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VOLUME ONE
EXECUTIVE SUMMARY

RETIREMENT HOUSING AND RELATED SERVICES

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VOLUME ONE

RETIREMENT HOUSING AND RELATED SERVICES

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SECTION I

ARLINGTON HOUSING AUTHORITY

STAGES OF DISABILITY AND SPECIFIC HOUSING
NEEDS RECOMMENDATIONS FOR THE ELDERLY

Commissioners

Dr. Anthony J. Arangio, Chairman

Jack Hogge, Vice-Chairman

H. W. Key, Commissioner

Dr. Charles Wade, Commissioner

John Ross, Commissioner

* * *

A. THE STATE OF AFFAIRS OF THE ELDERLY

1. SOCIAL CONDITIONS

A review of the national conditions of the elderly shows that approximately 90 percent of the people in the United States are in the age group from sixty-five to seventy-five are able to carry on their usual social activities; for the age group eighty-five and over this percentage decreases to 60 percent. The social life of elderly people is important in their neighborhoods to have a sense of community and for the elderly to live in older homes.

ARLINGTON HOUSING AUTHORITY
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the people sixty-five and older in the United States live with some family member. The breakup of the extended family which has resulted

from increased mobility suggest SECTION I for the development of alternate support groups which will enable elderly people to remain in their homes and STAGES OF DISABILITY AND SPECIFIC HOUSING

Social activities NEEDS RELATED TO THE ELDERLY will change significantly during the next two decades. In the future the elderly will The elderly population does not constitute a homogeneous group. It is very diverse. Within the elderly population there are wide ranges of income levels, degrees of health, functional impairments, physical and mental abilities, personal preferences, and life styles.

home. The long A. THE STATE OF WELL-BEING OF THE ELDERLY red when housing is planned for the elderly 1. SOCIAL CONDITIONS

A review of the national scene reveals that approximately 90 percent of the people in the United States in the age group from sixty-five to seventy-five are able to carry on their usual social activities; for the age group eighty-five and over the rate decreases to 60 percent. The living patterns and social life of elderly people vary, but there is a tendency for certain neighborhoods to have a concentration of older people and for the elderly to live in older homes.

over The social life that a spouse or family provides is an important asset for older people. The United States Senate Special Committee on Aging reports that the most critical factor in the institutionalization of an older person is the absence of a spouse or other family member who can provide informal support. Nearly 75 percent of nursing home residents are without a spouse compared to only 40 percent of the noninstitutionalized elderly. The 1980 census reports that 67 percent of the people sixty-five and older in the United States live with some family member. The breakup of the extended family which has resulted

from increased mobility suggests the need for the development of alternate support groups which will enable elderly people to remain in their homes and forestall the use of institutional care. Social activities of the elderly population will change significantly during the next two decades. In the future the elderly will probably spend more time traveling for pleasure than they were able to before retirement. However, the elderly will also spend more time in their homes than they did when they were younger. The time spent in travel will not equal the time they had spent in employment out of the home. The long hours spent in the home need to be considered when housing is planned for the elderly.

2. ECONOMIC CONDITIONS

Social Security is a principal source of income for 42 percent of the elderly people. In 1980, the median income for an older couple in the United States was \$12,965, and for a single elderly person the median income was \$5,096. Of the elderly population 15 percent live below poverty, and 10 percent are marginally poor. A Louis Harris survey reports that 74 percent of workers who are fifty-five years of age or over would like to have a part-time job.

Costs of medical care have escalated so that out-of-pocket health expenses for the elderly are actually higher now than they were previous to the enactment of Medicare and Medicaid. Health care expenditures not covered by Medicare now equal an estimated average of 13.6 percent of the income of elderly people.

Health care professionals in collaboration with social workers and other service providers have in recent times developed improved means of delivering health services to the elderly. Utilization of nurse

practitioners, the development of neighborhood primary health care clinics, health screening and monitoring services have been proved to be effective and acceptable means of helping the elderly. Public policy changes are needed so that these and other efficient health care services can be significantly expanded in order to reduce the costs of health care for the elderly.

Currently excessive housing costs are defined by the Federal Government as 35 percent of one's income. Until recently, 25 percent was considered excessive. A 1982 publication stated that 38 percent of elderly renters spent an excessive amount of their income on housing. Overall nationally 21 percent of elderly homeowners spent 36 percent or more for housing.

