The AGING WELL REVOLUTION: How new communities and technologies help us live longer with vitality
The Aging Well Revolution: How new communities and technologies help us live longer with vitality

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Introduction

We Americans love our independence and want to maintain it as we age. Ninety percent of us say we want to remain in our own homes, living our lives as we see fit, for as long as we possibly can.

At the same time, experts say that 70 percent of us over the age of 65 will need some kind of assistance. The average amount of time we need that help — whether it’s occupational therapy, delivered meals or assisted living — is three years.

With 10,000 boomers turning 65 each day, our country will soon face a crisis. How will 78 million people heading into late adulthood get the care they need, while maintaining the independence they want?

Luckily, boomers themselves are waking up to the issue. As caregivers for our parents, many of us have seen first-hand how difficult it can be to meet the needs of the aging population. Institutional care is expensive — the median annual rate for a private room in a nursing home is now $87,600, Next Avenue has reported. Less-intensive levels of care, from finding rides to doctor appointments to nurse’s visits, are frustrating and time-consuming to coordinate. Caregiving itself isn’t widely supported in our society.

As awareness grows, ideas for solutions are popping up, spurring a revolution in how more older people will be able to maintain their independence — whether living in their own homes or in another situation they choose — for as long as possible.

This ebook gathers articles and blogs written for Nextavenue.org, all focusing on fresh ideas about communities that support aging well and technology that helps caregivers and their loved ones feel connected and in control.

Aging is inevitable, but it doesn’t have to be a sentence to loneliness and decline. Communities that embrace and help their oldest residents, using technology as a tool, can make the future kinder and brighter for us all. Read on to learn about how to find, and make the most of, them.
Chapter 1: A Guide to the New Retirement Communities

The author of ‘A Little Help From Our Friends’ says they’re about bonding, not golfing

By Richard Eisenberg
Richard Eisenberg is the senior Web editor of the Money & Security and Work & Purpose channels of Next Avenue and Assistant Managing Editor for the site.

Beth Baker has seen the future of retirement communities and it doesn't look anything like Leisure Village.

After traveling around the country to learn about new, experimental retirement living arrangements for her fascinating new book, With a Little Help from Our Friends: Creating Community As We Grow Older, Baker, 62, says the accent is on “community.”

By that, the Takoma Park, Md. journalist is talking about options where retirees remain independent throughout their lives while having connections to others. For example:

Co-housing Residents live in apartments or houses and share common spaces for group meals and gatherings

Niche retirement communities Developments created for people who share a common identity such as sexual orientation, labor union membership, artistic inclination or religious faith

NORCs (Naturally Occuring Retirement Communities) Neighborhoods or locales with a significant portion of older people who’ve aged in place

Shared housing Where two or more unrelated retirees live together for lower costs and companionship; sometimes called “The Golden Girls” housing (from the hit TV show)

The Village Model Baker describes The Villages as a “neighbors-helping-neighbors” membership group dedicated to helping people age in place, with paid staff and volunteers assisting them

I recently interviewed Baker about her book’s findings. Highlights:

Next Avenue: Why did you write this book?
Baker: I started to see news articles about The Village Model and then I looked around and realized I had friends who moved into co-housing or had begun to live with a friend and share a house. So I felt it was an emerging trend that’s grappling with some pretty profound issues that can really make our lives better as we grow older.

Were you surprised how many nontraditional retirement living arrangements you found?

I was. And I keep hearing of different ones. What I liked about it is that it’s so grassrootsy, something an individual or bunch of neighbors could actually accomplish on their own.

In the past, with traditional retirement communities, people were dependent on a company or nonprofit to create them. That traditional model was much more top-down. I don’t want to come across as bashing those communities, because I know people who have moved there and are happy.

But I think many people don’t like the feeling of being isolated from the broader community. They don’t like the idea of being around only older people.

Do you think we’re seeing these kinds of communities because they’re a reflection of the baby boom generation and their views of retirement?

I’ve thought a lot about this. I think what we want is very much what our parents wanted. What’s different is I feel like we have more confidence and more of a history of making change happen. So it’s not that the desires have shifted; it’s that I think we are — as a generation — more proactive, willing to shake things up and proud of that.

Tell me about the Senior Artists Colonies.

They were started by this visionary named Tim Carpenter. He wanted to have a community where people were bound by a common interest in the arts and had affordable housing. The Senior Artist Colony I saw in Burbank, Calif. is filled with studios for painting, pottery and film production. And the people I met there have just blossomed.

The other cool thing is it’s next door to a high school for at-risk youth, and they’ve all gotten together and created this huge garden with fruit trees.

You say that Generations of Hope was the most inspiring community you saw. Why?

It was started by this amazing woman, Brenda Eheart, in Rantoul, Ill. She had
worked in the foster care system for a long time and felt that what those kids needed was to live just normal lives. So she created this community from scratch called Hope Meadows. It includes foster children, their adoptive parents and elders. At least half the community is now older people and in exchange for reduced rent, they must commit to volunteer a certain number of hours in the community.

It’s been very successful and extremely meaningful. Now there’s one in Easthampton, Mass. and one in Portland, Ore. I think it’s a really exciting model.

You also write about a Florida retirement community comprised of former mail carriers, called Nalcrest.

I don’t know of any other unions that have done this, but for some reason they have this visionary president who thought it would be great for their members to have this retirement community. It’s a very affordable community and they have this instant community due to their past work lives. If the letter carrier dies, his or her spouse can stay.

How expensive are alternative retirement communities? You mention one co-housing community near you where a 2-bedroom apartment sells for more than $300,000.

When I started my research, I thought they would be more on the upper end and that I would really have to dig to find affordable ones. But the majority in the book turned out to be affordable.

House sharing is extremely affordable. The Senior Artists Colonies and Generations of Hope are extremely affordable.

There are some amazing people coming up in the world with ideas about affordable housing for older people and they’re devising some great alternatives.

Did you find places that are particularly helpful for people with Alzheimer’s?

Yes, but not many and that’s a big looming problem. The most exciting one was one in Maine: Full Circle America. It was invented by a family doctor, Allan Teel, and costs less than $1,000 a month.

He paired the desire of people with profound dementia to remain in their own homes with webcam monitors and volunteers.

In the book, I tell the story of Patty, who had dementia, and her daughter Amy. If Patty wanted to go out with a volunteer, the volunteer would leave a note on the white board for Amy and the webcam pans on it. The homes can have sensors; so someone looking at computer screen in the office can check on temperature of the rooms.
I wouldn’t want people to think that these are people who are still going to be isolated, but monitored. The community relationship piece turns it into a successful model. (For more detail on Teel and Full Circle America, see Chapter 10 of this ebook.)

**What’s shared housing like? Is it similar to what 22-year-olds do when they get out of college?**

It’s really different from that.

There are two kinds: One is house sharing among good friends. Often they’re single women who are growing older and realizing they’re paying for a lot of expenses out of pocket. The other type has been created by nonprofits who’ve created matchmaking services — they match unemployed people or college students who can’t afford their own homes with older people living alone. They do background checks, and stay involved after the match. If you have a problem, they will help mediate.

I think shared housing could really take off.

**What advice would you give to someone in his or her 50s or 60s wondering where to live in retirement?**

People often start by thinking about something that is not that important, like climate. The more important questions people should be thinking about are how attached are they to their own home and neighborhood. Having a sense of community should be raised much higher on people’s priority list.

**Have you started making plans for where you’ll live in your 70s, 80s and 90s?**

I have, and they’re evolving. We have formed a loose-knit support network for people 60 and older in our neighborhood and part of our conversations have been to look at our homes with fresh eyes.

My husband and I don’t have a bedroom on our ground floor, and we have now planned to build a pretty accessible bedroom and bath in case we can’t manage the stairs.

I was thinking this morning about a cool idea. We have a basement apartment in our house so I thought: What if you had a paid caregiver who could help a few households in the community and everyone shared the cost?

I think people should start thinking about things like that and get creative so they can live out their lives the way they want.
Chapter 2: NORCs — Some of the Best Retirement Communities Occur Naturally

An array of services is the key to their success

By Marlene Piturro, Ph.D.
Marlene Piturro is a clinical psychologist with an MBA in organizational development. She focuses on career and retirement issues for older adults and has written about senior health issues for publications including The Wall Street Journal, Chicago Tribune and USA Today.

“Home” is a beautiful word, evoking the comfort of close-knit neighborhoods where people settle down and raise children. But later in life, many seniors find themselves in a different kind of home — a naturally occurring retirement community, or NORC, where older people age in place long after their kids are grown.

The term NORC — coined in 1984 by Michael Hunt, a professor of urban planning at the University of Wisconsin–Madison — denotes any geographically defined community in which at least 40 percent of the population is 60 or older and live in their own homes. With such a broad definition, NORCs can take many forms, ranging from vibrant communities that encourage seniors to stay engaged to sad places where the elderly live in isolation, fearful that they’ll die alone.

In 2010, some 40.3 million Americans were 65 years or older, according to the U.S. Census Bureau, but estimates of how many live in NORCs vary widely. Although AARP has reported in recent years that 25 to 36 percent of seniors live in NORCs, the Administration on Aging puts the figure at 17 percent.

Whichever estimate is accurate, some NORCs clearly thrive while others wither — and what makes the difference are Supportive Services Programs, or SSPs, usually the result of partnerships between local organizations and vetted providers. As NORCs evolve into NORC-SSPs, they typically begin by offering social services, health care management, education, recreation and volunteer opportunities. To those core components, many have added adult day care, meals, transportation, home care, legal and financial advice, home safety improvements, mental health counseling and disease management.

