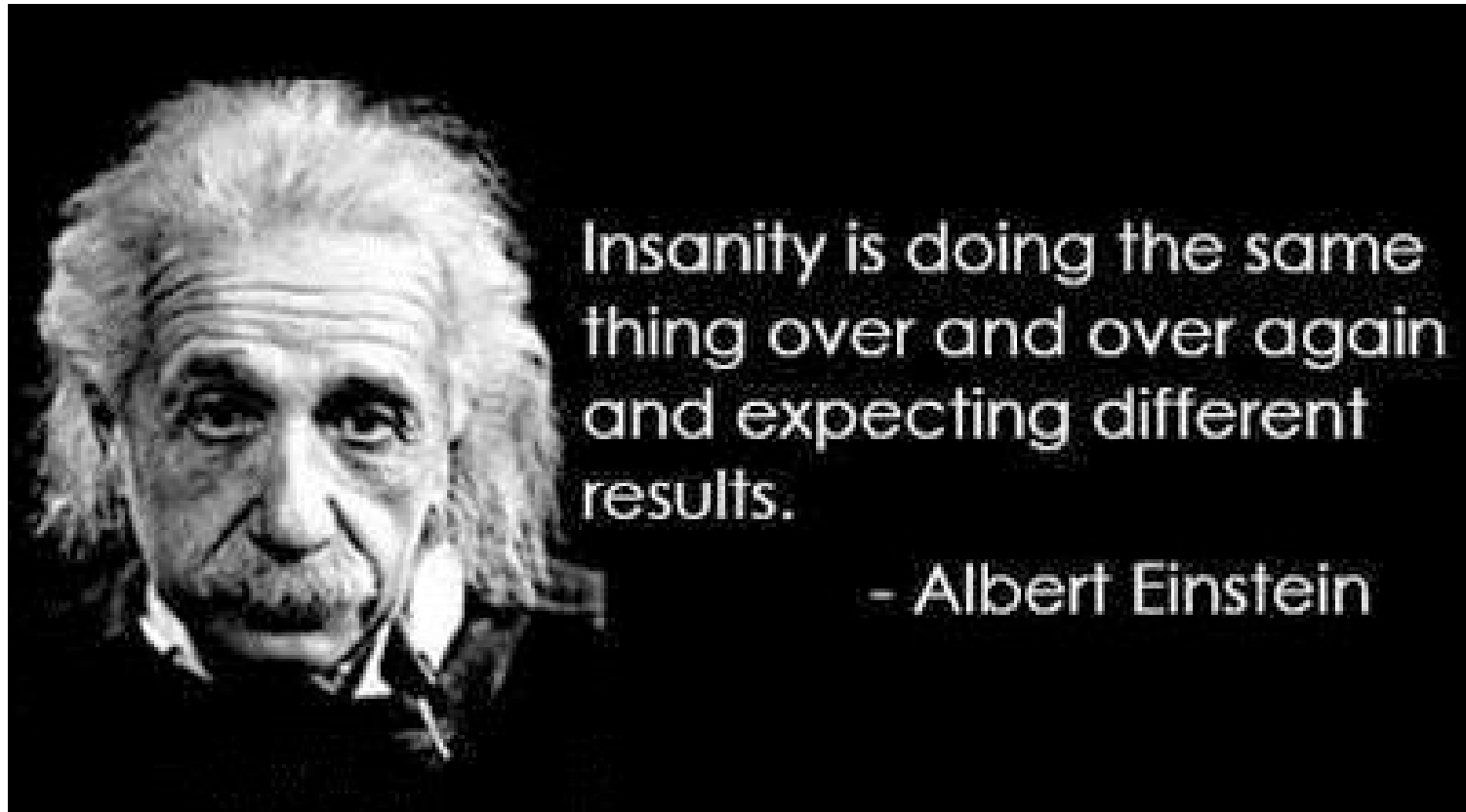
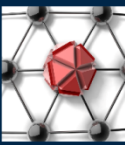