In summary, as a group the elderly spend an excessive percent of their income on housing and their housing is typically older and more likely to be in need of repairs than that of the population as a whole. The lack of affordable, appropriate housing for elderly people is a major issue in the United States today. Cost efficient and effective means of meeting the housing needs of the elderly deserve highest priority at both the national and local level.

3. MENTAL STATUS

The mental health of the elderly is an important factor in determining family care when the person cannot function independently.

Older people have fewer mental impairments than any other age group according to a study of the National Institute of Mental Health. The primary mental health problem of the elderly is a result of cognitive impairments with Alzheimer's disease being the leading cause of the loss

of cognitive ability. However, persons sixty-five and over commit 16 percent of the known suicides although they constitute only 11 percent of the population.

It is a popular misconception that senility is widespread among the elderly and is an untreatable condition. The National Institute on Aging notes that "senility" is the word commonly used to describe a large number of conditions with an equally large number of causes, many of which respond to prompt treatment.

It is widely recognized that untreated mental disorders have a significant influence on forcing the elderly to move and lose their homes.

4. PHYSICAL CONDITION

The incidence of chronic diseases and physical disabilities increases with age. Heart disease is the principal cause of death among the elderly and is the leading condition causing the utilization of health care facilities by the elderly. Heart disease, cancer, and stroke account for 75 percent of the deaths among the elderly, 20 percent of the doctors' visits, 10 percent of hospital days, and 50 percent of their days spent in bed.

A survey by the National Center for Health Statistics in 1979 found that nearly 80 percent of the people over sixty-five had at least one chronic health problem. A significant proportion of these, if untreated or if supportive help is not provided, can influence older people to give up their homes.

Only about 5 percent of the population sixty-five and over were in a nursing home at any one time in 1985, but approximately 20 percent were

in a nursing home at some time during the year. If present trends continue, nationally twice as many long-term care services will be needed by the year 2020 as are presently available. The Medicaid program is the principal purchaser of nursing home services.

Service

Levels of Difficulty

5. ACTIVITIES OF DAILY LIVING

(A)
Independently(B)
Activity(C)
Mildly

(D)

(E)
Severely

The Duke University study concluded that 6 percent of all persons age sixty-five and over have some condition which requires them to have assistance with some instrumental activities such as managing money, shopping, light housework, meal preparation, making a phone call or taking medication. In the same age group 6.6 percent needed some assistance in personal care involving such things as eating, bathing, dressing. Of the elderly population sixty-five and over 3.5 percent were severely disabled to the extent that skilled nursing care is needed.

Meal Preparation

X

X

X

Personal Care
(dressing, etc.)

X

X

Fulltime Supervision

X

Nursing Care (Skilled Care)

X

¹ Adapted from Duke University Center for the Study of Aging and Human Development, Multidimensional Functional Assessment: The OARS Methodology (Second Edition), 1978, as reported in the study "Assessing Elderly Housing," U.S. Conference of Mayors, 1985.

INSERT TABLE X HERE

TABLE IX

SERVICE NEEDS RELATED TO LEVELS OF
DISABILITY OF ELDERLY PEOPLES¹

Service	Levels of Difficulty				
	(A) Independently Active	(B) Activity Limited	(C) Mildly Disabled	(D) Disabled	(E) Severely Disabled
Transportation	X	X	X	X	X
Periodic Monitoring	X	X	X	X	X
Social/Recreational	X	X	X	X	X
Homemaker/Chore		X	X	X	X
Housing Management		X	X	X	X
Food/Groceries		X	X	X	X
Business Management/ Legal			X	X	X
Meal Preparation			X	X	X
Personal Care (dressing, etc.)				X	X
Fulltime Supervision					X
Nursing Care (Skilled Care)					X

¹ Adapted from Duke University Center for the Study of Aging and Human Development, Multidimensional Functional Assessment: The OARS Methodology (Second Edition), 1978, as reported in the study "Assessing Elderly Housing," U.S. Conference of Mayors, 1985.