Early Support For The Concept

Viewed as a cost-effective aging-in-place model and favored by more than 80
percent of seniors, NORC-SSPs benefited early from widespread support. From the outset, advocates in New York and other areas scattered around the country cobbled together subsidies from federal, state and local government as well as partners in housing, charity groups and local businesses.

According to Robert Goldberg, senior director of legislative affairs at the Jewish Federation of North America, the JFNA’s New York chapter produced a template for NORC-SSPs as early as 1985, when it partnered with federal, state and local agencies to provide start-up and operational funding. Today, that partnership covers more than 50,000 seniors living in more than 40 NORC-SSPs throughout New York State.

Blueprint for Aging, another NORC-SSP innovator, operates in northern Michigan. Its researchers have studied urban, small town and rural communities in Leelanau County — with various income levels and ethnic makeups — to determine what enables a NORC to flourish. Among the key components, they found, are centers for physical activity (like exercise centers); a full, year-round calendar of events; effective communication between service providers and the community; and a strong sense of trust in those providers.

Providing Care And Educating Adult Children

Of course, personal care services are critical for seniors who want to remain at home as they become older and frailer, but they can be a challenge in areas where seniors live in single-family houses. Andrea Cohen, chief executive of HouseWorks, a Boston-based home care agency, notes that communities of apartment dwellers are more cost-effective because they reduce her employees’ travel time and permit more flexible scheduling. “It’s a complex business,” she says, “because we’re dealing with seniors and their adult children, who are smart consumers with high expectations.”

Cohen’s clients want a choice of providers and control over how much home care they receive. For that reason, HouseWorks offers a low, one-hour service minimum — significantly less than the four-hour minimum that’s customary in the home care field. “If a client only wants someone to shower and dress them, and not interfere with the rest of their day, we do it,” she says.

Interacting with the clients’ adult children provides information that will be useful in the not-too-distant future, when NORC-SSPs are “occupied by the boomers themselves,” Cohen adds. “Boomers want good information, a guide to what’s likely to happen next as a disease or frailty progresses, and completely reliable caregivers to devise instant solutions to problems.”

The Economics Of The Model

As the need for NORC-SSPs grows, financing has begun to dry up. JFNA’s Robert
Goldberg explains that the prolonged economic malaise has forced the Administration on Aging, the lead federal agency that supports aging-in-place initiatives, to pull back. "Today's NORCs sink or swim on grass-roots support," he says. Without governmental and philanthropic subsidies, many NORC-SSPs have disappeared.

But anyone who questions whether NORC-SSPs make economic sense should look to Israel. The catalyst for its model, created by the nonprofit JDC-ESHEL and supported by the Israeli government and the American Jewish Joint Distribution Committee, was simple research. With the elderly population soaring, the AJJDC compared the initial and annual costs of placing a senior in a nursing home with the costs of NORC services. The difference was dramatic: A nursing home spot for one senior required tens of thousands of dollars to build and maintain, while a NORC-SSP-style program — known in Israel as a "supportive community" — could be set up with a per-capita investment in the hundreds. Israel chose the vastly less expensive supportive community model over costly institutional care.

Through experimentation and research, JDC-ESHEL developed a generous basket of services that each community adapts to its individual needs. The government provides three years start-up financing to the communities; after that, each one finances itself. By 2003, there were 103 urban and 18 rural supportive communities, with studies indicating 95 percent member satisfaction.

Given that America’s 78 million baby boomers will place massive demands for care on a stretched economy, it may be time for politicians to revisit the NORC-SSP — perhaps adding a dash of Israel’s "supportive community." The result could be an aging-in-place model that won't bust governmental, philanthropic and personal budgets.
Chapter 3: The Village Movement: Redefining Aging in Place

A new approach allows people to stay in their homes while easing the burden on their family caregivers.

By Sherri Snelling
Sherri Snelling, executive director at Keck Medicine of USC and author of A Cast of Caregivers – Celebrity Stories to Help You Prepare to Care, is a nationally recognized expert on America’s 65 million family caregivers with special emphasis on how to help caregivers balance “self-care” while caring for a loved one.

Although it’s not news that the 78 million members of the baby boomer generation are expected to live longer than previous generations, consider how that breaks down: Of those who turned 65 last year, 20 percent will live to age 90, and one in every 50 boomer women will reach 100. The quality of their, and our, lives, and where we will all live as we age, are critical questions for our society. In an AARP survey, 90 percent of senior citizens said they wanted to stay in their homes as long as possible, but that puts a potential burden on the family members who will become responsible for managing their care.

The solution, for many, may be the Village Movement.

Why It Takes a Village

The principles of the Village Movement are simple: Instead of leaving their homes for senior housing or assisted living, a group of residents in a given community, typically age 50 and older, form a nonprofit membership organization to provide access to services that support their goal of remaining at home as long as possible. A village can range from a few blocks in an urban or suburban neighborhood to a rural area with a 20-mile radius. Each is autonomous and its members determine which services it will offer. Typical offerings shared by all members include: home-safety modifications, transportation, meal delivery, dog walking, technology training and support, health and wellness programs, social activities, and the services of visiting nurses and care managers. Most villages hire an administrator, either paid or a volunteer, who can connect members with services as needed, as well as coordinate village-wide programs and activities. Many villages recruit and rely on local volunteers to help deliver services to its members as well. For example, if a member needs grab bars installed in a bathroom, he or she would contact the administrator, who might then order the bars from a vendor using the village’s group discount (the member would have to pay for the goods) and arrange for installation, either by a volunteer contractor or one working at a discount.
The first village was founded by a group of residents of the Beacon Hill neighborhood of Boston in 2001. Today, there are at least 89 villages in 36 states, with about 125 more in development. Most participate in the Village-to-Village (VTV) network, which helps them share best-practice advice for fundraising, establishing services and managing communities, as well as information about group discounts on goods and services. The VTV website also offers a national map of current and planned village sites.

Most villages have between 150 and 200 members. The average resident is a middle-class, 74-year-old woman. Each member pays an annual fee — the average is about $435, but can range from $50 to $1,500. All villages offer discounts or subsidies for lower-income residents, and most take part in fundraising efforts to support their communities.

**Villages Benefit Caregivers, Too**

More than 7 million of the 44 million Americans who act as family caregivers for someone over age 50 live at least an hour away from their loved one. These long-distance caregivers face constant worry about how their parents are faring each day, as well as guilt over not being there more often. The Village Movement can ease those concerns.

"Baby boomers are really driving the movement in two ways," says Candace Baldwin, who oversees the VTV Network for NCB Capital Impact, a national nonprofit community development group that supports the village model.

"First, they are purchasing the membership for their parents, which gives them peace of mind. Second, they believe this is the model they want for their future housing as they grow older and so they are starting that conversation in their own neighborhoods."

Enrolling parents in a village can also help adult children ease future care transitions. "If you have a mom in a village who has progressive dementia," Baldwin says, "and it becomes apparent she may need to move to receive more specialized care, the care manager who has been part of the village services can facilitate that conversation more easily because they have known both you and your mom through your mom’s residency."

As I see it, the Village Movement taps into essential boomer characteristics of independence and volunteerism. Village members have control over their lives — and many volunteer to help other village members. Many support family caregivers by checking up on neighbors on days an adult child cannot, but their support for each other can extend well beyond that. Up to 60 percent of residents volunteer or have embraced encore careers to aid their villages, Baldwin says. In one village, a retired lawyer provides pro bono counsel to neighbors; in another, a nurse
volunteers to help older villagers with daily medications; in yet another, a retired executive offers tai chi lessons.

**A Renaissance for Aging in Place?**

In 15th-century Florence, the Medicis brought sculptors, poets, philosophers, painters and architects together, broke down barriers, and gave birth to the Renaissance that was the bridge between the Middle Ages and the modern era.

Perhaps the Village Movement, as a solution for aging with a high quality of life, can bring us to a new age of enlightenment about where and how we should live until we breathe our last.

The goals that inspired the village model are not revolutionary. To live at home until our last days is a wish most of us share. But the movement does embrace innovation, combining the best new ideas in community-minded living, volunteerism, personal control and person-centered focus to create what Baldwin calls "the new face of aging."
Chapter 4: Should You Retire to College?

How to know if a campus-based community would be a fit for you

By Frank Jossi
Frank Jossi is a journalist who writes about business, politics and cultural issues.

Don and Joyce Parker whip out their IDs whenever they want to use Oberlin College’s fitness center or library.

At age 79 and 77, they’re unlikely co-eds. But they call Oberlin — more specifically the Kendal retirement community located near the small, private liberal arts Ohio college — home.

The Parkers live in what’s called a "university-based retirement community," or UBRC. The communities have been around for years, catering to the "Silent Generation." Now, they’re making a play for boomers, the best-educated group in American history and a natural fit for a quasi-return to campus life.

That’s according to Andrew Carle, the executive-in-residence in the Senior Housing Administration Department at George Mason University, who coined the term “university-based retirement communities.”

Their Number Is Expected to Double

Carle says roughly 100 of these communities have established relationships with colleges, a number he expects to double within the next decade. About half the schools incorporate older residents into their campuses; the other half provide a connection or affiliation. The nonprofit Kendal Corporation is perhaps the country’s best-known promoter of UBRCs, working to help developers and colleges collaborate.

Some of the best examples of this living model, in addition to Oberlin, are Green Hills Retirement Community near Iowa State University, Meadowood Retirement Community near Indiana University and Oak Hammock at the University of Florida. All are within five miles of campus and offer course auditing and use of campus facilities.

