

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Exploring Federal and State Fiscal Policies to Support Built Environments for Aging in Place

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Public Administration in Public Sector Management and Leadership

By

Della Weaver

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The graduate project of Della Weaver is approved:

Dr. Elizabeth A. Trebow

Date

Dr. Sarmistha R. Majumdar

Date

Dr. Judith A. DeBonis, Chair

Date

California State University, Northridge

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Table of Contents

Copyright Page	ii
Signature Page	iii
Acknowledgements	iv
Abstract	vii
Introduction	1
Purpose of the Present Study	1
Background	3
Built Environments to Support Aging in Place	3
Scope of Creating Fiscal Policies to Promote Aging in Place	4
Impact of Aging in Place Policies	4
Historical Context	5
Theoretical Framework	5
Literature Review	7
Need for Support	7
Built Environments	9
Costs of Aging in Place	11
Communication, Awareness, and Advocacy	12
Section Summary	14
Method	16
Setting	16
Participants	16
Measures	17

Data Collection Procedures	17
Data Analysis Plan	18
Results (Projected)	19
Discussion	20
Conclusion	24
References	26
Appendix A: Advocacy Coalition Framework Diagram	29
Appendix B: Initial Survey	30
Appendix C: Interview Questions	31

Abstract

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Older adults comprise an increasingly large percentage of our population. Older adults have expressed a desire to remain in their own homes instead of alternative living situations, such as assisted living facilities as they age. The public administration challenge that has arisen is a lack of funding to support older adults' wishes to age in place.

This exploratory sequential mixed methods study aims to determine to what extent federal and state fiscal policies exist to support built environments for older adults to remain in their homes. Are current policies regarding funding for built environments to support aging and independence sufficient to enable older adults to retain their residence in current homes? A survey and interview-based, a mixed methodology will be used. The results of methodological approaches will be evaluated using the Advocacy Coalition Framework. The results of this study should conclude that there will be an increase in advocacy for federal and state financial incentives to those who wish to develop built environments for aging in place. Given the COVID-19 pandemic's impacts on those who reside in assisted living facilities, the anticipation of increased, wide-spread desire for alternatives to close-proximity retirement communities will become highly sought after in the coming years.

Keywords: aging in place, aging and independence, assisted living, communities

Introduction

By 2030, an estimated twenty percent of our population will be age sixty-five or older (Ortman et al., 2014). Up to ninety-five percent of older adults prefer to live in their current residences as long as possible (Smith et al., 2008). However, a significant percentage of older adults will experience a disabling event. Many older adults do not want to reside in assisted living or skilled nursing facilities (Keenan, 2010). A sense of identity and belonging has a positive impact on the overall quality of life and is intricately linked to a strong sense of community (Buffel et al., 2012). However, contemporary housing for older adults in urban environments does not suggest inclusivity (Bookman, 2008; Smith et al., 2008).

There is a discrepancy between older adults' wishes to remain independent and in their homes and their inability to do so in many cases (Bookman, 2008; Smith et al., 2008). Most homes are not built for accessibility to accommodate disabled individuals in the necessary activities of daily living (ADL), such as eating, bathing, dressing, and use of the restroom (Smith et al., 2008). Many older adults who confront the challenges of living with a disability must move from their homes because the use of the rooms that allow for ADL in their homes are inaccessible (Nishita et al., 2007; Smith et al., 2008). Those able to remain in their homes after a disabling event can do so because they have invested resources in making necessary home modifications to sustain ADL (Kaye et al., 2010).

This study will explore federal and state-level policy interventions to support fiscally driven incentives for accessible home modifications for individuals and families. Also, fiscal incentives for residential developers to build affordable housing will enable older adults to remain in their homes or communities. The fiscal interventions discussed in this study will

address the concerns of those reaching ages where an assisted living situation may currently be an undesired only option.

Fiscal policies, such as tax incentives at both the federal and state level, will allow older adults to ensure long-term home residency. One of the significant measures to determine whether a home is suitable for aging in place is whether the individual can perform ADL. Homes must have appropriate accessibility for those who will experience a disabling event.

Purpose of the Present Study

This study aims to demonstrate the social and financial benefits of fiscal policies that support aging in place will provide. The Advocacy Coalition Framework will allow an examination of the impact of advocacy action on potential federal and state tax policies to improve home accessibility for independent aging. A large portion of engaged voters with a vested interest in the outcomes of monetary incentives and other fiscal policies that support critical infrastructure for aging in place provides a robust network of advocates for this policy change. There are insufficient communication and collaboration between coalitions in favor of aging in place policies, such as the American Association of Retired Persons (AARP) and the United States Department of Housing and Urban Development (HUD). Due in part to the lack of collaborative activity, there is also a paucity of research that addresses the need for fiscally-based public policy interventions to facilitate older adults' retention of independence while remaining in their homes and communities.