Frameworks aging research report 2017



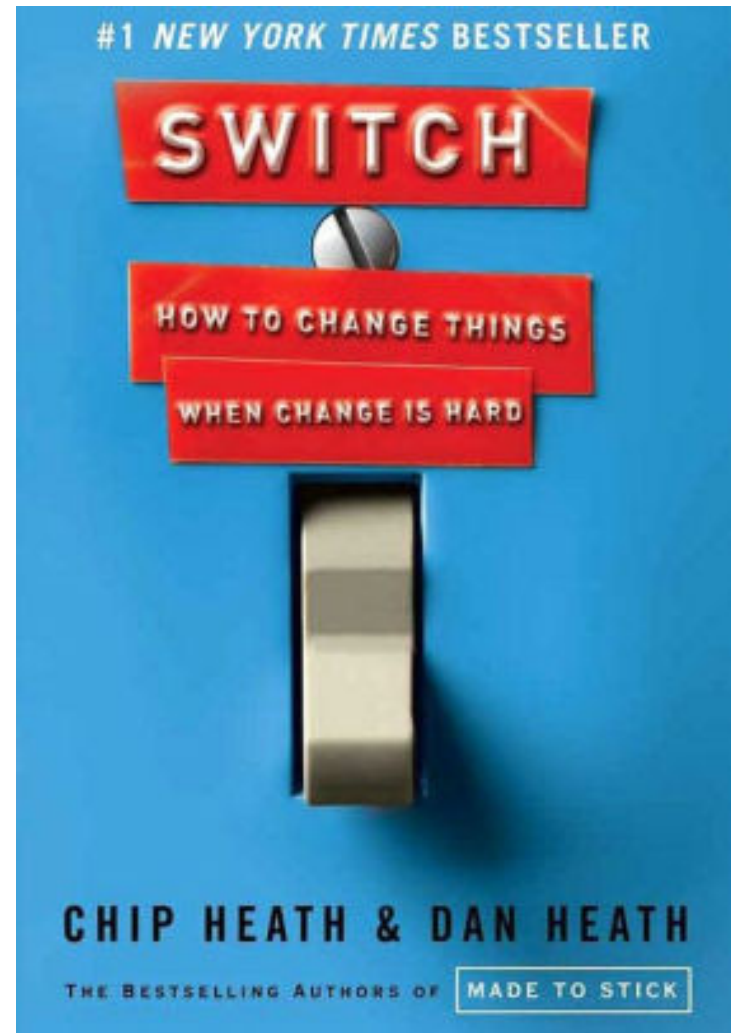
# Not what we SAY, but what they HEAR!

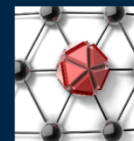




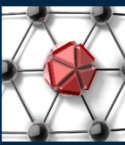


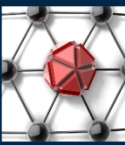
**Look for an  
analogous  
behavior change  
and adopt those  
techniques**