INSERT TABLE X HERE

PERCENT OF THE POPULATION 65 YEARS OF AGE AND OLDER WITH LIMITATIONS AND
DISABILITIES IN ACTIVITIES OF DAILY LIVING

INSERT TABLE XI HERE individual persons for assistance will differ
CONTINUUM OF A SAMPLING OF POTENTIAL SERVICES FOR THE ELDERLY

housing accommodations, and personal support systems. It is apparent that the needed services can be provided in many different ways. Some can be filled by family and friends; others can be provided by skilled volunteers, by self-employed persons, or through an organization. Most of such services do not require institutionalized residence. Rather they can be services provided in the home. Nursing homes are utilized much of the time due to the lack of availability of the needed services in the home or elsewhere in the community. The practice of substituting nursing home care for home delivered services is expensive and much of the time contributes to a decline in the person's overall quality of life.

The needs of the individual persons for assistance will differ depending on such variables as specific physical disability, housing accommodations, and personal support systems. It is apparent that the needed services can be provided in many different ways. Some can be filled by family and friends; others can be provided by skilled volunteers, by self-employed persons, or through an organization. Most of such services do not require institutionalized residence. Rather they can be services provided in the home. Nursing homes are utilized much of the time due to the lack of availability of the needed services in the home or elsewhere in the community. The practice of substituting nursing home care for home delivered services is expensive and much of the time contributes to a decline in the person's overall quality of life. There are housing arrangements for those who want to live with others and there is a wide variety of assistance that may be provided with different shared housing plans. The major problems facing the elderly are affordability and supply. (See appendix for list of Housing Alternatives.)

B. HOUSING OPTIONS FOR THE ELDERLY

The literature includes a complex continuum of housing options and related social services for older persons. Choices in housing have expanded from the three choices of either being well and living in one's own home or being sick and living with a relative or in a nursing home. Nationally, many housing alternatives, health and social services, and financial options provide older consumers with a wide variety of alternatives which they can utilize. Some of the housing plans include the delivery of health and social services; these are usually effective and popular with people who can afford them. Other plans do not include services but they can be secured from agencies or individual providers.

There are housing plans for those who wish to live alone, and there are housing arrangements for those who want to live with others and there is a wide variety of assistance that may be provided with different shared housing plans. The major problems facing the elderly are affordability and supply. (See appendix for list of Housing Alternatives.)

Senior Highrise

Shared Housing

Single Room Occupancy Hotels

b. Elderly People: Activity Limited

Persons with limited activity can ordinarily utilize the same housing options as the independently active, but they probably need some assistance such as transportation, home management.

c. Elderly HOUSING OPTIONS RELATED TO LEVELS OF DISABILITY

No absolute line can be drawn relating limitations and disabilities to housing options, but the following can be utilized for planning purposes. Appropriate home and community based services would be utilized by the residents in the designated housing. that some services

a. Elderly People: Independently Active

- Accessory Apartments
- Congregate Housing
- Continuing Care Communities
- Conventional Home or Apartment Rental
- Conventional Home Ownership
- ECHO Housing
- Elderly Housing Project
- Living with Family
- Manufactured Housing
- Mingles for the Aged
- Retirement Community
- Senior Highrise housing
- Shared Housing
- Single Room Occupancy Hotels

b. Elderly People: Activity Limited

Persons with limited activity can ordinarily utilize the same housing options as the independently active, but they probably need some assistance such as transportation, home management.

c. Elderly People: Mildly Disabled

Mildly disabled people may need assistance from the family, or home and community based services such as home management and minimum personal care services, to enable them to live alone. Housing options marked with an asterick indicate that some services are usually provided with the housing.

Accessory Apartments

*Congregate Housing

*Continuing Care Communities

Conventional Home or Apartment Rental

Conventional Home Owndership

ECHO Housing

*Elderly Housing Project

*Adult Foster Care

*Group Foster Care

*Homes for the Aged

Living with Family

Manufactured Housing

Mingles

Retirement Community

*Senior Highrise

Shared Housing

Continuing Care Communities

Nursing Homes - Skilled Nursing Care

Services can be purchased to enable severely disabled people to live in other housing arrangements, but they are very expensive.

d. Elderly People: Disabled

Disabled persons need access to another person twenty-four hours a day. Many of them are able to use a "calling device" to summon help. Personal care and management assistance are needed, and skilled services could be provided in the residence.

Adult Foster Care Homes

Congregate Housing

Continuing Care Communities

ECHO Housing

Elderly Housing Project

Group Foster Care

Homes for the Aged

Living with Family

Mingles

Nursing Homes - Intermediate Care

Residential Care

Retirement Community

Senior Highrise

e. Elderly People: Severely Disabled

The severely disabled person usually requires skilled nursing care and twenty-four hour monitoring as well as management and personal care services.