Background

The background addresses the need for federal and state fiscal policies in support of those who wish to age in place. The first section reports on the scope of aging in place; the second focuses on the historical context of aging in place. The third discusses the impacts of aging in place. The fourth section provides a historical context with which to examine the extent to which fiscal policies are sufficient to support aging in place. The final section discusses the theoretical frameworks in which we analyze fiscal policies regarding creating environments in which individuals can age without having to move from their current residence and maintain independence for extended periods.

Built Environments to Support Aging in Place

Federal and state fiscal policies determine the extent to which financial resources are available to support older adults' ability to remain in their homes for more extended periods. Older adults must often move out of their homes to accommodate their evolving needs as they age. At the heart of the aging in place, the conversation is residential accessibility and visitability (Nishita, 2007).

From a practical perspective, people must be able to access critical rooms and functions of their homes to be livable. Many older adults will experience a disabling event, and, whether temporary or long-term, a person must still be able to perform daily routines to maintain at least a basic level of independence. The activities that must occur involves health, hygiene, and feeding, which require accessibility to bathrooms, kitchens, and sleeping quarters; these are activities of daily living (ADL). Costly home modifications have become necessary for many of those who have a disability. Those who cannot afford the initial costs of home modifications must outsource assistance with essential functions, or they must leave their homes.

Scope of Creating Fiscal Policies to Promote Aging in Place

Federal and state fiscal incentives to promote aging in place could affect the 70% of the population who own homes and wish to retain ownership beyond retirement years. Additionally, those who are in alternative living situations, such as non-homeowners, must also be included in the discussion about aging in place. The issue of fiscal incentives to support adequate housing to aging in place is far-reaching (Ortman et al., 2014). The fiscal implications for aging in place matters are not limited to any specific racial or ethnic group, nor are they restricted to any particular geographical region (Ortman et al., 2014). Fiscal incentives to support accessible homes could save tax dollars spent on Medicare. As Kochera (2002) implies, homeowners and long-term residents are stakeholders. Additionally, the engagement of residential developers as stakeholders in fiscal policy ventures will be critical in the pursuit of safe living environments built to encourage residential retention (Kochera, 2002).

Impact of Aging in Place Policies

Given that a significant portion of the population is approaching their golden years, the field of Public Administration will play an essential role in aging in place federal and state fiscal policy development. Fiscal policies at both the federal and state levels that support modifications to existing homes will enable families to make needed changes to their existing homes to facilitate aging in place (Smith et al., 2008). Fiscal incentives at both the state and federal levels will encourage home retention (Smith et al., 2008). Fiscal incentives for home developers to create accessible homes will enable the construction of homes that buyers and renters can live in without modifications or the need to relocate as they age (Smith et al., 2008). Newly constructed homes built for aging in place may gain traction within an aging population (Kochera, 2002; Smith et al., 2008).

Aging in place is gaining momentum with an increasingly older population (Keenan, 2010). Older adults' wish to remain in their homes is becoming a popular sentiment, but most existing homes lack accessibility (Smith et al., 2008). As people age, the likelihood of a disabling event increases, which forces many older residents to move from their homes into assisted living facilities (Tuckett et al., 2017). Homes that are modified with accessibility features will house older adults for extended periods (Smith et al., 2008). Additionally, if more homes are built to accommodate accessibility to areas of the home necessary for self-sufficiency, a fulfillment of the desire of aging residents to remain in their homes, can be realized (Nishita et al., 2007).

Historical Context

Since the advancement of medical treatments and interventions, people have been living longer, with more vitality (Ortman et al., 2014). Additionally, there will be proportionally fewer younger people, which will necessitate fiscal policy changes to accommodate demographic fluctuations (Ortman et al., 2014). The increasingly popular public policy choices support the notion that there are causal relationships between health implications and housing stability (Tuckett et al., 2017). The idea of 'age-friendly cities' was introduced by the World Health Organization (WHO) in 2007 (Buffel et al., 2012). Still, few initiatives to support this have been adopted in the United States. Historically, fiscally driven incentives at either the federal or state levels have not been included in policy initiatives regarding financial support for those who wish to modify or create new homes to age in place.

Theoretical Framework

Using the Advocacy Coalition Framework (ACF), this study examines the policies involving aging in place (Pierce et al., 2017; Sabatier, 1988). Authors that have researched ACF

postulate that this framework can be used by coalitions to influence government policies (Fisher & Miller, 2006; Pierce et al., 2017; Sabatier, 1988). This framework, as shown in Appendix A, is appropriate for this study because it integrates the constraints of relatively stable parameters of opportunities, restrictions, and resources (Pierce et al., 2017; Sabatier, 1988). Conflicts over goals, belief systems are at the question in the conversation regarding fiscal policies as they pertain to funding sustainable, accessible homes. The coordination of efforts of the policy actors should be used to establish the stability of policy goals.