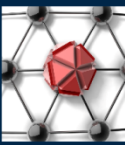




# Financial incentives work

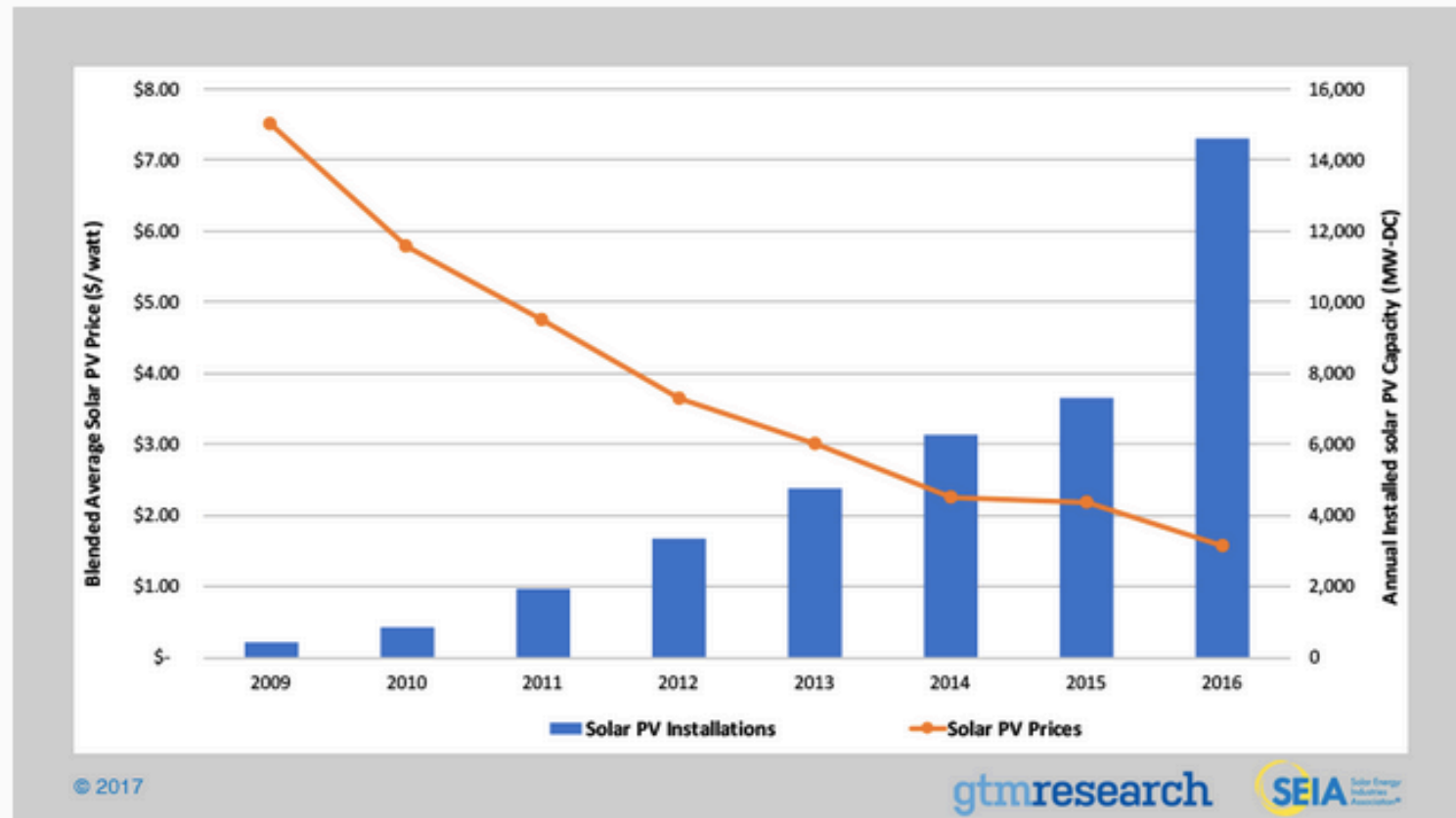


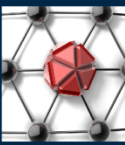




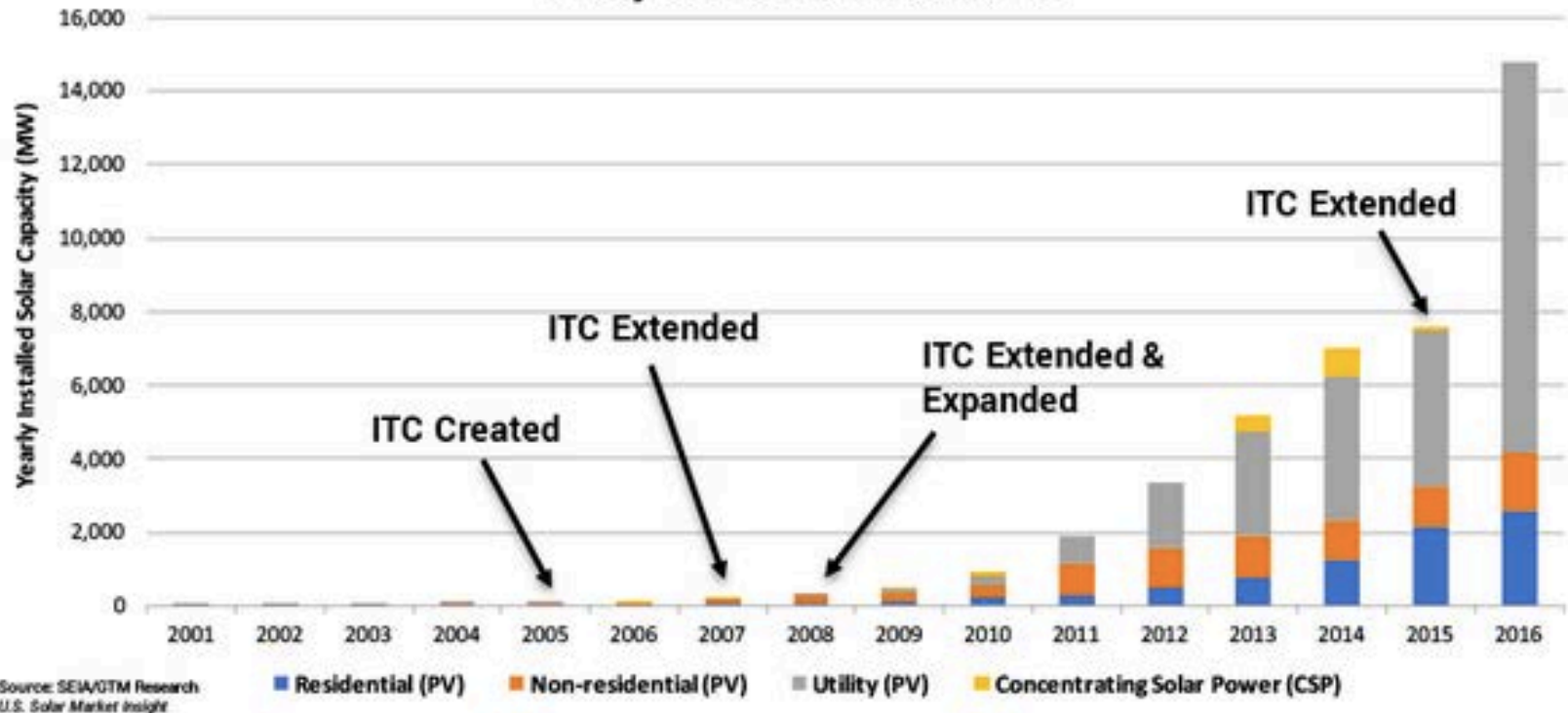
# Growth in Solar is led by Falling Prices

The cost to install solar has dropped by more than 70% since 2010, leading the industry to expand into new markets and deploy thousands of systems nationwide.