Continuing Care Communities

Nursing Homes - Skilled Nursing Care

Services can be purchased to enable severely disabled people to live in other housing arrangements, but they are very expensive.

SECTION II

THE ARLINGTON SCENE

A. THE ELDERLY POPULATION

Arlington, Texas is a rapidly growing city located about fifteen miles from both Dallas and Fort Worth. It is experiencing a very rapid growth rate. The 1980 census reported the population at 173,702. A 1984 update by the census bureau showed a population of 213,832, a 23 percent increase. Estimates are that the population is presently at 251,460, a 45 percent increase from 1980.

In 1980, 63 percent of the households were headed by married couples, 10 percent by single adult persons with families, 20 percent by single adults living alone and 7 percent others. The median household income for 1984 is reported by the Arlington Chamber of Commerce to have been \$37,893.

While the City as a whole is growing rapidly, in part through a significant in-migration, its elderly population is growing proportionately at a faster rate (Table XII).

TABLE XII

NUMBER OF PEOPLE AGE 62 AND OLDER, ARLINGTON, TEXAS¹

	Year		
	1983	1984	1985
Number	16,000	25,000	32,000
Percent of Population	8.7	10.0	11.5

¹SOURCE: Community Development Department, City of Arlington.

The elderly are the most stable and loyal population of Arlington. They are much less likely to have recently migrated to the City (78.7 percent of the heads of households age sixty-two and older have lived in Arlington five years or more). People aged 62 or older make up only 3.7 percent of all the persons living in the City less than five years.

In this region, housing costs have risen substantially in recent years, creating a serious problem for people such as the elderly who are on relatively fixed incomes. In Arlington, most of the elderly depend on such incomes, significantly increasing the pressure on them to find cheaper housing, or reduce expenditures for other necessities such as food and health care in order to pay for housing costs (Table XV).

ESTIMATED NUMBER OF ELDERLY DISABLED IN ARLINGTON, TEXAS, 1986¹

TABLE XV
 ACTIVITIES OF DAILY LIVING LIMITATIONS (ADL)²
 SOURCES OF HOUSEHOLD INCOME FOR THE ELDERLY,
 ARLINGTON, TEXAS, 1983¹

Age	Limited	Disabled	% of Elderly	Total
65-74	496	563	231	1,389
75-84	471	537	215	1,491
85+	202	345	155	908
All 65+	1,168	1,345	568	3,788
			Wages or Salary	30.4
			Social Security	78.2
			Retirement Pension	50.6
			Veterans Benefits	3.9
			Other Sources	23.3

¹ Based on 1980 Census data. Assumption of a 20% increase since 1980, based on projections by City of Arlington Community Development

² SOURCE: Community Development Department, City of Arlington. Elderly refers to heads of households age 62 and older. Households may have income from more than one source.

³ Based on "The State of the Elderly," Health and Society, Milbank Memorial Fund Quarterly, Vol. 63, No. 2, Spring 1983.

Housing plans and policies for the elderly have to take cognizance of the unique housing related needs of those who have activity limitations, or who are disabled. They are the most likely to require some adaptations in housing or specialized support services in order to maintain optimum personal independence. As the proportion and numbers of the elderly increase in Arlington, so do the number who have such limitations. It is estimated that at this time there are 3,788 such elderly people with some form of activity limitation or disability in Arlington (Table XVI).

TABLE XVI

ESTIMATED NUMBER OF ELDERLY DISABLED IN ARLINGTON, TEXAS, 1986¹ACTIVITIES OF DAILY LIVING LIMITATIONS (ADL)²

<u>Age</u>	<u>Activity Limited</u>	<u>Mildly Disabled</u>	<u>Disabled</u>	<u>Severely Disabled</u>	<u>Total</u>
65-74	496	563	198	231	1,389
75-84	471	537	215	268	1,491
85+	<u>202</u>	<u>345</u>	<u>155</u>	<u>206</u>	<u>908</u>
All 65+	1,168	1,345	568	705	3,788

¹Based on 1980 Census data. Assumption of a 250% increase since 1980, based on projections by City of Arlington Community Development Department.

²Based on Soldo, B. J., et al., "Health Service Needs of the Oldest Old," Health and Society, Milbank Memorial Fund Quarterly, Vol. 63, No. 2, Spring 1983.