Falling in Love With a College Town

When the Parkers discovered Kendal at Oberlin five years ago, they immediately fell
in love with the town and with the school's offerings. They routinely bike or walk the three blocks to campus to enjoy concerts and lectures.

A retired physician, Don serves on a horticulture committee and paints while Joyce volunteers at different projects or works on her pottery in Oberlin College's art department.

"The best URBCs give you a student ID and let you go to the bookstore and get a discount, register for classes, use it at the campus eateries and use the athletic facilities," Carle says. "It depends on what the senior community has brokered."

Carle notes that typically college-educated retirees, including retired faculty members, have an interest in these communities. But this housing option also attracts older people simply interested in learning and staying active.

Being an alumnus is never a requirement. At Oberlin's retirement village of roughly 400 residents, for instance, only 37 percent earned degrees from the school.

The university-affiliated centers are, in general, no more costly than other retirement communities, typically charging $1,500 to $3,000 a month, Carle says.

Sizing Up a College-Based Retirement Community

Is a UBRC for you? Barbara Thomas, CEO of Kendal at Oberlin, says some people come in to her facility with a 30-point spreadsheet comparing communities. To her, the key is whether a retiree likes the culture and people there.

"Are these people you want to have dinner with? Do you like the town the community is in?" she asks.

To scope out the area around a UBRC, check to see if it has entertainment venues, such as a performing arts center or athletic competitions you'd want to watch, in addition to your ability to audit courses and use the school's facilities. And you may want to see if it's accredited through the Commission on Accreditation of Rehabilitation Facilities.

Not all programs are created alike, Carle says, and potential residents should closely study how well the community's residents are integrated with the college.

Before committing, he warns: "People need to do their homework."
Three generations under one roof brings more of everything: bodies, stress — and also love.

By Robyn Griggs Lawrence
Robyn Griggs Lawrence is a Boulder, Colo.-based writer, editor and speaker on a range of topics and issues.

After a tough day at the church where she works as pastor, Amy Yoder McGloughlin comes home and confides in her mother-in-law, Judy, who has lived with her family in a five-bedroom home in Philadelphia for nine years. Amy turns to Judy regularly for advice, support and child care for her son, Will, 11, and daughter, Reba, 8. Judy cooks dinner for the family every Thursday and pushes Amy and her husband, Charlie, out the door for a date night every now and then. Amy can't imagine how the family would function without her.

“Between my husband and me, we have a mortgage-size student loan debt every month, so Judy’s financial contribution really helps,” Amy says. “But there’s so much more than just financial benefit. We’re doing the ‘village’ thing — my kids are getting a better sense of what it means to be a family.”

The McGloughlins gave up some privacy when Judy moved in — “Charlie can’t sit around the living room in his boxers,” McGloughlin says — but they’re more than happy to share their home and everything in it.

“Our house gets so much use that I have a hard time keeping the living room floor from having crud on it — and that’s OK,” Amy says. “This is something so much bigger than that. It’s practicing our values.”

Three Generations Under One Roof

The McGloughlins are part of a new normal, one in which 17 percent of the population — or about 54 million Americans — now live in multigenerational households. Once more common among Asian, Latino and immigrant families, these types of arrangements are growing among all races and socioeconomic groups. In fact, the number has almost doubled since 1980, according to Pew Research.

With so many people living together under one roof, housing trends are changing, too. Half the architects polled in a recent American Institute of Architects survey said that an increasing number of clients are looking for
multigenerational housing, and 37 percent of realtors in a national Coldwell Banker survey reported more buyers looking for homes that accommodate multiple generations.

“Multigenerational living has been increasing since the economy took a hit,” says Donna Butts, executive director of the intergenerational advocacy group Generations United (GU). “People have lost their homes or can’t save enough to purchase, or they’re living longer but have run out of resources. Families are struggling to work and provide child care; people are having a hard time breaking into the job market; and graduates need to be subsidized while they’re trying to make a dent in their student loans.”

In a 2011 Harris Interactive poll for GU, 72 percent of people living in multigenerational households noted that at least one family member was benefiting financially, 75 percent said it made it easier to care for relatives, and 82 percent reported enhanced family bonds. "We're coming to realize that we need each other and that we're very interconnected," says Butts. "This is a trend that will continue."

This is a hot topic among educators and scholars. Two of them, John Graham and Sharon Niederhaus, interviewed more than 100 families living in multigenerational households for their book, Together Again: A Guide to Successful Multi-Generational Living, and agree about the positive aspects of this kind of living arrangement.

“The old and faithful interdependence of extended family relationships is re-emerging as the cultural norm,” they write. Graham, a business professor at the University of California, Irvine, says that as all major institutions are changing under the weight of demographic shifts, “extended families — not government, not business — will save the day for us.”

**Honest Communication Is Key**

Of course, no one’s saying it’s easy to live with your parents or children — let alone both. In the GU survey, 78 percent of respondents acknowledged that the arrangements contributed to household stress. Caring for older adults, not to mention sharing a bathroom with someone whose last address was a frat house can be trying, to say the least. Issues of privacy, independence, resource sharing and responsibility must be tackled head-on — ideally in advance of living together.

“The biggest factor in successful arrangements is communication,” says Butts, who advises people to have frequent family meetings where frank, open dialogue is encouraged. “You need to sit down before someone moves in and talk about expectations and parameters, including how you’ll divide up food, utilities and responsibilities. Another important question to ask is whether the situation is permanent or temporary.”

House rules on everything from dinnertime to overnight guests need to be stated
clearly, and established routines should be respected, says parenting and relationship expert Susan Newman, Ph.D., author of *Under One Roof Again: All Grown Up and (Re)learning to Live Together Happily*. If dinner’s always been at 6 p.m. and it’s your house, that shouldn’t change. And, she adds, “If you have moral issues with significant other sleepovers, you can make a rule against them.”

**The Importance of Private Spaces**

When architect Jay Keller’s mother-in-law, Mercy Adefuin, could no longer get around on her own in her longtime Chicago suburb, Keller and his wife, Grace, invited her to live with them in the city. Initially, she was reluctant because she feared she’d become dependent. But when Keller offered to design her an accessory unit with her own entrance and kitchen, Adefuin accepted. “My mother-in-law had a whole house before and was independent,” says Keller. “We didn’t want her to lose that. Now she can still cook and entertain her friends.”

Giving everyone access to both private and shared spaces is the cornerstone of harmonious family life, but purchasing a bigger house, building an extra unit or even modifying a home can be expensive and difficult.

Zoning laws and municipal codes often prohibit accessory units, or “granny flats,” although Graham and Niederhaus predict that more municipalities will follow the lead of Seattle, Santa Cruz and Portland, which have streamlined the permit process to encourage multigenerational housing. “We need to make it easier for people to establish these kinds of households because it’s a key issue of our time,” Graham says.

Often, families have to make tight living conditions work by dividing rooms and establishing ironclad bathroom rotation schedules. Everyone in the household should have some personal space to claim. And when the house gets crowded, a neighborhood coffee shop or community center can provide a getaway spot.

“Proximity with privacy is the key to success,” Niederhaus says. “Even just giving someone a two-burner stove and a mini refrigerator can go a long way.”
Chapter 6: Innovative Purpose-Based Communities

People of all ages and abilities are gathering around ideas and interests

By Beth Baker
Beth Baker is a long-time journalist whose articles have appeared in the Washington Post, AARP Bulletin and Ms. Magazines. She is the author of *With a Little Help from Our Friends — Creating Community as We Grow Older* and of *Old Age in a New Age — The Promise of Transformative Nursing Homes*.

While writing my book *With a Little Help from Our Friends — Creating Community as We Grow Older*, I discovered a surprising array of purpose-built communities made up of people who share common ideas, backgrounds or interests. Also known as niche or affinity communities, such places appeal to those who wish to live among their “tribe.”

Take those boomers who were part of the “back to the land” movement in the early 1970s. They can now put down roots on an organic farm, such as the multigenerational Nubanusit co-housing community in New Hampshire.

Others itching to explore their creativity can move to an affordable senior artist colony in southern California. In Florida, serious star-gazers share telescopes at Chiefland Astronomy Village. ShantiNiketan ("abode of peace" in Sanskrit), also in Florida, is a gated retirement community for immigrants from India, offering traditional food, prayer rooms and celebrations of Indian holidays.

Some niche communities formed over the years did not survive the recession. But the number of these types of places is now expected to grow, along with the number of boomers transitioning to a new phase of life.

Tim Carpenter, executive director of the nonprofit EngAGE, based in southern California, is actively developing new affordable senior artist colonies around the country. The arts represent just one niche Carpenter imagines. For himself, he dreams of creating a community based on wellness — with neighbors who are enthusiastic hikers, cyclists, organic gardeners and fabulous cooks of wholesome fresh food.

“What’s the ideal community?” Carpenter asks. “You can walk next door and know you have something in common with this person. You have a fused passion.”

Here is a closer look at three of the many diverse communities built with fellow
travelers in mind, providing a glimpse into how they are structured:

1. **Your RV Or Mine?** The nonprofit Escapees CARE Center in Livingston, Texas, serves die-hard recreational vehicle (RV) enthusiasts who can no longer hit the road, due to illness or disability. These full-time RVers have no other home but the one on wheels. By moving to Escapees CARE Center, they can remain in their RV, with affordable services on site.

RVers are a breed apart. “They are a very welcoming community,” says Escapees CARE Center Executive Director Russ Johnson. “You come together in these different campgrounds. It’s easy to get together and talk about the places where we’ve been and where we’re going and help each other out as far as what we’re trying to accomplish.”