## Yearly U.S. Solar Installations



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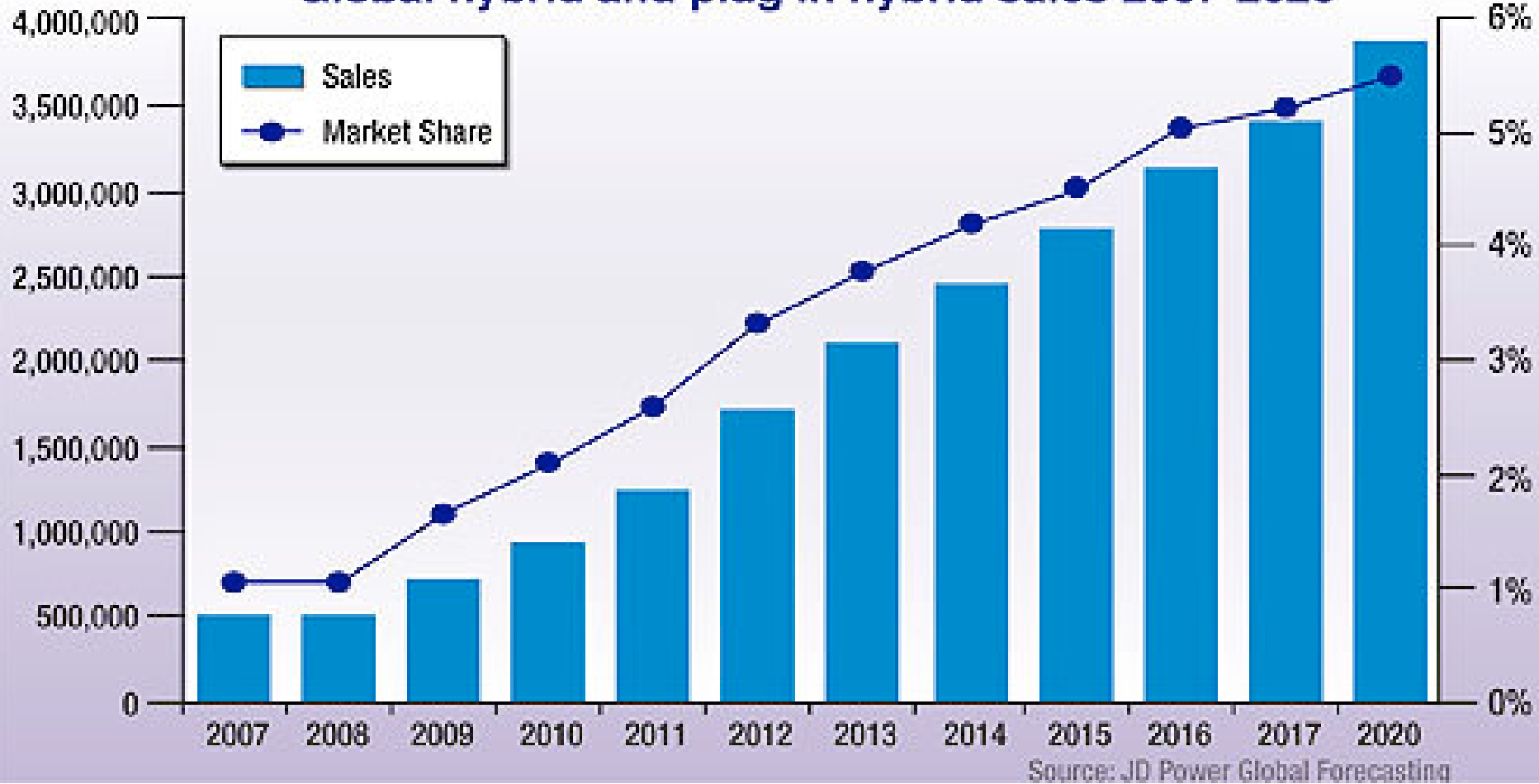
gtmresearch

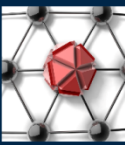


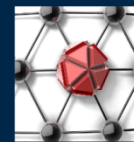




## Global hybrid and plug in hybrid sales 2007-2020



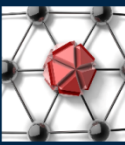




AND NOW FOR SOMETHING  
COMPLETELY DIFFERENT



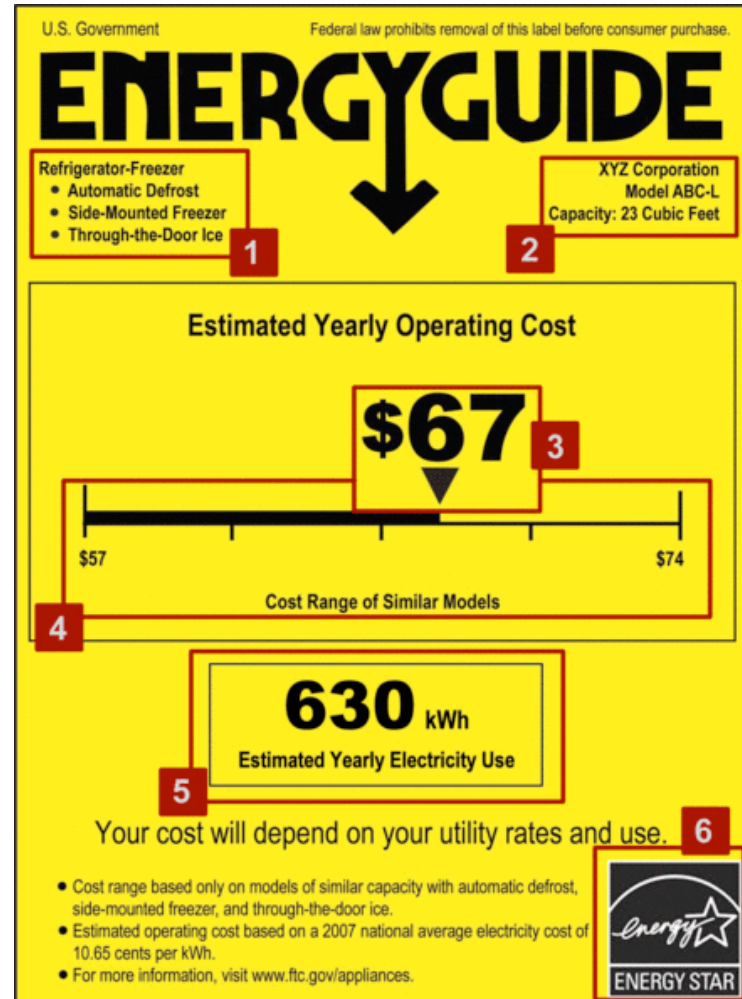
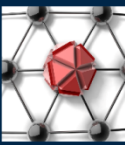
The HomesRenewed  
“Purple Tag”  
Program