As Fisher and Miller (2006) note, policymaking can occur where multiple interest groups can collaborate under the basis of similar fundamental values within the context of the problem area. The ACF is appropriate for such a topic as aging in place because of the vast and complex nature of policies related to and affecting aging in place. ACF in the context of aging in place is intended to have an integrated effect on belief systems and the policy subsystems impacting aging in place. This study can create pathways for an alliance of those with similar core beliefs about aging in place to shape policy.

Literature Review

The first section of the literature review focuses on establishing the need for federal and state fiscal policy action to support funding for built environments in which to age in place. The next section will report on research that supports the need for fiscal policy action. The third section will review the current resources available to assist aging in place concerning built environment options to facilitate aging in place. Finally, the last section of the literature review will address communication and advocacy for fiscal policies to support accessible housing to accommodate those who wish to age in place.

Need for Support

Many of the sixty-five and older population will need some form of assistance related to feeding, bathing, and exercise (Census Bureau Population Estimates Program, 2016). The need for support with activities of daily living (ADL) is often due to a lack of in-home accessibility. The Census Bureau Estimates Program (2016) indicates that bathrooms and kitchens are critical areas needed to function in terms of daily hygiene and nutrition needs. Toilets can be retrofitted with grab bars but are often in areas inaccessible or difficult to maneuver when the individual uses a wheelchair or walker (Census Bureau Population Estimates Program, 2016). Bathrooms and kitchens are the rooms most needed for necessary daily living functions and are also spaces within homes where older people may experience the most trouble accessing (Census Bureau Population Estimates Program, 2016).

In an article by Buffel et al. (2012), finds that sustainable community planning should include accessibility measures for older adults and others with disabilities. Buffet et al. (2012) postulate that built environments is critical for a strong sense of community and for older adults to feel included and safe in their neighborhoods. The authors posit that older adults are often left

out of conversations that determine policy decisions concerning urban environments. Buffel et al. (2012) submit that the consideration of the proportion of older adults is not adequately represented from a public policy perspective.

Buffel et al. (2012) note that roughly one-quarter of urban area populations will consist of those aged sixty or older. Additionally, the Buffel et al. (2012) study found that those aged seventy and older spend eighty percent of their time in their homes. Most accidents occur in the house for this age group, which is most often due to issues with accessibility. The prolonged amount of time spent in the home, coupled with the accessibility issues, creates a situation wherein the potential for in-home accidents escalates (Buffel et al., 2012).

Regarding the accessibility of homes, a study conducted by Nishita et al. (2007) found that housing stock is currently inadequate to support those with a disability, which includes many older adults. According to their study, Nishita et al. (2007) found that thirty-eight percent of people with a permanent disability had home modifications, and many more have communicated the need for changes to accommodate functional limitations. In this study, Nishita et al. (2007) refer to a common concern of residential builders that costs to build accessible homes would be prohibitive.

Services and support from collaborating agencies and caregivers provide critical infrastructure for independence in aging (Census Bureau Population Estimates Program, 2016). Improving access to services and supports for independence in aging will be imperative in the coming years (White House Conference on Aging, 2015). Nishita et al. (2007) find that most homes are not accessible to elderly or disabled persons. Many people in the sixty-five and older group will experience a disabling event, whether temporary or permanent (Nishita et al., 2007).

The growing trend toward increased services that cater to older populations will increase proportionately with the aging population (Nishita et al., 2007).

Built Environments

Environments conducive to independence will benefit older adults and help others with disabilities and informal caretakers (Kochera, 2002). Kochera (2002) proposes that the built environment affects injuries, socio-emotional outcomes, and nutrition accessibility. Incentives for home modifications in existing homes and accessibility in new homes could become a viable policy choice (Kochera, 2002).

Bookman (2008) reiterates the underlying issues of aging, such as isolation, that leads to various health problems. Bookman (2008) examines Naturally Occurring Retirement Communities with Supportive Service Programs (NORC-SSP) that included older adults living in close proximity, integrated with a multigenerational community. Bookman (2008) also notes that NORC-SSPs involves the elderly population at various levels of community planning. NORC-SSPs also partner with local service providers that make services more affordable for the NORC-SSP members (Bookman, 2008). One of NORC-SSP's goals is to provide customized service using collaborative methods that help individuals feel included as a member of society (Bookman, 2008).

Another model that Bookman (2008) discusses is the 'village' model that is fee-based systems that allow for older adults to remain in their homes and communities. While membership dues drive this model, it attempts to incorporate options for participation with low and moderate-income citizens by offering reduced rates for a wide range of services (Bookman, 2008). Bookman (2008) successfully proposed that there will be a growing and varied interest in

efforts to create sustainable communities that incorporate the whole individual in the context of their living arrangements.