Escapees CARE (Continuing Assistance for Retired Escapees) has two programs: adult day services for RVers and the wider Livingston community (including for those with dementia) and “assisted living lite” for those who live onsite in their RVs and need some help. The adult day services cost $36 a day and include some nursing and personal care assistance. As for those who live in their RVs on site, the cost is $874 a month ($1,311 for a couple); residents get three meals a day, laundry, housekeeping, transportation to medical appointments, and other home maintenance services.

The community also offers weekly grocery trips and regular bus outings to the movies, a nearby lake, restaurants and plays.

“RVers are rather independent and are used to traveling and a great deal of activity,” says Johnson, a full-time RVer. “So our goal is to keep them active. If you’re active, social and happy, you’ll live longer.”

2. **A Contemplative Life.** ElderSpirit, nestled in the rural southwest corner of Virginia, was founded by Dene Peterson, a former Catholic nun who was eager to live in a community with other people seeking to explore late-life spirituality. “I wanted to show that different things can be done,” she says. “With the baby boomers, aging will take its proper place.”

One of the first senior co-housing communities in the nation, ElderSpirit is open to people of all faiths and offers affordable rental units as well as market-rate townhouses. Like other co-housing communities, ElderSpirit has large common spaces, including a kitchen and dining room for weekly community meals, square dances and other gatherings, plus a library and an art studio.

What’s unusual about ElderSpirit is its attention to spirituality. An octagonal Spirit House is used for resident-led vespers, meditation, yoga and Sunday services. The group holds annual spiritual retreats that are open to those who want to “age in community — with spirit.”
Founding member Catherine Rumschlag says ElderSpirit is part of a growing movement of “conscious aging.” At ElderSpirit, she notes, “one might have more time for prayer, reading and meditation,” and to spiritually prepare for dying.

Monica Appleby, another founding member, says, “It’s a proactive way to plan for older, more frail years so that a community of friendship can be built for as long as possible.”

3. A Safe Haven. Birds of a Feather, a community of gay and lesbian people 50 and older is near Santa Fe, N.M. Gay people have long faced discrimination in traditional retirement communities and in long-term-care facilities. In response, a handful of LGBT retirement communities have been established, some affordable, others more swanky.

Bonnie McGowan, founder of Birds, says fears about growing old long weighed on her and her friends. So she set out to create a community where gay people could not only feel safe, but thrive in a place of natural beauty.

She purchased 140 acres in the middle of the Pecos Wilderness area and went through the laborious process of approval for 36 building lots. Eight homes have been built, and another 14 lots have been purchased. Although the recession stalled construction, things are picking up and several homes are now moving forward, she reports. Homes cost between $300,000 and $600,000.

Birds residents are close-knit and socialize regularly together, sharing morning coffee, hiking, playing music and even traveling together. But they are hardly reclusive, and are active in the wider community. Residents volunteer with the Pecos Valley Medical Center, the food bank, Big Brothers and Sisters and the wildlife center.

"It's the best of all worlds as far as I'm concerned," says Birds resident Ellen Bell. "I live in the forest, I have the creatures, I can hike, my dogs can run loose and yet I'm surrounded by people who are like-minded, not only in terms of how I feel about nature but are equally like-minded about community and caring for each other."
Chapter 7: What to Ask When Considering a Continuing Care Retirement Community

Eight questions to ask before signing on the dotted line

By Liza Kaufman Hogan
Liza Kaufman Hogan is a senior editor for Next Avenue and a freelance writer. She is a former senior producer for CNN.com and a web producer for Oprah.com.

Pamela and Richard Goetsch weren’t planning on moving to a retirement community. She was in her mid-50s and he was in his mid-60s, working as a lawyer for BP/Amoco, enjoying life shuttling between their Cleveland home and a high-rise apartment in Chicago. They knew they would need to downsize at some point, but it wasn’t on their radar.

Then they heard about a development going up near their Cleveland home for empty nesters like themselves. They could continue to live in a house; wouldn’t have to worry about a lawn or home repairs; and would never need to move again.

The development, known as a continuing care retirement community, or CCRC, offered several levels of care so they could live independently and — if and when they needed it — move to an on-site, assisted living facility or nursing home.

South Franklin Circle had charming cottages, beautiful landscaping, a fitness center and a restaurant good enough to attract outside diners. The couple sold their home and moved into one of the cottages. They’ve been living at South Franklin Circle for four years and find that it suits them.

“When we travel, we lock the door and walk away knowing that the house will be looked after and we have no worries,” Pamela says, adding that when she’s home, “You can pick up the phone and have someone change your light bulb if you want to.”

She liked it so much that when her parents were no longer able to continue living in their home, they moved to their own apartment in South Franklin Circle.

CCRCs have been around in some form for more than 70 years. There are now nearly 2,000 continuing-care communities in the U.S., with more than 570,000 residents, according to MarketWatch. Most were built by churches or charitable organizations to serve their aging members and more than 80 percent are nonprofit,
according to Larry Minnix, president and CEO of LeadingAge, a senior housing industry association.

Asked the most important factor in choosing among so many CCRCs, Minnix says: "Reputation, reputation, reputation."

**The All-in-One Housing Option**

CCRCs are the priciest long-term care option covering housing, care and services. Most CCRCs require a large entrance fee, which can range from $30,000 to $1 million, plus a monthly fee of $1,000 to $5,000. Costs vary according to the type of housing and level of care selected.

Depending on the contract, residents or their estates may receive a partial refund of the entrance fee if the resident moves out or dies, though it may take a year or more to receive the money.

If residents purchase an all-inclusive or "life care" plan, the fee covers housing and care as long as they remain in the development.

Some CCRC’s offer a modified contract with a lower entrance fee and a limited amount of care, after which additional services may be purchased, usually at a higher rate.

A third "fee-for-service" or "pay-as-you-go" option offers lower entrance and monthly fees for independent living with assisted living and nursing home care paid for at market rate.

In addition to housing, CCRCs provide social activities, fitness and wellness centers, multiple dining options, transportation to shopping and events and other services. It's like living at an all-inclusive resort for those who can afford it.

If that sounds attractive, here are eight questions to ask in selecting a CCRC for yourself or a family member:

**1. Can you afford it?** CCRCs are marketed to middle- and upper-income homeowners who typically fund the hefty entrance fee through the sale of their home. Since that fee covers housing and care, estimate what you would get for your home and calculate what you think you might eventually spend on assisted living or skilled nursing care. (Doctor's visits and hospitalization are out of pocket-costs that may be covered by Medicare for those 65 and older or by health insurance for younger residents.)

The monthly fee covers things like home repair, housekeeping and meals. The Garlands, a CCRC in Barrington, Ill., recommends that prospective residents tally what they now pay for utilities, housekeeping, cable TV, home maintenance,
transportation, fitness, food and security and compare that to the CCRC’s monthly fee to see if they can afford it.

2. Who lives there and what do they do? Ask the age of the average resident and the type of programs the CCRC offers. The typical CCRC resident is 80 or older (though some are much younger) and a community that is post-80 may not appeal to younger residents.

Charles Paulk, 82, who lives at the Estates at Carpenters in Lakeland, Fla. and serves as executive director of the National Continuing Care Resident’s Association, says CCRCs need to work harder to create appealing programming for boomers — who are key to helping the communities thrive.

“The amenities and activities at a CCRC have no interest (for boomers),” he says. “They are not bingo players (and) not a group of people to sit around telling war stories. They’d rather be active,” he said, adding that when he asked his 57-year-old daughter if she would like to live in a place like his, she said, “If you think I’m going to live out there with a bunch of old folks, you’re crazy.”

Pamela Goetsch, 62, says she is one of the younger residents at South Francis Circle. Although she enjoys spending time with the older residents and has learned many “successful aging strategies” from them, she is glad that she still has friends her age in the outside community. And, she cautions: “You have to watch that you don’t become a caretaker for everybody.”

3. What is the occupancy rate? Look for an occupancy rate of 85 percent or higher unless it’s a new development, Kiplinger advises. After a recession-driven downturn a few years ago, the average occupancy rate of CCRCs at the end of 2013 was back to 90 percent.

Check the rate of local apartments and condominiums for comparison. CCRCs need a high occupancy rate to fund services and debt, plus you don’t want to be the only one in the dining room.

4. Is the CCRC financially sound? Ask to look at the CCRC’s financial records, and look for anything unusual, such as a large amount of debt, failure to meet bond obligations or evidence of liabilities exceeding assets.

As Lani Lucinao reported in Next Avenue, "Most CCRCs will provide audited statements of their finances if you ask (it’s a red flag if they won’t)."

A number of CCRC owners went bankrupt after the 2008 recession, including Erickson Retirement Communities, rattling the industry. But most have emerged from bankruptcy with growth expected in the coming years as continuing care becomes more attractive to boomers.
5. **How much is the entrance fee and is it refundable?** About half of CCRCs have a refundable entrance fee that will go to the resident if he moves or to his estate when he dies. Ask how much is refundable and under what conditions.

Sometimes, residents must wait for their former unit to sell and it can take six months to 10 years to get the refund. Have a lawyer look over your contract to be sure you understand the fees and other potential costs before you sign.

6. **How much are the monthly fees and what do they cover?** You'll also want to find out how much the fee might rise over time. Ask, too, whether home health care is covered and what health services, if any, are included.

7. **What if my spouse or partner needs a different level of care?** One of the advantages of CCRCs for couples is that they can continue living in the same place if, for instance, one needs skilled nursing care and the other is able to live independently.