**“Updating your home the right way is the most economical way to remodel (no matter your age or health).”**

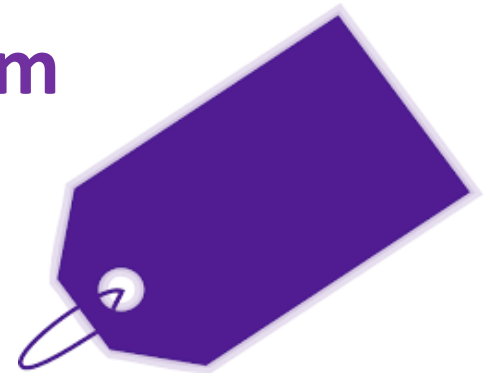


The HomesRenewed  
“Purple Tag”  
Program





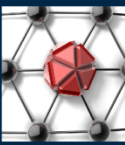
## The “Purple Tag” Program



- “Its cheaper. More bang for your buck.”
- Uses existing sales channels
- Uploads like a rebate code for certification. Includes install allowance
- Uses price to separate the discussion from aging, frailty or preserving independence.
- Reduced taxes are offset by Medicare savings



1. Updating your home the right way is the most economical way to remodel no matter your age or health.
2. It is fundamentally unfair to continue medical miracles that add years to life without also updating homes for people to live joyful and dignified lives with those added years.
3. Updating homes isn't new. We've adding plumbing, electricity, furnaces, fiber optic cable and solar collectors. Now it's time to update homes for the modern lifespan.



**BURGLAR ALARM SYSTEMS  
QUALIFY HOMEOWNERS  
FOR A DISCOUNT**

JENNIFER LAMB INSURANCE AGENCY



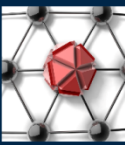
# Incentives for home updates – a natural progression



**BURGLAR ALARM SYSTEMS  
QUALIFY HOMEOWNERS  
FOR A DISCOUNT**

JENNIFER LAMB INSURANCE AGENCY






**ACCESSORY DWELLING UNITS**

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All Legislation Examples: hr5, sres9, "health care"

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### H.R.1780 - Senior Accessible Housing Act

115th Congress (2017-2018) | [Get alerts](#)

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**Sponsor:** [Rep. Crist, Charlie \[D-FL-13\]](#) (Introduced 03/29/2017)

**Committees:** House - Ways and Means

**Latest Action:** House - 03/29/2017 Referred to the House Committee on Ways and Means. ([All Actions](#))

**Tracker:**

**Introduced** > Passed House > Passed Senate > To President > Became Law

**More on This Bill**  
[Constitutional Authority Statement](#)  
[CBO Cost Estimates \[0\]](#)

**Subject — Policy Area:**  
 Taxation  
[View subjects >](#)

**Summary (1)** | Text (1) | Actions (2) | Titles (2) | Amendments (0) | Cosponsors (12) | Committees (1) | Related Bills (0)



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# New Maine Tax Credit Aims to Make Homes More Accessible to Seniors

By MAL LEARY · APR 11, 2017

**Summary: H.R.1780 — 115th Congress (2017-2018)**

[All Information](#) (Except Text)



**DESIGN FOR LIFE**  
BUILDING ACCESSIBLE HOMES

[Design For Life](#) [Homeowners](#) [Building Professionals](#) [Resource Center](#) [Permitting Services](#) [Tax Incentives](#)