B. HOUSING OPTIONS FOR THE ELDERLY IN ARLINGTON

On the surface it would seem as if the housing options for the elderly in Arlington exceed those for the general population, in that the elderly generally have the same choices as the rest of the population and in addition have some not available to younger people. However, these choices are severely limited for the elderly as a result of many problems such as economic, health, disability, and social difficulties.

1. HOUSING OPTIONS

a. Federally Assisted Housing

"Section 236"

Each "236" apartment complex has one fixed basic rent per bedroom size unit. The "basic" rent is the minimum rent; families with higher income pay more than the "basic" rent. Rents may vary between the "basic" and the "fair market" rent.

"Section 8"

Some U.S. Housing and Urban Development Department Insured complexes have a number of units which may be rented to low income families. The Government pays a portion of the rent and qualified families pay approximately thirty (30%) percent of their income for rent.

In Arlington, the Timberlake Apartments, 834 Timberlake Drive, 76010, receive assistance with "Section 236" and "Section 8" subsidies.

Other Federal Housing Related Programs

A broad range of Federally assisted housing programs provide low interest payments or loans.

b. City of Arlington Housing Authority

The Arlington Housing Authority does not own and administer housing per se. Rather, it has had a policy of supporting home ownership by

others and enabling financially distressed renters to find and obtain housing. The Authority has focused primarily on two forms of means tested housing assistance which are provided through renewable grants from the U.S. Department of Housing and Urban Development.

(1). Residential Rehabilitation Assistance. This consists of financial underwriting for home maintenance and improvements for homeowners who qualify. It can also include improvements to assist the handicapped adapt their home to suit the handicapping condition, for example widening doorways to allow for wheelchairs.

This program has been in existence in Arlington for about eleven years and serves all ages. However, the personnel estimates that approximately 80% of the assistance goes to homeowners who are 62 years or older.

The City of Arlington is to be commended for its efforts to secure financing for the housing rehabilitation program. Over the four year reporting period (1981-1984) it secured and expended an average of \$355,750 per grant year.

(2). Rental Assistance Through Title 8 Funds. Rent subsidies for people who otherwise could not afford to rent are provided through Title 8 funds. As a result of Federal grant stipulations, a relatively stable proportion of all rental assistance goes to the elderly, age 62 or older.

c. Non-Profit Housing Projects

The Catholic Charities is establishing a new housing facility in Arlington at 709 Magnolia. This facility, Nuestro Hogar, will open about November 1, 1986. It is a three story structure, providing 65 units for the handicapped and elderly. It will have variable rents depending on

the tenant's income and will be federally subsidized through Title 202, Section 8 funds.

The Eastern Star Home and the Masonic Home did not provide information for this study. They restrict their services to members and are therefore not generally available to Arlington residents.

Emergency housing provisions through the Salvation Army are reported to be able to meet that demand for short-term shelter at this time.

d. Commercial Housing for the Elderly

The majority of Arlington's elderly live in their own homes, either alone, with family, or with friends. Local apartments also house the elderly who mix with tenants of all ages.

In addition, there are some facilities which have elected to specialize in serving the elderly (Table XXIII).

The price range is substantial. Rents vary from \$5,880 - \$16,200 per year. The factor which most increases costs is the presence of nursing related services.

TABLE XXIII
ARLINGTON FACILITIES FOR THE ELDERLY, JULY, 1966

Name	Type of Room	Per Day	Other Services	Cost Per Month
Arlington Villa	Room and Board	5	Laundry Service	490
Arkansas House	Small Efficiency	2	Minimum Nursing Service	1,150
Arkansas House	Large Efficiency	2	(Same Services)	505
Arkansas House	Small Efficiency	3	Transportation for Shopping, Doctor, etc.	765
Arkansas House	Efficiency-Kitchenette	3	Weekly Laundry, Cleaning, etc.	825
Arkansas House	Large Efficiency, 2 Bedrooms	3	Medication Monitored.	1,165

Throughout the State as well as Tarrant County, the shortage of housing options has resulted in the overuse of the more expensive and less popular nursing home alternative.