Bookman (2008) mentioned yet another model that utilizes campus-affiliated communities wherein higher education institutions integrate learning modules with life experiences. This model uses a collaborative approach to various aspects of aging to combine a learning experience across different academic modalities (Bookman, 2008). Bookman (2008) suggested that benefits to this model for the elderly population are that it provides a continued learning experience in an environment with existing recreational and medical facilities.

A study focusing solely on long-term physical disabilities conducted by Smith et al. (2008) posited that housing stock is currently inadequate for the number of people living with a disability. The authors estimated that only thirty-eight percent of U.S. homes that have a family member with a permanent physical restriction have accessibility modifications. Smith et al. (2008) postulated that the lack of adequate home features for accessibility could lead to more significant injuries and make it more difficult for in-home caregivers to provide proper care. With an increasing portion of the U.S. population aging, the existing housing stock is insufficient to keep up with the demand for accessible housing (Smith et al., 2008).

Smith et al. (2008) estimated that by 2050, twenty-one percent of homes would have one or more residents with a physical limitation disability. The authors of this study further extrapolate that sixty percent of newly built homes will eventually house at least one person with a disability. The data extracted from this study suggests that with the aging population, homebuilders may have an expanse of opportunities in the accessibly built home market. Additionally, the authors of this study indicate that the rising costs of health care and the

growing interest for aging in place should spur policy action toward promoting accessible housing stock (Smith et al., 2008).

Cost of Aging in Place

As Nishita et al. (2007) discuss, there are several Medicaid programs available. However, the person must have specific medical and financial needs to qualify for these programs. Some programs that partially fill a need for residential assistance for older adults include Medicaid waivers (Nishita et al., 2007). In some states, Medicaid managed Care Programs assist older adults in the acquisition of appropriate housing (Nishita et al., 2007). There are some funding opportunities to support aging, but not many options to help those who wish to retrofit their homes to create a safe space in which to age in place (Nishita et al., 2007).

Kaye et al. (2010) note that more than ninety percent of older adults that need long-term care rely upon family members as unpaid primary care providers. Kaye et al. (2010) found that those individuals requiring long-term care that live alone have to rely more heavily upon paid, as only about seventy percent of long-term care recipients who live alone receive unpaid help. The authors estimate that long-term care services for people age sixty-five or older are \$118.6 billion per year in 2009 dollars. Long-term institutional aging assistance programs account for over half of Medicare expenditures (Kaye et al., 2010).

In the study conducted by Kaye et al. (2010) estimate that supporting a resident in a nursing home costs five times more than in a community setting. The authors of this article project that over the next forty years, long-term care needs double what they were in 2010. These projections have created concerns over federal and state funding for the services (Kaye et al., 2010). As interpreted by the findings of this 2010 study, Kaye et al. reveal that a majority of funding goes to those who receive long-term care in nursing homes.

Bookman (2008) discusses the economic trends associated with aging. The costs associated with an aging population include an increase in health care costs, for which government financing, such as Medicare, is no longer sufficient. Medicare only subsidizes community-based health care for extraordinarily ill or very low-income citizens (Bookman, 2008). Bookman (2008) addresses a projected influx of retirees, of which a significant portion want to remain in their homes. Bookman (2008) advises that these older adults lack sufficient community care options because family members that would have provided care in previous decades, typically women, are now in the workforce. Bookman (2008) also found that the lack of community-based health care increases the need for costly professionally-provided health care, placing a higher economic burden on older adults. Bookman (2008) emphasizes a critical nuance of the financial gap in health care coverage for moderate-income older adults. Bookman (2008) presents the reader with the foundational advocacy and awareness to the need for funding aging in place policy initiatives.

Communication, Awareness, and Advocacy

Many voters are or will soon be at an age where they confront the possibility of assisted living, which may help advocate for funding surrounding independent living (Census Bureau Population Estimates Program, 2016). On March 27, 2017, the House of Representatives bill 1780, also called the Senior Accessible Housing Act, was introduced to provide a tax credit for up to \$30,000 to make modifications for seniors aged sixty or older to make home modifications (Senior Accessible Housing Act, 2017).

The House of Representatives bill 1583 was introduced on March 7, 2019, by Joseph Morelle, 116th Congress, first session as an amendment to the Older Americans Act of 1965 (Senior and Disability Home Modification Assistance Initiative Act, 2019). The purpose of the

House of Representatives bill 1583 is to coordinate Federal programs for home modification assistance for seniors and those with disabilities. This bill would create an exhaustive list of Federal programs and funding sources available to seniors. In part, the House of Representatives bill 1583 was created with the intent to be distributed to states and encourage each state to include non-Federal programs and funding data along with the listing information (Senior and Disability Home Modification Assistance Initiative Act, 2019). The House of Representatives bill 1583 has not yet become law (Senior and Disability Home Modification Assistance Initiative Act, 2019).