Couples can choose to live separately within the community, although they will likely incur higher fees to do so, or they can move as a couple to assisted living if necessary, one day.

This was a challenge when Pamela Goetsch’s father, in his 90s, needed to move to assisted living but her mother did not. Financially, it made sense for both to move to assisted living, which they did, but Goetsch had to work with staff so her mother could continue to live as independently as possible.

8. **Who regulates the CCRC?** Find out which agency regulates the CCRC and check to be sure the company is in good standing. In most states, CCRCs are regulated by the insurance commissioner, but it can be another agency.

As Luciano reported, "There is no federal oversight of CCRCs, other than anti-discrimination laws. Some 38 states regulate them in various ways, mainly protecting residents’ rights, not stepping in if there are solvency issues. Fewer than 20 percent of the communities are accredited by the Commission on Accreditation of Rehabilitation Facilities, which evaluates, but does not guarantee, a community’s financial health."

Ratings for nursing homes within CCRCs, which are federally regulated, are available through Medicare’s Nursing Home Compare website.
Chapter 8: Building a Network to Look Out for Your Parents

From neighbors to relatives to the pizza delivery woman, it's critical to have people looking out for a parent who's aging in place.

By Winnie Yu

Winnie Yu is a journalist who has contributed to magazines including Woman’s Day, Health, Prevention and Scientific American Mind. She is also the author of several health books, on topics including Alzheimer’s disease, diabetes and arthritis.

If you’re looking out for a parent in declining health who continues to live alone, and who resides more than an hour’s drive away, consider yourself a long-distance caregiver. It’s a hard role to fill alone, but an informal network of eyes and ears can provide crucial aid. These supporters can be neighbors, friends, parishioners, even a mail carrier or the pizza delivery person.

Predictability can make it easier to keep track of a parent’s activities and to tell quickly if something is wrong, says Carol Bradley Bursack, author of Minding Our Elders. When you’re on the scene, commit some time to following your parent’s routines and seeing who they interact with daily or weekly. Identify and get to know those people, who could become part of your network.

If, for example, your mother goes to the bank every Monday morning, her regular teller may take notice if she doesn’t come in one day. Next time you have the opportunity, accompany your mother to the bank, meet the teller and consider giving him or her your phone number. Your efforts shouldn’t be a secret from your parent. "Explain that it’s for safety, and that they’re not intruding, just checking on her,” says Gail Hunt, president and chief executive of the National Alliance for Caregiving in Bethesda, Md.

These strategies can help as well:

**Find out who delivers to your parent.** Anyone who makes regular deliveries to your parent, like a mail carrier, paperboy or supermarket carrier, is a potential source of help. If these people notice mail and newspapers piling up, or if no one answers the door, they can call you, or call for help. Similarly, those who provide services, like a maid or landscaper, can play a pivotal role in looking out for a loved one, along with people who are trained to notice signs of trouble, like visiting nurses or Meals on Wheels crews.

Consider the example of Jean Wilson, 82, of Memphis. For years, she had called in
Almost daily orders from her local Domino’s pizza shop. Then, back in February, she took a fall in her home on a Saturday and was unable to reach a phone to call for help. On Monday, when her regular order didn’t come in for a third straight day, Domino’s delivery person Susan Guy, who herself had experience as a family caregiver, went to Wilson’s house to check on her. When Wilson didn’t answer knocks on the door and window, Guy called 911. Rescue workers found Wilson and credited Guy with saving her life.

**Enlist the community.** When you visit your mom or dad, make a point of saying hello to their neighbors, advises Linda Rhodes, author of *The Essential Guide to Caring for Aging Parents.* "Exchange phone numbers so you can call them if you become concerned about your parent, or so they can call you," she says. If you and your parent are comfortable with doing so, give a reliable neighbor a set of keys. Check in with your parent’s house of worship as well. Many churches and synagogues now draw on volunteers who check in on elderly people in the community.

**Take advantage of technology.** For long-distance caregivers, technology can be a vital tool for keeping an eye on aging parents. One of the best options is a personal emergency response system, typically a push-button alarm worn as a necklace or bracelet. Your parent can set off the alarm if he or she falls, alerting a 24-hour call center to summon help.

You can also set up a monitoring system in your loved one’s home, using motion-sensor technology to track a parent’s movements and alert you to anything unusual. If no movement is detected for an extended period of time, the system will contact you or send an alert to your phone or computer. "Set it up in an area they spend a lot of time in, such as the kitchen, or wherever they take their meds," Bursack says. You can pay a company to keep an eye on your system, or arrange to do the monitoring yourself on your computer.

**Regular phone calls can be a powerful tool as well.** Rally your siblings and other relatives and your parent’s friends to check in on your mom or dad through a weekly phone call, which also helps combat feelings of isolation and loneliness. You can even make a calendar of when you expect your parent to receive calls and from whom. If any of the callers come to have worries about your parent, or don’t have their calls answered, they can call you — and you can do the same.

**Do your part.** Look around your own community or social or professional circles and see if an elderly person living alone might benefit from your help. Make it a point to drop by and offer help with raking, laundry or errands, all of which can be the beginning of an ongoing conversation. "Encourage a friendship, rather than acting like you want to be a caregiver," Bursack says. If you should build a relationship, discover how to reach out to the person’s adult children in case of trouble, just as you’d want someone to do for you.
A simple and innovative project touts a low-cost plan to extend aging in place

By Gary Drevitch
Gary Drevitch was senior Web editor for Next Avenue’s Caregiving and Health & Well-Being channels. He currently is an editor at Psychology Today.

What forces older Americans from their homes into assisted living or full-time nursing facilities? It’s not necessarily declining health itself but how ailments prevent people from living independently.

Some researchers now believe that relatively small changes in people’s living spaces and daily strategies can keep them out of nursing facilities for months or even years, saving families — and, potentially, the nation — millions of dollars.

To prove that theory, a major research effort in the Baltimore area called the CAPABLE project — it stands for Community Aging in Place, Advancing Better Living for Elders — is sending handymen, nurses and occupational therapists into the homes of hundreds of low-income seniors aging in place to see how far $4,000 can go in preserving people’s independence.

The project’s initial success has captured nationwide media attention and piqued the interest of federal officials straining to hold down Medicaid costs. If it can be scaled up and tried nationwide, it could potentially save U.S. taxpayers millions of dollars. The average cost of nursing home care in the U.S. is $6,700 a month, much of it paid through Medicaid, so even postponing a move to a nursing facility by just a few months can have a major impact.

What Really Matters As We Age

While many of us focus on big-picture priorities when we plot a future of aging in place — living near family and quality doctors and maintaining our ability to drive, for example — experts on the ground have discovered that it is more often the little things, like being able to use kitchen utensils and navigate steps, that end up limiting our ability to remain independent.

Over the course of four months, a CAPABLE nurse visits a senior’s home four times to assess health risks, often finding correctable problems, such as someone taking all of his daily pills at once instead of at staggered points, potentially leaving him
disoriented and fatigued. An occupational therapist appears six times, teaching basic movements and exercises to help maintain mobility, along with identifying household risks. In addition, handymen make up to $1,100 in home improvements, such as raising toilet seats, replacing patches of floor and installing ramps. The project also provides new, low-cost tools and utensils, including weighted cups that are easier for people with Parkinson’s disease to use.

"We see housing as a part of health care," says project leader Sarah Szanton, Ph.D., an associate professor at the Johns Hopkins School of Nursing. "What one can do is a function of where one lives, so the home is a place worthy of health-care investment. What actually gets someone out of their home and into an institution are the functional consequences of disease — you can't get your leg over the tub or you can’t stand long enough to cook."

To that end, the professionals who visit CAPABLE participants’ homes are trained to focus on the subjects’ own goals, not a predetermined checklist. In medicine and nursing, Szanton says, "We usually determine goals for people." But the CAPABLE staff starts by asking, "What do you want to be able to do?"

**Bingo and Church**

The answers are sometimes unexpected but can often be addressed in simple ways that translate to major quality-of-life improvements. "You’d be surprised how many people feel stuck in their homes," she says.

Going to church or bingo games is important for a number of people in the CAPABLE test group, Szanton says. But while many can take advantage of municipal or volunteer ride services, those drivers are not generally allowed to help seniors get down the stairs and out of their homes, leaving residents alone to face one of their most anxiety-inducing everyday challenges. Physical therapy, improved lighting and the addition of a second banister on stairwells can help people regain confidence on the stairs. In testimonials about their CAPABLE experience, several subjects cited new banisters as helping them stop going up and down stairs on all fours.

**Maintaining the Basics**

The ability to bathe and cook are two areas that can directly extend the months or years people are able to age in place. Too many seniors in the program had been taking "birdbaths," Szanton says, standing at the sink and washing whatever they could reach. Eventually, this practice could have medical ramifications. Many adults in the study admitted that bathing properly again was a major goal, Szanton says, and grip bars, secure floor pads and shower seats helped make that possible.

The ramifications of being unable to cook for oneself are also significant, so CAPABLE occupational therapists advise seniors on strength-building leg exercises and energy-management strategies so they can stand in the kitchen longer, while
Handyman crews install microwaves and lower cabinets and counters.

"Control is important to any adult," Szanton says. Her teams have met seniors who put themselves in precarious positions, such as climbing on countertops to reach cabinets, or, in one case, to knock down a cobweb.