TABLE XXIII

ARLINGTON FACILITIES FOR THE ELDERLY, JULY, 1986

e. Nursing Homes

<u>Name</u>	<u>Types of Rooms</u>	<u>Number of</u>		<u>Cost Per Month</u>
		<u>Meals Per Day</u>	<u>Other Services</u>	
Arlington Villa	Room and Board	3	Linen Service	\$ 490
	Room and Board	3	Minimum Nursing Service	1,150
	Room and Board	3	Full Nursing Service	1,350
	Apartment	-	-	450
Meadowview	Semi-Private	3	Laundry Furnished Beauty Salon	680
	Private-Kitchenette	3	Semiprivate Bath (Shower)	760
	Semi-Private	3	Semiprivate Bath (Shower)	Title 20 Subsidized
Hill House	Small Efficiency	2	Private Bath, Weekly Maid Service, Planned Activities	475
	Large Efficiency	2	(Same Services)	505
Arkansas House	Small Efficiency	3	Transportation for Shopping, Doctor, etc.	765
	Efficiency-Kitchenette	3	Weekly Laundry, Cleaning, etc.	825
	Large Efficiency, 2 Bedrooms	3	Medication Monitored.	1,165

While this housing which is occupied by the elderly, one issue has surfaced. One of the more attractive options has been the rediscovery of ECHO housing (sometimes referred to as "granny houses"). These are primarily smaller residences located adjacent to a larger residence, which allow elderly people to live privately but near their families. These are quite popular in other parts of the country, however, current zoning

Throughout the State as well as Tarrant County, the shortage of housing options has resulted in the overuse of the more expensive and less popular nursing home alternative.

e. Nursing Homes

Arlington has 723 nursing home beds available within the City. Of these, 100 are generally unavailable to local residents because they are reserved for Masons and Eastern Star members from a very large area. Of the remaining 623 beds, the majority (503) qualify for Medicare and/or Medicaid support payments.

Nursing home developments in recent years have been quite responsive to market conditions and have become increasingly competitive. One could reasonably assume, therefore, that the supply of such homes should continue to reflect the demand. Major problems in other communities have arisen when local zoning regulations and high land costs have encouraged nursing homes to locate far away from residential centers, thereby creating serious personal hardships for the residents. A policy, therefore, which encourages the development of nursing homes within, or at the fringes of residential centers, would be most beneficial.

f. Private Housing

While this study did not undertake a study of personally owned housing which is occupied by the elderly, one issue has surfaced. One of the more attractive housing options has been the rediscovery of ECHO housing (sometimes referred to as "Granny Houses"). These are primarily smaller residences located adjacent to a larger residence, which allow elderly people to live privately but near their families. These are quite popular in other parts of the country, however, current zoning

regulations in Arlington appear to prohibit such developments as the conversion of garages into dwelling units.

A reevaluation of barriers to ECHO housing developments would be helpful.

2. HOUSING RELATED SERVICES

The general impression obtained is that the elderly by and large have the same social and personal needs as most of the population. Their personal preferences and support requirements are as varied as the rest of the population. However, a few issues require some emphasis. They are the consequence of three factors:

1. The greater likelihood of the elderly having health or personal mobility limitations;
2. The greater likelihood of the elderly experiencing social isolation due to the absence of family and friends;
3. The likelihood of the elderly facing financial worries because of declining purchasing power.

The emergency of one or more of these tends to interfere with people's ability to continue to live independently.

a. The Lack of Information

This study found a strong body of opinion among local and regional experts that one of the major housing problems facing the elderly in Arlington is the inability to easily obtain information about available housing. The lack of a central information clearinghouse which not only has information about specialized housing, but also about currently available rental properties, presents a major barrier.

b. The Need For Housing Support Services

Experience throughout the country, including Texas, has shown that the elderly treasure the opportunities to make independent and informed choices in their living arrangements. By and large, nursing homes and hospitals are the least preferred alternatives.

Local social welfare leaders agree that the lack of sufficient accessible housing options for the elderly in Arlington, as well as adequate supports to help the elderly stay in their homes, have several undesirable consequences for the community and the elderly themselves:

1. Some of the elderly come under pressure to leave their community, friends, and family in order to find less desirable housing arrangements.
2. The scarcity of affordable alternatives, results in the elderly losing the ability to negotiate with landlords to improve poor housing conditions.
3. Some of the elderly have to accept substandard housing or live in the streets.
4. For a substantial number of elderly the escalated costs of housing are absorbing a greater share of their disposable income. This results in many of them having difficulty in affording air conditioning, heating, telephone, food, medicines and house repairs. This is a hazardous condition for all and a life threatening condition for some.
5. For many this results in a lowering of personal standards of living which is very demoralizing.