Nishita et al. (2007) postulate that collaboration and cooperation are imperative for creating advocacy coalitions for funding for aging in place. Nishita et al. (2007) analyze accessibility in the home using the diffusion of innovation model framework wherein social systems are the product of how ideas are adopted and implemented by organizations, groups, and individuals. This diffusion of innovation model used by Nishita et al. (2007) in the context of social policies is a critical aspect for the adoption of policies via networks and influences how policies are conveyed, portrayed, and implemented by those who promulgate rules and regulations influences how the public receives policies.

Smith et al. (2008) note that there have been a few notable legislative efforts to construct accessible housing. At the federal level, under the Rehabilitation Act of 1973 and Fair Housing Amendments Act of 1988, set minimums for accessibility standards in multifamily housing (Smith et al., 2008). Smith et al. (2008) also mentions the 1990 Americans with Disabilities Act, which was heralded significant policy changes about accessibility, but mostly pertained to the accessibility of public facilities and did not include language pertaining to residences. The Inclusive Home Design Act spurred the interest of many with the introduction of visitability into

legislative efforts (Smith et al., 2008). Smith et al. (2008) communicate an awareness of visitability and accessibility that are critical to the vitality and longevity of older adults within a policy context.

Section Summary

Implementation of federal and state fiscal incentives for accessible homes will support aging in place (Nishita et al., 2007). Demographic markers indicate that the number of individuals aged sixty-five and older is increasing in proportion to the rest of the population; these people prefer to remain in their current residences (Census Bureau Population Estimates Program, 2016). The literature suggests that aging in a supportive community, as opposed to aging in an institutional setting, can simultaneously reduce subsidized health care expenses and increase the quality of life (Kaye et al., 2010).

Often major home renovation must be involved, which can be prohibitively expensive (Nishita et al., 2007). If a greater incentive was given for home modifications, more people could modify homes. Fiscal incentives for costly home modifications could lead to a reduction of Medicare and Medicaid expenditures (Nishita et al., 2007). Incentivizing building new homes to comply with accessibility standards and providing fiscally-driven tax incentives to individuals can help keep people in their homes instead of assisted living facilities shows potential for both social and financial benefits (Kaye et al., 2010; Nishita et al., 2007).

While the literature suggests that there have been legislative efforts to convey public interest in aging in place, very little is explicitly written on funding accessible homes for aging in place (Bookman, 2008). There are currently no fiscal policies in place to support aging in place via incentives for residential developers to create new accessible homes. There is a gap in data to demonstrate the need for funding for home modifications (Bookman, 2008). Additionally, there

is insufficient data to support the financing of homes that are built for accessibility (Kaye et al., 2010; Smith et al., 2008).

This study aims to examine how current programs and agencies that support aging in place interact and provide information on funding home modifications using the ACF (see Appendix A). Based on the need for homes built to support aging in place and a lack of adequate funding, this study will explore the possibility of federal and state fiscally-driven tax incentives to individuals for home modifications to existing homes. Additionally, this study shows that similar fiscal policy-based tax incentives should be extended to real estate developers for newly-constructed accessible residences. Tax incentives will encourage the design and construction of inclusive environments for the large portion of our population that will be categorized as older adults for whom accessible homes may be appealing.

Method

Setting

This sequential exploratory design using a mixed-method study will first be conducted as a cross-sectional web-based survey. The survey will be presented as an option when the potential participant engages in an online interface for various services through participating government agencies that may generate a customer base relevant to the topic of aging in place, such as Health and Humans Services agencies. The second portion of this mixed-method will include a qualitative questionnaire via a fillable PDF if completed online.

The survey will also be presented as an option when customers of various relevant government agencies call in for service information. If the survey is completed by phone, the participant will be redirected to a researcher. The researcher will then ask the participant interview questions. This portion will be recorded for accuracy.

Additionally, we can request that our contact information be distributed to agencies that support aging and independent services. Contact information with clarification on what data we collect and for what purpose can be shared on pamphlets and other informational resources. An outlet for older adults to provide feedback about concerns about their living situations will also encourage participation not only in the study but may promote involvement and interest within a policy context.

Participants

The participants will include all age ranges. Ostensibly, all participants will eventually reach the age of interest as it pertains to in-home accessibility, which is typically age sixty-five. All participants will be added regardless of residency status. These factors are not static, and all data collected will be relevant. This study will include a representative sample that should

consist of at least one hundred participants at the interview level to gather statistically significant data.