With just $1,100 budgeted for home repairs for each subject, CAPABLE crews were not able to alter door frames to accommodate a wheelchair, for example. But they could address curling linoleum corners on kitchen floors, secure rugs or hide loose wires. These steps can help people avoid the risks of becoming what Szanton calls "furniture walkers," hanging on to chairs and tables as they gingerly make their way around the house. It may not be enough to guarantee complete safety and mobility for bathing and dressing, she says, but it still helps families extend a senior's time at home, and it can make adult children feel more secure about their parent’s continued ability to age in place.

A National Impact?

Szanton believes interventions like CAPABLE could reduce the likelihood of admission to a nursing facility for participants by 40 percent over a year. Expanded study will help determine the exact figures, but she says many pilot participants were able to reduce the number of areas of daily living in which they were limited (cooking, bathing, stair navigation, etc.) from four to two, which is significant because some evaluators consider just two areas of limitation enough to make someone nursing home-eligible.

Szanton believes further research will find that hospitalizations decline in areas that adopt CAPABLE strategies because of the reduction of fall risks in participants’ homes. The average hospitalization cost for someone over age 65 who has a fall is $15,000, she says.

She emphasizes that the project is based on interventions piloted and studied elsewhere, although most have not combined nursing, occupational therapy and home repair as CAPABLE does. "There's evidence for what we're building on," she says. "It's common sense applied methodically, and we can measure health-care costs and people's functional abilities to assess whether the investment is worth it."

Under the Affordable Care Act, interventions receiving federal funding, like CAPABLE, which are determined to decrease net costs for the health-care system while improving medical outcomes for individuals can be scaled up, even to a national level, without Congressional approval. If the Johns Hopkins program can be proven to save the Medicaid system money by reducing nursing-home admissions and to benefit Medicare by cutting hospitalizations, it could achieve that threshold.

Such decisions are further down the line, Szanton says, but while federal actuaries examine the early results, several states, including Michigan, Maryland and
Pennsylvania, are launching or considering CAPABLE-style programs to reduce their own Medicaid program costs. "It also seems to me that insurance companies who provide long-term care insurance might want to pay for CAPABLE for their insured," she says.

And while much of the program's budget is dedicated to the professionals who work in subjects' homes, that cost could presumably be lowered as well, Szanton says: "There's really untapped potential in terms of volunteers helping older adults retrofit houses for local older adults."
Chapter 10: 3 Innovative Ways to Age in Place

Boomers and their parents are finding new ways to live at home longer

By Liza Kaufman Hogan
Liza Kaufman Hogan is Content Partnership Manager for Next Avenue and a freelance writer. She is a former senior producer for CNN.com and web producer for Oprah.com.

If 90 percent of adults over 65 want to remain in their homes as long as possible, as a 2011 AARP study suggests, why do so many wind up in retirement communities, assisted living facilities and nursing homes?

This is a key question for those working with older adults and promoting the idea of aging in place. It was also the central question at the National Aging In Place Council’s (NAIPC) annual meeting held in June 2014 in Washington, D.C.

Meeting the needs of millions of individuals with different incomes, a range of health conditions and diverse living situations is a complex puzzle with no one-size-fits-all solution. But as NAIPC pointed out in the white paper prepared for the meeting, finding innovative ways to keep older adults in their homes longer would provide huge social and financial benefits to individuals and society as a whole.

Speakers at the meeting presented a variety of experimental models to address what is expected to be a growing need — projections show there will be 89 million Americans over 65 by the year 2030, including 20 million who will be older than 85.

The three models featured below were presented as options either for boomers who want to stay in their homes as long as possible or for those over 80 (possibly the parents of boomers) who also want to stay in their homes, but have greater health and home care needs.

The Technology Model

Dr. Allan Teel, a family physician and author, described Full Circle America, a for-profit telemedicine support program he started for the oldest residents in his small town (population: 2,041) of Damariscotta, Maine. (Next Avenue discussed Full Circle America in an article about alternative retirement communities in Chapter 1 of this ebook.)

Teel saw a need for greater support for his patients to help them live at home. "My
patients were telling me, 'Don’t you ever think of putting me in a nursing home,’” he said. "But there were not very many options for these very fragile but very proud people."

He realized that some of his elderly patients could avoid moving to an assisted living facility or nursing home if they had a combination of digital tools to keep tabs on their health and a network of family, volunteers and paid caregivers to help with other needs — from buying groceries to driving them to the dentist to weeding the garden.

With the right support, at Full Circle America, Teel says he can reduce the number of daily hours someone needs for personal care and supervision from 24 to just two, with an additional 22 hours of monitoring via webcam and volunteers.

Full Circle America provides patients with a kit including a web camera, blood pressure cuff and stethoscope to monitor their health. The rest of their healthcare and living needs are coordinated by a combination of paid staff, family and volunteers. According to its website, the program (of technology and paid caregiving) costs $100 to $400 per month depending on the level of monitoring needed, plus a start-up expense of $500 for the equipment. The telemedicine service costs an additional $200 more per month.

The expenses can be daunting for someone on a fixed income, but compared to the $5,000 to $10,000 monthly cost of an assisted living facility or nursing home where the person might not want to be, it’s a bargain, Teel says.

Teel wants to expand his program to other communities, working with local family physicians and possibly the Area Agencies on Aging. "The demographics demand a very bold plan ... who’s going to step up and do this?” he asks.

So far, Teel says he has not been able to find investors who will buy into the range of services needed to make his model work. They don’t want to hear, for instance, that we’ll arrange dialysis for someone’s cat, Teel says, adding that those types of services are important to clients and critical to the mission of keeping someone in his or her home as long as possible.

**The Village Model**

While programs like Full Circle America can help the fragile elderly live in their homes longer, boomers want to stay in their own residences longer, too. They may not have critical health needs, but some find they need adjustments to their homes and lifestyle as they age.

Washington, D.C.’s Capitol Hill Village (CHV), another cutting-edge, lifestyle model presented at the NAIPC meeting, is a nonprofit, membership-based program founded in 2006 by people who wanted to continue living in their city homes but
needed more support. The program, part of the Village-to-Village Movement, helps members who live on or near Capitol Hill maintain their homes, secure transportation and find in-home care. CHV also sponsors classes and social activities for its members.

There's an annual fee of $530 for individuals ($800 per household) to tap into the services provided by the village, with financial assistance programs for those who qualify. The village currently serves more than 265 individual and household members.

CHV was one of the first villages in Washington, D.C., which now has 14 similar programs and 40 in the D.C. metropolitan area.

**The Purpose-Driven Model**

Mark Dunham, external affairs counsel for Generations of Hope, presented a third innovative, lifestyle model for aging in place. Generations of Hope is an affordable-housing concept in which residents, roughly 60 and older, are offered subsidized housing to live in a community that needs their help.

The original Generations of Hope, Hope Meadows in Rantoul, Ill., (also mentioned in Chapter 1 of this ebook) pairs families raising foster children with older residents who volunteer at least six hours per week doing such things as babysitting, tutoring, gardening or serving as a crossing guard.

Dunham says his model has been replicated to serve veterans returning with traumatic brain injury in New Orleans and families with autistic children in other parts of the country. In each case, he says three generations live in the same community — one that's created to address a specific social need using older residents as volunteers.

The strength of this model is that the families with children (or in the case of the veterans, young adults) who have special needs get extra support, while the older residents who choose to live in the community benefit from a greater sense of purpose and connection.

Generations of Hope is expanding, with two projects being developed in Washington, D.C. and more across the country.

"It’s figuring out what’s in our hearts and translating it to workable models," Dunham said.
Chapter 11: How Technology is Helping Caregivers

Experts talk about health, home and monitoring tools designed to ease caregivers’ burdens

By Sherri Snelling
Sherri Snelling, executive director at Keck Medicine of USC and author of A Cast of Caregivers – Celebrity Stories to Help You Prepare to Care, is a nationally recognized expert on America’s 65 million family caregivers with special emphasis on how to help caregivers balance “self-care” while caring for a loved one.

Caregiving can be stressful, overwhelming work. But new technology is increasingly lightening the load for the nation’s 65 million caregivers, who are found in three out of 10 American households. A range of new gadgets and services designed especially for caregivers have been coming to market over the past could of years. Here’s a look at some of them.

Remote Monitoring Comes of Age

Today’s 40- and 50-something caregivers, who may require the same kind of assistance in the future, will transform the role "from a silent majority to a vocal, mobilized effort," says Eric Dishman, general manager of the Intel Health, Strategy and Solutions Group and a global advocate for technology that helps us live independently in our homes longer than ever before.

Dishman knows the landscape well — at 16, he began helping to care for his grandmother, who had Alzheimer's disease. More than 20 years ago, he led the Intel team that developed the first home monitoring devices. "Just as we had the environmental and global warming movement with green technology," he says, "we now have a global aging movement where gray technology will help caregivers."

The marketplace already has GPS-enabled slippers, shoes, belt clips and watches, as well as sensors embedded in carpets and doorways that allow caregivers to take a crucial break — even just to run to the grocery store or take a nap — without fear their loved ones will fall or wander off without warning.

And there’s more: Intel and General Electric have jointly launched Care Innovations, which offers QuietCare, a wireless remote monitoring system that can detect nighttime movements or changes in a person’s daily movements or routines. The goal is to enable both rapid response and long-term observation. If someone falls, the system can send instant alerts to mobile devices or computers, but its ongoing observation can detect subtle changes, like a decline in gait, which can be addressed
to prevent falls before they occur.

To date, QuietCare is available only in assisted living and independent living facilities. But direct-to-consumer solutions include mobile personal emergency response systems (MPERS), like the Comfort Zone device offered by the Alzheimer’s Association for $99, plus a monthly service fee.