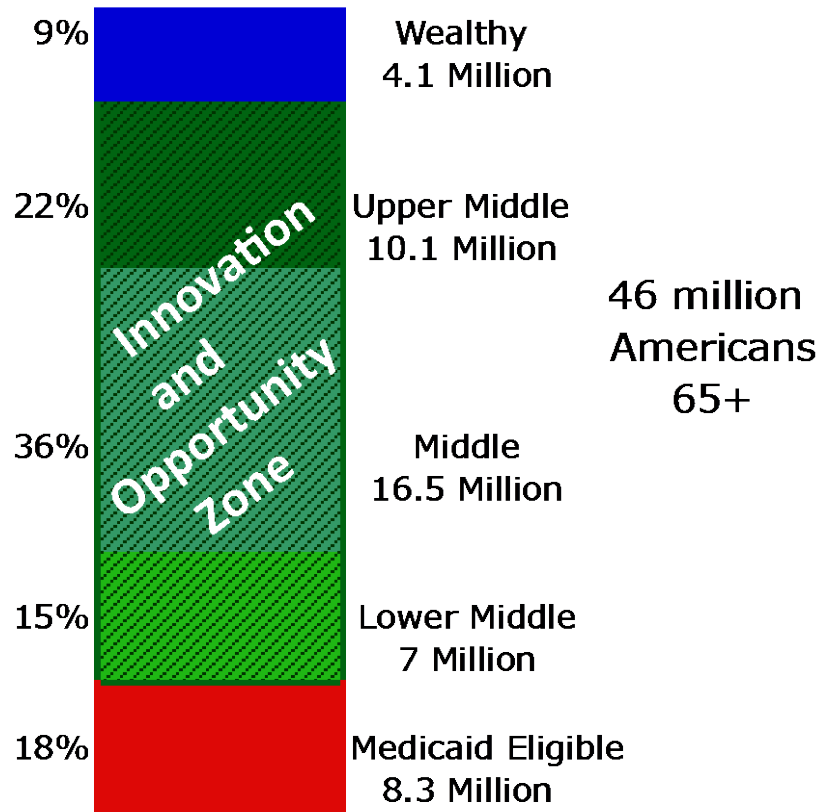


**Live longer in your own home.**  
Get the facts >

# From incentives to mandates.....



# Finance sources for home updates



©HomesRenewed

- Private/govt. incentives, subsidies
- 83% of American wealth held by age 50+ can pay for updates
- 31% of older Americans (wealthy & mass affluent) have \$100K or more of pre-tax retirement savings in 401K, IRA, TSP, etc.
- Social impact bonds/pay for success
- Tax credits- property, income

# Why Federal policy





- Private incentives are often first
- Local, state incentives are demonstrations
  - States are laboratories of American progress
  - Marijuana
- Broad coalition spreads cost, increases clout
  - Consumers & multi-sector business interests
- Federal because of the offset *but it must cross silos*

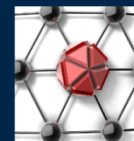


- Share the costs
- Increases clout
- Tech & building product manufacturers, distributors, installers
- *The range of home and community based services*
- *LTCL and finance*
- *Health insurers and payers*
- *Government*
- *Consumers*



- They become educated and become interested with a positive message and concrete action steps,
- Homes are updated and different paths and systems are demonstrated.
- Federal and other legislators are alerted to the constituent interest.





Thank you.....



**ILTCI Conference 2018**  
**Engaging Change & Partners**  
Presented by

Louis Tenenbaum

HomesRenewed

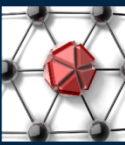
March 20, 2018

[Louis@HomesRenewed.org](mailto:Louis@HomesRenewed.org)

**Insurer Perspective**  
**Karen L. Smyth,**  
**Omnia Professional Services**



# Why do we want to help policyholders Age in Place?



Insurers prefer to provide and pay for care in the least restrictive and less costly setting of care – the home

Location of Care	Monthly Cost	Comments
Homemaker Services	\$3,994	Based on 44 hours of care per week
Home Health Aide	\$4,099	Based on 44 hours of care per week
Assisted Living Facility	\$3,750	Private, one bedroom unit – Monthly Fee
Semi-Private Room in a Nursing Home	\$7,148	Based on the Daily fee
Private Room in a Nursing Home	\$8,121	Based on the Daily Fee

Genworth Cost of Care 2017



- **Assistive Devices or Technology**

- Adaptive tools, devices or technology that help a policyholder function independently in the home:

- Adaptive eating and dressing utensils
- Health Buddy prompting device
- Smart Shoes with GPS
- Wander/Sensor Mats



- **Caregiver Training**

- Training for a Primary Informal Caregiver



- Durable Medical Equipment

- Reusable equipment that can be rented or purchased to assist with ADL's



- Crutches, Walkers, Canes, Wheelchairs, Power Mobility Devices

- Commode Chairs, Patient Lifts

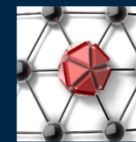
- Hospital bed, Air-Fluidized bed & support surfaces

- Items considered to be DME under Medicare

- CPAP, CPM machine

- It does not include drugs, athletic equipment, equipment placed in the body or items commonly found in a home





- Emergency Medical Response System
  - A communication system installed in the Home used to call for assistance in the event of a medical emergency
  - It is not a home security system or normal telephonic equipment or service





- Home Modifications

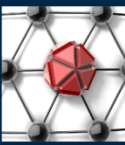
- Modifications to the home that are primarily made to improve the ability to perform Activities of Daily Living to allow a person to live safely and independently.

Examples include:

- Installation of ramps for wheelchair access
    - Installation of grab bars
    - Widening doorways
    - Other similar accessibility modifications

- Home Modifications do not include hot tubs, swimming pools, home repair or maintenance or other similar modifications.
- It does not cover normal home modifications that would only provide an incidental benefit to a Chronic illness or Disability.