There will be no incentives for participation in either the survey or interview process. All data collected in both the survey and interview process will be strictly confidential. The purpose of the interview will be emphasized as data collection to the discovery of current living situations of those aged fifty-five and older, and clarification of desired living situations for those who are aged fifty-five and older.

Measures

The variables to be measured will be based on the participants' demographic information. Variables include age, income, whether they are retired, and residency status. Residency status will be of particular importance in the study as it will provide information on the environment in which they reside or plan on living in the future. Some standard survey options may include whether the interviewee is a homeowner, long-term renter, living in a senior community, assisted living, living with family, planning on living with relatives after retirement, or other living arrangements (see Appendix B). Residency questions will be expanded upon in the open-ended interview question portion (Appendix C). The researcher will design the measurement tools.

Data Collection Procedures

Data will be collected via online customer service portals for agencies such as Health and Human Services Agency, requesting participation in surveys with an option to participate in a fillable PDF with open-ended questions. Additionally, incoming customer service phone calls to participative partnering agencies, such as Health and Human Services Agency, can be routed to a call center with a live person with a brief survey (Appendix B). Then we will ask participants if they would be interested in providing their opinion for further research. The study and structured

questions will be formulated by the researcher and based on literature (Appendix C).

Additionally, items will be based on situationally appropriate observations of quickly evolving environmental factors, including the current COVID-19 pandemic.

Data Analysis Plan

Conversations will be recorded. All recordings of the interviews will be transcribed, verbatim, into written text. Data will be collected, compiled, and analyzed to determine whether participants feel informed regarding existing funding resources available for home modifications to support and sustain aging in place. The data should reflect whether resources are sufficient to fund necessary home modifications that would enable participants to remain in their homes following a disabling event. Further, this data should help to ascertain whether homes developed and built to support aging in place would be attractive to home buyers. The analytic scheme became emergent through the course of this study.

The data collected will be used to correlate policy preferences to formulate policy advocacy coalitions (Fischer & Miller, 2006; Pierce et al., 2017; Sabatier, 1988). Using the Advocacy Coalition Framework (ACF), we can connect policy advocates to create alliances based on similar beliefs regarding aging in place. According to Fischer and Miller (2006), advocacy coalitions facilitate a strong policy base to harness resources. Coalitions brought together based on similar subject area beliefs, such as the AARP and HUD, can create impactful legislation for aging in place fiscal policies.

Results (Projected)

This study is projected to find that many older adults and other interested parties will perceive that more resources are needed to facilitate built environments to support aging in place. One of the primary resources involved with building accommodations for accessibility is money (Kaye et al., 2010; Nishita et al., 2007), which should be supported with fiscal policies at both federal and state levels. Funding will be required to house nearly a quarter of our population comfortably (Smith et al., 2008).

This study may find a substantial interest in the construction of new homes that are built to accommodate mobility challenges and various other disabilities. The study is projected to find that many people aged fifty-five and older have thought about their future living situations and are likely to be concerned about aging alone while maintaining independence on a limited income. Similarly, it is projected that the number of people expressing concern or extended consideration of their future living and mobility situation regarding home accessibility will increase with age.

It is projected that there is sufficient stakeholder participation in favor of economic and fiscal policies to facilitate an increased number of homes prepared for individuals who have experienced a disabling event (Census Bureau Population Estimates Program, 2016). An underlying issue in the perception that insufficient funding exists is a lack of cohesive, centralized sources of information for those who require or wish to acquire accessible home modification services (Bookman, 2008). Using the ACF, this study may find that new legislation to support policies reinforcing collaboration amongst stakeholders may be a necessary foundational component of creating fiscal policy to support aging in place.

Discussion

Due to the large portion of our population that are or will soon be age sixty-five or older, issues surrounding aging will become increasingly critical in the context of public administration. The growing number of older adults will increase caseloads for various agencies. Public agencies will benefit from expanded funding for aging in place initiatives because research suggests that aging in place increases physical and mental health outcomes for older adults. The growth of the proportion of our population that will be age sixty-five or older will spur an escalated interest in funding for aging in place.

This study finds a perceived need for additional funding for home modifications or newly built homes that are accessible. There is an approaching surge of those reaching an age where home modifications may become necessary. This expected growth of older adults may portend an expansion in the appeal of housing stock with accessibility features. Literature suggests that there are not enough homes to accommodate people living with a physical limitation disability. Thus, more funding sources and support will be required for accessibly built homes.

There have been few policy initiatives achieved for fiscal support in favor of aging in place in the United States. A review of fiscal policies regarding funding in other countries' that have developed working aging in place programs to establish best practices could be beneficial for aging in place advocacy efforts with the United States (ACL, *Aging: Global Aging*, 2019). Creating awareness of the growing preference for policy movement toward aging in place will generate funding for aging issues. Public administrators should encourage older adults' participation in policy processes for aging in place.