Housing affordability as a result of limited incomes is repeatedly cited as a major problem for the elderly. A small amount of emergency

short term financial assistance is made available by some local churches through the First-Call-For-Help. However, long-term needs cannot be handled there.

(1). Transportation. Because of the onset of disabling conditions as well as decreasing ability to drive, the elderly tend to become socially isolated and have difficulty managing everyday shopping and other business. While the American Red Cross and the Handitran transportation programs are fine services, local agencies report that more transportation services are needed.

(2). Home Delivered Support Services. A range of services need to be available to the elderly whose financial and physical resources are limited.

a. Home Adaptation Services

The social welfare sector saw a continuing need for assistance in adapting homes for those who are frail or handicapped. Installation of grab bars, smoke alarms, sprinkler systems and ramps should be included in rehabilitation services.

b. Household Chores

There is continuing need to have available commercial and subsidized housekeeping services for those no longer physically able to manage these. This also includes shopping and errand assistance, assistance with laundry, and meal preparation. Existing services were viewed as not being sufficiently available.

c. Low Cost Home Health Assistance

A significant number of people can be helped to avoid costly illnesses and institutionalization if routine home delivered

health monitoring activities and consultation can be provided--primarily through nursing personnel. While some services are available, financial constraints restrict their adequate availability.

d. Socialization and Recreation

1. Increased financial support needs to be provided to underwrite recreational activities for the elderly.
2. Current advertising for available leisure time activities of potential interest to the elderly requires better underwriting.
3. Increased attention needs to be given to providing transportation assistance for the elderly to visit friends and social activities.

e. Home Delivered Meals

For many mobility restricted elderly, the delivery of nutritious hot meals is essential for them to maintain their independence and personal home. The lack of this service is frequently a reason why the elderly have to give up their home and move into nursing homes or hospitals.

f. Day Center for the Elderly

It was recommended by local social welfare experts that consideration be given to the development of day center programs for the elderly. They could fulfill two functions:

1. Provide respite care for the family which is caring for an elderly person, but need to go to work or otherwise run errands which require such temporary relief;

2. Provide day-time entertainment and socialization for the elderly who would otherwise be isolated in their homes.

g. Health Clinic for the Elderly INSTITUTIONS

An inability to manage routine health care needs is among the major problems of the elderly. It has been recommended that consideration be given to the development of a geriatric health clinic in Arlington to provide routine medical and dental care for people who otherwise could not afford health care. A family in caring for the elderly is the lack of information.

2. NEIGHBORHOODS, CIVIC AND SOCIAL GROUPS, CHURCHES

Traditionally in Texas, neighbors have served as one of the primary support groups. Maximum utilization of neighbors in the provision of housing related support services will benefit the elderly and community.

Civic and social groups can also provide very valuable assistance to their own elderly members and to other older people in Arlington. Programs to help these groups become aware of the needs and become active in providing support services for the elderly could be an effective means of enhancing the quality of life for the elderly.

Churches have shown an interesting, diversified concern for the elderly and they have the potential of doing much more if they are provided professional consultation.

SECTION III

ROLES OF COMMUNITY INSTITUTIONS IN HOUSING FOR THE ELDERLY

A. NON-GOVERNMENTAL INSTITUTIONS

1. FAMILY

The family provides an estimated 80 percent of the housing related services for the elderly. This is often difficult for the family and sometimes overwhelming even when they care deeply for the elderly family member and want to help them. One of the most serious obstacles for a family in caring for the elderly is the lack of information.

2. NEIGHBORHOODS, CIVIC AND SOCIAL GROUPS, CHURCHES

Traditionally in Texas, neighbors have served as one of the primary support groups. Maximum utilization of neighbors in the provision of housing related support services will benefit the elderly and community.

Civic and social groups can also provide very valuable assistance to their own elderly members and to other older people in Arlington. Programs to help these groups become aware of the needs and become active in providing support services for the elderly could be an effective means of enhancing the quality of life for the elderly.

Churches have shown an interesting, diversified concern for the elderly and they have the potential of doing much more if they are provided professional consultation.