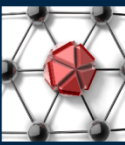




## Stay-At-Home Benefit

- Pays actual charges you incur for stay-at-home services up to the stay-at-home lifetime benefit amount.
- The stay-at-home lifetime benefit amount is equal to **30 times your daily benefit amount**.
- The waiting period does not apply to the stay-at-home benefit.
- You must be living at home in order to be eligible for the stay-at-home benefit.
- Stay-at-home services consist of expenses for:
  - **care planning visits**
  - **home modifications**
  - **emergency medical response systems**
  - **durable medical equipment**
  - **caregiver training**
  - **home safety checks**
- The maximum amount payable in your lifetime for caregiver training will be seven times your daily benefit amount.
- Benefits paid under the stay-at-home benefit will not reduce your maximum lifetime benefit. If you do not exhaust your stay-at-home benefit initially, you may use any unused portion of this benefit amount for future stay-at-home services and new episodes of care. You may receive the services of a formal caregiver or an informal caregiver, or hospice care at home while receiving benefits under the stay-at-home benefit.

[https://www.ltcfeds.com/documents/outlineofcoverage/outlineofcoverage\\_benefitsprovidedсах.html?ooc](https://www.ltcfeds.com/documents/outlineofcoverage/outlineofcoverage_benefitsprovidedсах.html?ooc)



- Ramps
- Grab Bars
- Walk-in Tub, Walk-in Shower, Ceiling Lift
- Comfort Height Toilet, raised toilet seat
- “Raise Me Up” seat
- Door widening
- Stair Glide
- Raised floor to even out main living level
- Motion Monitor, Home Surveillance



- Central air conditioning
- Elevator
- Whirlpool
- Raised Floor
- Bathroom Mods for “cosmetic reasons”
- New lighting fixtures
- Upgraded plumbing/wiring in an older home
- MED Cottage (aka “Granny Pod”)

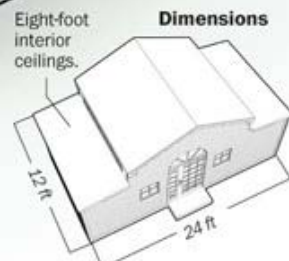
# MEDCottage – aka “Granny Pod”



**Kitchen:** Would contain a small refrigerator, a microwave and a combined washer-dryer, along with such features as a timed medication dispenser.

**Bathroom:** A host of “smart” devices can be installed, including a toilet that measures weight, temperature and urine content.

**Materials:** The floor is a single, molded piece of a concretelike composite that includes a shower drain. Metal studs attach to the floor. The exterior is vinyl siding.



**Bedroom:** The cottage can legally house only one person, but an additional Murphy bed can accommodate a caregiver’s visits.

## Some potential features

A “virtual companion” that would relay health-related messages (“It’s time to take your medication”) and play music, movies and games.

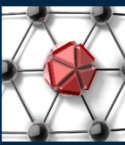
A video system that would monitor the floor at ankle level, so the patient would have privacy but a caregiver would know if there was a problem.

**Pressurized ventilation** that can keep airborne pathogens in (if the patient is quarantined) or keep outdoor air out (if a patient has a compromised immune system).

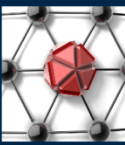
A lift, attached to a built-in track in the ceiling, that would move a patient from the bed to bathroom so the caregiver could avoid heavy lifting.

In addition to regular ambient light, **lighting at knee height** would line the walls, illuminating the floor. Tripping over objects on the floor is the most common cause of falls.

# MEDCottage under Construction

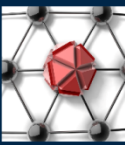


# MEDCottage: Internal View



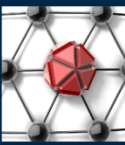
# MEDCottage: External View



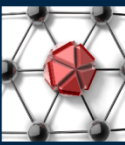


- Age of policyholder: claim & life expectancy
- Diagnosis, prognosis
- Caregiving situation: Support system in place?
- Layout of home: Where is bathroom, bedroom, kitchen?
- Home ownership – policyholder vs. family
- Cost Benefit Analysis: Return on Investment
- Getting multiple estimates
- Lease vs. Purchase of item (DME)
- Is it available free of charge? (DME)

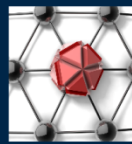




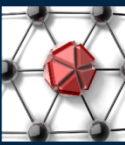
- LTC policies don't pay until the benefit eligibility trigger is met (treatment, not prevention)
- Policyholders unaware of benefit
- Consequently, benefit is underutilized
- Policyholders not always willing to make modifications when family members would prefer assisted living facility
- Resistance to make modifications or embrace (learn) (new) technology solutions
- Educating policyholder before it's too late