As a supplement to home modifications, assistive technology can improve the quality of life for older populations by helping with nutrition, hygiene, and administration of medications

(OSTP, 2019). Technology can be beneficial in critical areas such as mobility, transportation, communication, and improve healthcare access (OSTP, 2019). Technology, while having an oft high up-front cost, can add benefits to any home care routine and may save the individual money over the long-term. It is projected that technological improvements and developments will become simultaneously more affordable and more efficient in quality of life advancements for those with physical mobility limitations (OSTP, 2019).

This study is intended to underscore the importance of accessibility for the health and well-being of older adults. A large portion of our population will soon be at an age where the idea of aging in place may become attractive (Census Bureau Population Estimates Program, 2016; Smith et al., 2008). The projected preference for aging in place initiatives and their positive impact on overall well-being will stimulate a potential snowball effect and thus a demand for aging in place funding.

The study also emphasizes the symbiotic relationship between independence and community. This study may ignite an interest in those who foresee the need for enhanced systems in which to facilitate healthy and happy aging processes. There will be an interest in aging in place from a public policy perspective. One of the strengths of this study is that the individuals interested in supporting built environments to facilitate aging in place are willing to participate in advocacy for aging in place issues.

The current COVID-19 pandemic has created concerns about the high number of incidents of the virus in assisted living situations. With the news, and therefore, the public eye on assisted living facilities, these institutions may decline in popularity. The coronavirus pandemic may underscore the importance of quality of care and living conditions provided to our elderly

communities. The COVID-19 pandemic may have a lasting impact on the public's interest in aging in place.

Despite wishes to remain independent, many older adults will eventually require some kind of assistance with ADL. One major limitation of this study is the impermanent condition of modified homes for those who have not had the first-hand experience with physical limitation disabilities. The typically exorbitant expenditures required to change homes may not be perceived as "worth it" for individuals to invest resources into a potentially short period of their lives. Although fiscal policies that support accessibly built environments may result in reduced Medicaid and Medicare expenditures, the return on investment may be perceived as short-lived by many voters.

Paradoxically, the potential return on investment may also not be realized quickly enough to elevate the issue to the level of an urgent public policy issue. Although the literature suggests that there could be substantial savings via reduced Medicare and Medicaid on assisted living expenditures (Kaye et al., 2010), the savings would not come to fruition immediately. Policy analysts may find that the public is concerned with instant gratification regarding new policy initiatives purported to reduce expenditures.

Another potential pitfall of promoting federal and state funding policies for aging in place is the growth of additional social policy issues such as poverty and homelessness. Some of these social policy issues may be legitimately more urgent. With the surplus of more crucial policy issues, aging in place efforts may be perceived as non-essential in the big picture.

There are several shortcomings of federal and state policies that support funding for aging in place; there are also many benefits of such policies. The potential long-term Medicare and Medicaid savings could help to redirect funding toward more urgent social policy needs.

Additionally, caseload burdens placed on agencies that provide services to older adults can be reduced if older populations are happier and healthier.

Conclusion

There is a significant portion of our population who have or will have a vested interest in aging in place necessitates increased financial resources to support built environments that accommodate various disabilities (Smith et al., 2008). A significant portion of our population will soon reach an age where health tends to decline, and mobility becomes an issue (Ortman et al., 2014). Mobility issues cause injuries and create an inability to function independently within the home (Kochera, 2002). In-home accessibility to perform ADL has a causal effect on increased residency in assisted living facilities (Kaye et al., 2010; Nishita et al., 2007). The literature suggests that most older adults wish to remain in the home (Keenan, 2010). There is a disconnect between older adults' preferences to stay in their homes and the ability to do so (Smithe et al., 2008). Making homes accessible is a viable answer, but funding is scarce or non-existent for those who don't meet poverty thresholds to receive public assistance but perhaps don't have the expendable income to make home modifications (Kaye et al., 2010; Nishita et al., 2007).

Federal and state fiscal policies that incentivize the additional building of accessible homes may be attractive to many people. A substantial portion of the population must coalesce for advocacy for aging in place funding. The literature also suggests that more taxpayer money is spent on Medicare for those who reside in assisted living situations than those who rely on community and family for support (Kaye et al., 2010). If environments are altered for accessibility, a more substantial portion of older adults can remain in their homes and communities for more extended periods.

We must establish and communicate to voters and all stakeholders that a clear relationship between happiness and independence exists and that it will have an impact on

subsidized expenditures. This study aims to create causal links between overall feelings of inclusion, independence, and reduced healthcare costs related to aging in place. Advocacy for aging in place can be expanded through an emphasis on improved overall health and the causal link between happiness, independence, and reduced healthcare costs.