**Games for Fitness and Much More**

Technology originally devised for gaming is also driving a revolution in health care. Study after study has found that caregivers tend to let their own health suffer when they take on their new role. But hardware like Kinect, the hands-free gesture recognition controller for Microsoft’s Xbox, can help caregivers get the cardio workouts they need without going to the gym. The devices also encourage physical activity for older patients.

The Kinect controller can facilitate range-of-movement exercises as well as low-impact cardio workouts. Best of all, they give caregivers quality time at play with their loved ones, a vital distraction from daily responsibilities.

And the device’s potential is just being tapped: The Esoma Exercise System, for example, uses Kinect to assist patients rehabilitating from cardiac surgery. They play games while wearing sensors that monitor heart rates and blood oxygenation then relay the data to physicians.

**The Healthiest Phones and Apps**

Smartphone companies are also taking a greater interest in seniors and caregivers. Laurie Orlov, who writes the Aging in Place Technology Watch blog, likes the Jitterbug Touch phone from Great Call, whose senior-friendly phones feature both a touchscreen and a larger-than-standard slide-out keyboard, along with a three-megapixel camera. Great Call also offers the 5Star Urgent Response service and the free LiveNurse app, which can instantly connect any smartphone user with a registered nurse for live assistance, 24/7.

Orlov’s top picks for related apps include Caregiver’s Touch, Tell My Geo, Personal Caregiver and the American Heart Association’s Pocket First Aid and CPR. I would add to her list VitaCare (although it’s expensive), Sunlight Health and condition-specific apps, like the Parkinson’s Tool Kit and Diabetes Pal.

**Underutilized Benefits of eReaders**

Tablets and eReaders are ideal gifts for both caregivers and those aging in place. Many of us already know the basic features of the iPad, Samsung Galaxy, Google Nexus, Kindle Fire or Nook, which can range in price from $100 to $700. But the devices’ touchscreen interfaces, adjustable font size and audio capability also make
them well-suited for seniors who have difficulty using a mouse because of arthritis or Parkinson's disease, or who have trouble reading because of macular degeneration or similar conditions.

The tablets are cost-effective for frequent readers, who can now check out electronic books from most U.S. libraries, a so-far underpublicized benefit — a recent Pew Center survey found that only 12 percent of eReader owners had borrowed an electronic book from a library in the past year.

**Trends for Silvers**

There is also a trend toward more all-in-one integrated devices that can facilitate healthier living for both caregivers and their loved ones.

"Just as Jitterbug took an existing product — the cell phone — and made it aging-friendly," says Jill Gilbert, who co-produces the Silvers Summit conference at the Consumer Electronics Show held annually in Las Vegas, "other companies are doing the same with a variety of traditional gadgets."

Examples include the Biscotti Smart TV Cam, which turns your screen into a high-def video phone; the Ceiva digital photo frame, which can deliver medication reminders or recipes for special dietary needs, along with photos of the kids and grandkids; and the Independa system, now being integrated into LG televisions through a pilot program, which enables video chat with health care providers or family caregivers. Through the TV's remote control, Independa can also manage a calendar and medication reminders and check email and Facebook.

The next big challenges: lower cost and wider adoption. "Technology has always been a chicken and egg dilemma," Intel's Dishman says. "If enough people are aware of tech tools and services and start buying them, individual device costs come down. For caregiving technology, we're not completely there yet. But it will happen."
Chapter 12: Smarter Cars Mean Safer Drivers

Today’s advances allow drivers with limitations to remain behind the wheel longer

By Evelyn Kanter

Evelyn Kanter has been reporting on automotive and consumer issues for more than two decades, including as a consumer reporter for ABC News and CBS News.

By 2020, there will be 40 million licensed drivers 65 or older, according to estimates from the American Automobile Association. That’s an increase of 11 million in just one decade. As our bodies change with age, everything is affected, including reaction time when we’re behind the wheel, where one saved second can translate into avoiding serious injury or even death.

In 2012, 62.3 percent of new-car purchases were made by people at least 50 years old, according to a study by JD Power and AARP. Putting these trends together, the auto industry is spending millions of research and development dollars on safety technology that can save the lives of people of any age.

Even if you don’t have problems with vision, mobility or concentration now, when buying (or leasing) a new car, it’s important to anticipate needs that could develop for you or anyone else driving the vehicle over the coming years or decade.

Here are some of the latest advances in car technology that will make your driving safer and more comfortable — and maybe keep you in the driver’s seat a bit longer.

**Keep Your Eyes on the Road (Your Hands Upon the Wheel)**

You may feel competent multitasking when driving, but it is dangerous. A helpful option is a voice-activated dashboard system, available on most new vehicles, which lets you speak your request for navigational guidance, hands-free calling or even the location of the nearest gas station. The MyFord Sync system, in all Fords and Lincolns, also lets you verbally control audio and temperature.

For a more complete view around you, rearview cameras that activate a dashboard navigation system when you shift into reverse can help you park, spot an obstacle (or child) that’s near your rear bumper yet out of sight. First introduced a decade ago in certain high-end models, this aid has proved so popular with new car buyers that many manufacturers now include it as standard equipment.

The National Highway Traffic Safety Administration recognized in 2014 for
including systems to improve driver visibility — offered in 90 percent of Honda’s models. Beginning with 2012 models, Infiniti started offering a 360-degree-view monitor, which stitches together images by an onboard computer from tiny cameras on all four corners of the car.

**Help for Limited Mobility**

According to the AAA, our body’s range of motion can decrease by as much as 25 percent by age 60. That affects how easily and how far we can turn around in the driver’s seat to check blind spots.

Auto manufacturers have come to the rescue with so-called blind spot monitors, which use radar sensors on both sides of the car to detect other vehicles in the blind-zone area. If you attempt to turn into that lane, the warning system will flash a symbol that lights up on the outside sideview mirrors, on the dash or both.

Although parallel parking normally does not require turning around in your seat, a computerized parking assist system is a great aid if squeezing into a parking space is not one of your best driving skills. Several Ford, Lincoln, Volvo and Lexus models offer this feature as an option. Your car must be equipped with front and rear cameras for parking assist to work. The Ford and Lincoln system is hands-free — you just control gas and brake.

**Help for Drowsy Drivers**

An AAA survey found that more than 40 percent of Americans have “fallen asleep or nodded off while driving.” And the National Highway Traffic Safety Administration reports that 17 percent of all fatal crashes occur as a result of drowsy drivers.

This translates into 1,500 deaths, 71,000 injuries and more than $12 million in property losses. Fortunately, several new systems exist that can literally scare a sleepy driver awake or refocus a distracted driver.

The primary way the auto technology is combatting that disturbing trend is with lane departure systems, which sound an alarm when sensors detect the kind of behavior associated with a snoozing or inattentive driver (e.g., veering into another lane).

Lane departure systems work via sensors on the front bumpers or headlights that monitor the white or yellow line on a road. Some are linked to blind spot warning systems, depending on whether or how manufacturers have engineered the tiny cameras embedded in sideview mirrors or bumper corners to the on-board computers.

The most sophisticated system to combat dozing is in the Mercedes-Benz, which employs a camera that’s been programmed to recognize a driver’s eyelids that are
closing for longer than a blink or a head that's nodding forward. When detected, the system will emit a warning chime from your stereo speakers or cause your steering wheel or seat to vibrate (depending on make and model).

**Automatic Braking Systems**

Activated by a driver pressing hard on the brake pedal, anti-lock brakes have been around for decades and have saved countless lives. Today, in vehicles equipped with front-end cameras or radar linked to blind-spot monitoring and lane departure warning systems, onboard computers can recognize such dangers as being too close to the car in front of you or to an obstacle on the side of the road, and automatically activate the anti-lock braking system.

New Acura RLX and MDX models have a radar unit in the front grille that monitors the distance between you and the vehicle ahead. The system will speed up or slow down your car based on the flow of traffic. If the sensors determine a collision is unavoidable, the computer applies the brakes and tightens the front seat belts to reduce the impact force. All these safety systems are meant to assist the driver, not replace good driving habits.

**Coming Down the Pike**

Ford engineers are researching a heart rate monitor built into the steering wheel, similar to the way the heart rate monitor works on a stationary bike at the gym. However, this will not be for health monitoring, but to recognize a stressful driving situation to pre-activate safety systems.

**Tips for Aging Drivers**

In addition to smart technology, there are wise choices you can make when buying a new car.

**Doors:** Four-door vehicles are more practical than two-door, since doors on those models are lighter and easier to open.

**Seats:** Adjustable lumbar support can be varied to support the driver's back and reduce discomfort by conforming to individual bodies' shapes and sizes. Additionally, heated seats can ease muscle strain.

**Steering wheel:** A thick, padded wheel is more comfortable for people with arthritis or gripping issues (or anybody with a long daily commute).

**Ignition:** Push-button stop-start control is a good option for those who lack the manual dexterity required to turn a key. Some vehicles, like the Chevrolet Volt and Jaguar XJ sedan, also have a push-button parking brake.
**Automatic door controls:** Whether you are juggling groceries or a squirmy grandchild or don't have the strength or mobility to pull down a heavy door, automatic cargo door controls can be handy.

**Dashboard gauges:** Large, clear, easy-to-read numbers on the speedometer and odometer are helpful, as are larger audio and climate controls, especially for drivers with bifocals or progressive lenses or who have glaucoma, cataracts or compromised fine motor skills.

**Refresher courses:** Obviously these don't come with new vehicles, but they can help keep your skills sharp and remind you of things you may have forgotten over the decades — and taking one can save you money on your auto insurance. Check with AAA, your state's Department of Motor Vehicles or your insurance company for driver improvement courses tailored for aging drivers.
These products aced the Stanford Design Challenge

By Richard Eisenberg
Richard Eisenberg is the senior Web editor of the Money & Security and Work & Purpose channels of Next Avenue and Assistant Managing Editor for the site.