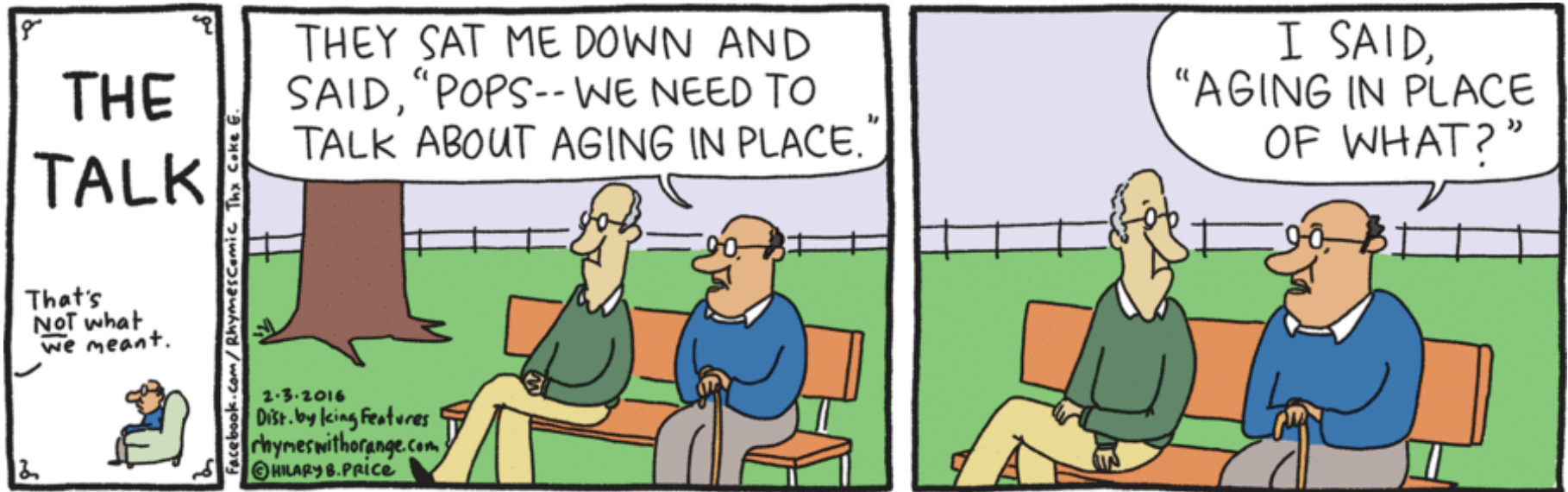
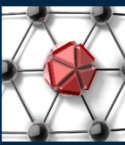
- Home Modification is typically a limited benefit within the policy (yearly benefit or a dollar amount capped over the lifetime of the policy)
- Alternate Plan of Care (APOC) is typically more “open ended” and subject to overall Policy Lifetime Maximum Benefit
- Using APOC when there is no specific Home Modification benefit
- Not all policies have both benefits
- Might be declined under Home Support Services, but approved under APOC

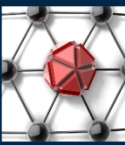


- New solutions and technology have the possibility of increasing utilization
- “Richer” Home Modification Benefit seems warranted to help policyholders age in place to delay more expensive locations of care
- Consideration of APOC when Home Modification Benefit is limited
- Modification of Benefit Eligibility Criteria: Allow policyholders to access these benefits BEFORE “claiming” under the benefit eligibility trigger



- Provide education/information to insureds *before* claim on how to assess their home's suitability and maybe referrals to (discounted) or vetted home modification providers.
- Information & Referral to stimulate early/more use of these under utilized benefits at the time claim begins.
- Join or support coalitions like HomesRenewed to encourage incentives for consumers to have or make age-friendly homes.
- While insurers can't pay for prevention before someone hits ADL triggers (now), they can still facilitate prevention and benefit from those efforts.





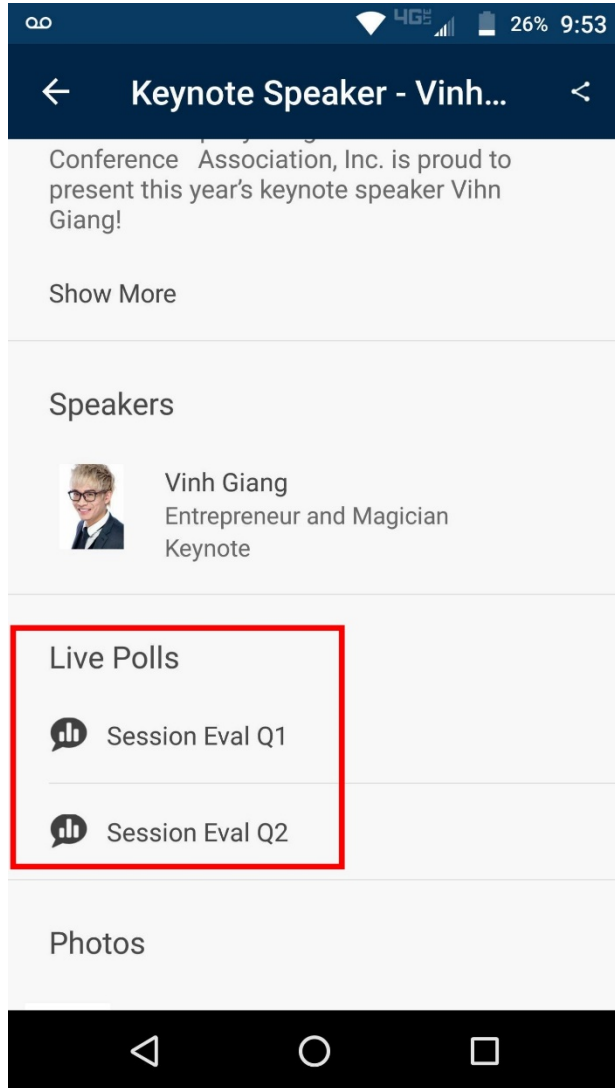
# Karen L. Smyth

Omnia Professional Services

[Karen.smyth@omniaprofessionalservices.com](mailto:Karen.smyth@omniaprofessionalservices.com)

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# QUESTIONS