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Appendix A

Advocacy Coalition Framework Diagram

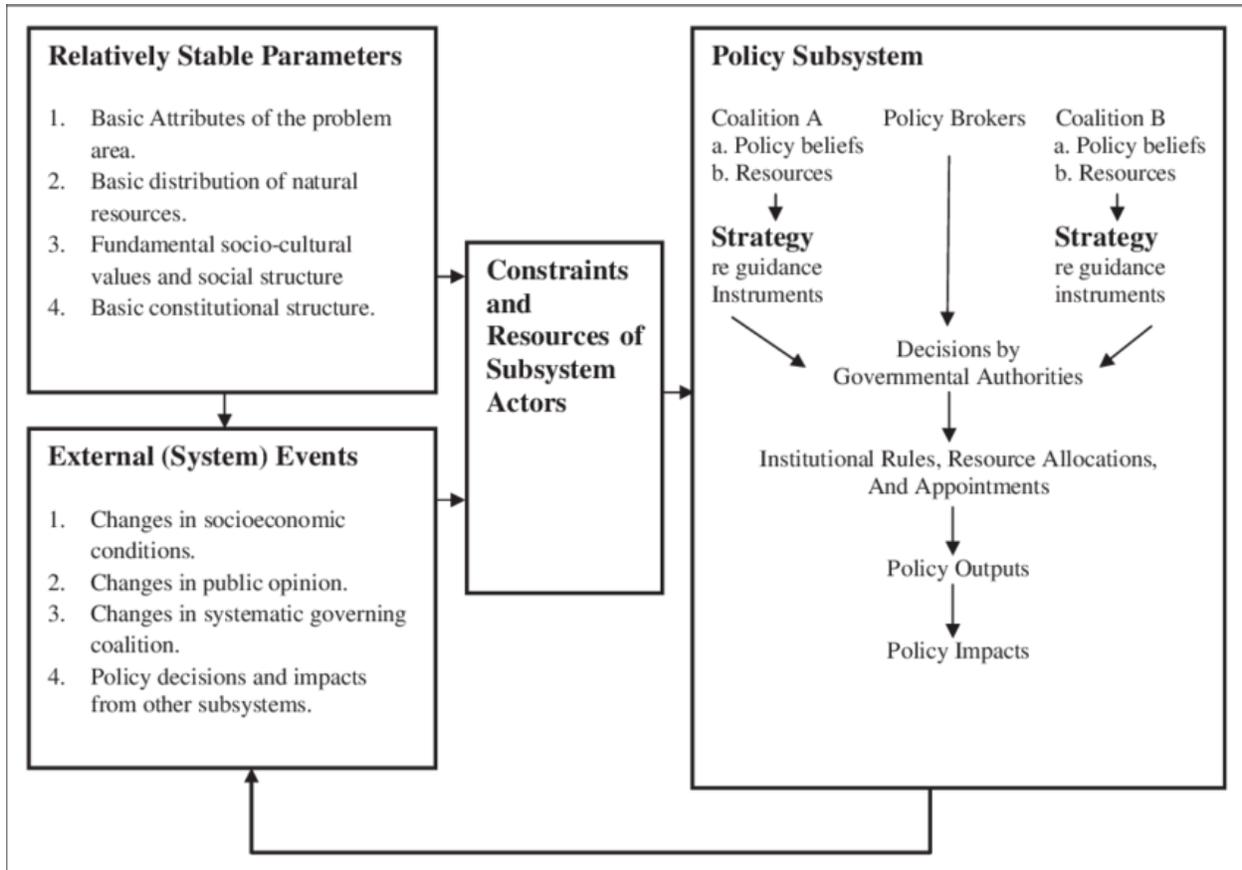


Diagram of the Advocacy Coalition Framework. Source: Adapted from Sabatier & Jenkins-Smith, 1999, p. 121.

Appendix B

Initial Survey

1. What is your age range?
 - a. 18 – 39
 - b. 40 – 54
 - c. 55 – 64
 - d. 65 or older
2. What is your marital status?
 - a. Single
 - b. Married
 - c. Widowed / Divorced
3. Do you:
 - a. Rent
 - b. Own
 - c. Other
4. After retirement do you plan on
 - a. Living with a spouse
 - b. Living with a son, daughter, or another family member
 - c. Living with a roommate
 - d. Living alone
 - e. Other
5. Would you like to participate in a brief interview for research on aging in place?
 - a. Yes
 - b. No

Appendix C

Interview Questions

1. What factors do you consider when thinking about your long-term residence after retirement?
2. What are your opinions on assisted living and nursing homes?
3. What comes to mind when you think of accessibility?
4. What resources are available to you if you should experience as disabling event, such as a fall?
5. How much thought have you put into your post-retirement income compared to your expected living expenses?
6. How much home maintenance do you plan on performing by yourself after you retire?
7. Do you think that you would be able to live in your home after a disabling event? Why or why not?