If you needed any proof that George Bernard Shaw was wrong when he said “youth is wasted on the young,” meet the student winners of the Stanford Center on Longevity’s Design Challenge.

Their mission was to devise products and services to “maximize independence for those with cognitive impairment.”

Stanford and its Challenge partner Aging 2.0 (an organization aiming to accelerate innovation to improve the lives of older adults) received submissions from 52 teams in 15 countries.

Coming up with ways to help the elderly suffering from dementia, Alzheimer’s and other forms of cognitive impairment might not seem a natural for students in their 20s and 30s.

“I’m relatively young compared to my target user,” said Sha Yao, the first place winner who received a $10,000 prize for the Eat Well tableware she designed at the Academy of Art University in San Francisco. “My other classmates were working on sexy consumer products and they’d say, ‘I don’t get it. Why are you working on this?’”

First Place: Eat Well

Yao didn’t let them deter her. Inspired by her grandmother with Alzheimer’s, she came up with a why-didn’t-anyone-think-of-this-before 7-piece set of dishes, bowls and cups whose color and shapes were specially-designed for those with cognitive impairment.

The inside of the bowls are blue because people with dementia can get confused when their food and bowl have similar colors. Yao saw a Boston University study that suggested if she changed the color of tableware to red or blue, someone with Alzheimer’s will eat 24 percent more food, on average, and drink 84 percent more liquid.
Her bowls have slanted bottoms to avoid spills that often arise with normal bowls when users tip them to get all their food. The cups are hard to knock over and also have rubber mats and extended handles that act as stabilizers.

Yao, who now runs Sha Design in San Francisco, is working on manufacturing her Eat Well set and selling it to nursing homes and day care centers. That, she says, would be her gift to her late grandmother.

“I want to tell my grandmother that she helped many people,” said Yao.

Juliet Holt-Klinger, vice president of dementia care at Brookdale Senior Living — one of the Design Challenge judges — thinks that'll happen. “I have 6,500 residents who eat three times a day. That's over 19,000 times each day that your design could help people just in our facilities,” she told Yao at the finals.

**Second Place: Taste+**

A student team from the National University of Singapore led by Huabin Kok took home second place and a $5,000 prize for Taste+. It’s a spoon that electrically stimulates taste buds to make food yummier for people with diminished taste sensation, as is true for many with cognitive impairment.

With Taste+, the user taps a button on the spoon to get a salty or sour flavor, instead of adding salt (which could lead to heart problems).

“A digital taste is a fairly new concept, people are usually very curious about how it works and a little skeptical about placing electronics in their mouths,” said Huabin. “However, after they tried out the prototype, they were quite surprised by the outcome.”

One major drawback: at the moment Taste+ isn’t able to deliver a sweet sensation strongly, but the team is working on that.

**Third Place: Memory Maps**

The $2,000 third place award went to Ritika Mathur and other students at the Copenhagen Institute of Design for Memory Maps. It uses an RFID reader, a map of the neighborhood and GPS technology to let people with early-stage cognitive issues record memories about places they’ve been.

“Our goal was not to bring back what’s gone,” said Mathur, “but to find out what is still there and nourish and cherish that.”

The team plans to build a few Memory Map devices and embark on a pilot launch in homes and healthcare facilities in the United States, Denmark, India and Taiwan.
soon, ultimately getting to market next spring.

“Memory Maps touched everyone’s emotions,” said Ken Smith, director of Mobility at the Stanford Center on Longevity and one of the organizers of the Design Challenge.

Next Year's Design Challenge

Smith said the judging of the finals was harder than he expected. “The scores were close across the board. I think that’s indicative of how strong the finalists were overall,” he added.

The 2014-2015 Stanford Design Challenge will switch from a focus on cognitive issues to physical ones. Its topic: “Enabling Personal Mobility Across the Life Span.”

Smith said that means judges will be looking for ideas for products and services that offer, for example, ways to motivate more physical activity among aging individuals, make that activity easier or help people experiencing physical limitations remain active.

I can’t wait to see what the students come up with.
Chapter 14: Will There Be A Robot Helper in Your Future?

Robotic companions could be a huge help as we grow older

By Gary Drevitch
Gary Drevitch was senior Web editor for Next Avenue’s Caregiving and Health & Well-Being channels. He currently is an editor at Psychology Today.

The movie *Robot & Frank* that came out a couple of years ago tells a story from our near future. It finds Frank, an elderly paroled cat burglar played by Frank Langella, living on his own but showing early signs of dementia. So his son buys him a robot caretaker, which Frank eventually discovers he can train to be his henchman for a comeback break-in.

The caper carried out by Frank and his robot drives the plot, but the film's vision of android companions for the elderly has inspired a good deal of discussion. Robot caretakers, in less advanced form than the one depicted in the movie, already exist, most prominently in Japan, and improved models are being developed by competing companies worldwide. Whether people will come to accept them as a key part of aging in place, however, is an open question.

Langella shares his character's initial wariness of robots. "Every one of us is going to go through aging and all sorts of processes, with many people suffering from dementia," he said in an interview with NPR. "If you put a machine in there to help, the notion of making it about love and buddy-ness and warmth is kind of scary in a way, because that's what you should be doing with other human beings.

"Even though it's a cliché these days that machines are taking over our lives," he added, "this film has made me much more keenly aware of how we all miss contact with each other."

**Interactive Seals and Doctors on Screens**

Japanese robotics companies have developed several devices to aid the elderly, including the soft and cuddly Paro, which provides the calming, cheering benefits of animal therapy — without the animal. The Paro is crafted to resemble a baby harp seal; researchers found humans resisted bonding with robotic cats and dogs because they were too familiar with the real thing. Paro’s sensors respond to its users’ voice and touch, and it makes authentic seal sounds.
The Japanese government, faced with a rapidly aging population and lacking the workers to assist it, has provided companies with subsidies to "encourage the development of 'service robots' that could help feed, dress and otherwise care for" its elderly, Ron Capello reported on the Huffington Post. Japanese nursing homes already employ robotic devices to help lift patients and deliver meals, among other tasks.

Unlike their Japanese competitors, which continue to develop aides with humanoid appearances like the robotic nurse Twendy-One, American companies have been more interested in robots that don't have personalities, writer Thomas Rogers reported in a column for Slate. Massachusetts-based iRobot, which developed the Roomba vacuum as well as multiple robots for the U.S. military, has entered the caregiving market with a focus on products that will enable family caregivers to help their parents age in place longer than they would be able to without high-tech assistance.

The Remote Presence Virtual + Independent Telemedicine Assistant from iRobot and InTouch Health, for example, is a rolling robot with a large, two-way viewing screen and touch-screen interface. It can help doctors check on patients and make judgments about care without being there in person.

Other robotic devices heading to the marketplace could help elderly diabetic patients with their insulin shots, guide the visually impaired and monitor medications and meals for anyone aging in place. So-called "personal presence robots" let elders attend important family events remotely, by controlling a rolling robot with a screen through which they can see and be seen, and communicate with guests. The Wall Street Journal recently wrote about how an ailing 82-year-old used such a robot to virtually attend, and dance at, her son's wedding.

**But Do We Really Want Them?**

The path to acceptance for robotic aids, especially in the home, may be long. While many devices can now respond to voice and touch commands, robotic recognition of nonverbal cues remains a far more difficult goal to achieve.

"Boomers who grew up long before the rise of computers or smartphones may never be comfortable with the idea of replacing a human being with a machine," Rogers wrote. "Like other forms of social change, robot acceptance may simply require one generation to replace the previous one."

Younger Americans, after years of working with robotic assistants on their phones, like Apple's Siri interface, may certainly be more open to a robot like Frank's companion in the movie.

But critics deride any thoughts of a future in which society delegates care and companionship to machines, no matter how technologically advanced. Robots can
help humans live with independence. The key will be to not sacrifice human connection for the expediency and efficiency of automated care.
About Next Avenue

Next Avenue is a website from PBS stations designed especially for America’s booming 50+ generation.

Our mission is to meet the needs and unleash the potential of older Americans through the power of media. We share reliable information on issues that matter most as we age — delivering stories, blogs, videos, tools and resources from our trusted family of journalists, experts, government agencies, leading nonprofits and, of course, from PBS.

To find more on the topics of caregiving, connection, technology and how to live with vitality as we age, visit us today at www.nextavenue.org. Look for our special report on Transforming Life as We Age.

About The SCAN Foundation

The SCAN Foundation is an independent, nonprofit public charity devoted to transforming care for older adults in ways that preserve dignity and encourage independence. We envision a future where high-quality, affordable health care and supports for daily living are delivered on each person’s own terms, according to that individual’s needs, values and preferences.

We seek opportunities for change that are bold, catalytic and transformational to better connect health care and supportive services. These innovations put people first by helping them stay in their homes and communities whenever possible. All of us will face daily living challenges that often come with growing older, both for our loved ones and ourselves. It is vitally important for our society to engage policymakers and the public in order to advance aging with dignity, choice and independence.

See more at: thescanfoundation.org

About Sue Campbell

As Next Avenue’s editorial and content director, Sue Campbell has been immersed in topics related to Adult, Part 2, especially those related to caregiving. A journalist for 20+ years, she remains curious and excited about covering issues related to aging well. She commissioned some of the pieces in this ebook, but curated most from writings that originally appeared on nextavenue.org.