3. HOME AND COMMUNITY BASED SERVICE ORGANIZATIONS

Many agencies and organizations are providing excellent housing and housing related services for the elderly. Home management services can be provided by agencies, or by volunteers who are directed by agencies. These services can include counseling, homemaker, home repair services, etc. Agencies can provide personal care services including the provision of meals, home health care and respite programs. Case management is a major service need. Most of the various services are being provided currently in a limited manner. They need to be expanded to meet the needs. A system for sharing information among the providers, planners and policy makers could be developed to enable the more efficient use of services.

4. CHAMBER OF COMMERCE, FINANCIAL INSTITUTIONS,

(i) AND THE COMMERCIAL SECTOR

There will be a growing market in Arlington for new housing that is adapted for the elderly and for housing renovations for the elderly. Additionally there will be increased demand for services by the elderly. The Chamber of Commerce, banks, and savings and loan associations can assist the elderly and help the community avoid future crises by participating in the development of businesses to provide in-home services and the construction of housing for elderly moderate, middle, and upper-income people. The financial institutions can also facilitate the construction of housing and renovation of housing for low-income elderly through cooperative ventures involving HUD, the Arlington Housing Authority or various non-profit organizations. The development of cooperatives appears to be a very feasible concept in Arlington.

B. GOVERNMENTAL INSTITUTIONS

1. LOCAL GOVERNMENT

Local government has a major role in encouraging adequate housing and in some circumstances in creating housing for the elderly residents in the city. City government has the ability to make zoning laws that provide for "elderly specific" needs.

The following policy options can be addressed by the City.

a. Making Housing More Affordable

(1) Local tax relief (e.g., tax freezes, deferrals, welfare exceptions) (2) lifeline utility rates (3) Loans for tax payments or weatherization improvements (4) Cost containment through zoning policies, etc.

b. Facilitating Home Maintenance

(1) Sensitive code enforcement (2) Building permit fee waivers (3) Maintenance sharing (4) Volunteer and community group maintenance

c. Protecting Against Market Pressures and Discrimination

(1) Anti-discrimination ordinances (2) Eviction controls

d. Expanding the Supply of Affordable Housing

(1) Inclusionary zoning (2) Use of public lands and buildings for housing (3) Targeted corporate investments

e. Developing More Support Alternatives

(1) Home sharing (2) Group living arrangements (3) Accessory apartments (4) Adult foster care

2. STATE AND COUNTY GOVERNMENT

The State and County governments are responsible for providing for the needs of indigent residents. For the State and County to meet this

responsibility most efficiently legislation is needed which gives higher priority to health and social services which are provided in-home rather than requiring that an elderly, infirm person utilize the more expensive services of nursing homes, physicians and hospitals.

Elderly homeowners could benefit from a form of "Home Equity Conversion" legislation such as that which is advocated by the American Association of Retired Persons.

The State can develop programs to train the unemployed to provide services which are needed by the elderly. Programs which train welfare recipients and offer them the opportunity to earn income by providing services to the elderly deserve exploration.

3. FEDERAL GOVERNMENT

The earliest Federal Housing Act followed from a national policy that "safe and decent housing" was a right for all. The Housing Acts and the Older Americans Act offer a broad range of services to aid with housing. The Community Development Block Grant can provide funds for housing rehabilitation and economic development. The Annual Housing Survey was instituted by the United States Bureau of Census and provides up-to-date information on the housing stock of the nation. The United States Department of Housing and Urban Development undertakes research on housing and publishes the results.

Some Federal programs have provided financial incentives to developers, sponsors, groups and individuals who were building or rehabilitating housing. Several housing programs for the elderly have come out of these efforts. The Federal Government has often been the catalyst in starting new programs which were needed by the public, and which the private sector was hesitant to start.

SECTION IV

SUMMARY AND RECOMMENDATIONS

SUMMARY

The number of Arlington residents who are 62 and over has doubled in the past three years. The majority of these people, who either are retired, or plan to retire soon, prefer to continue living in Arlington.

The retirees will need affordable, accessible housing and their choices will continue to be diverse. However, many of them will want less interior and exterior space than they have in their present residences. Regardless of their choice of housing many will look for personal services including meals, transportation, recreation, health care and assistance in instrumental activities of daily living. The market will continue to expand for housing rehabilitation to meet the special needs of older people. Some of the retired persons will need a form of rent subsidy or financial assistance but the majority in Arlington will be self-supporting.

Arlington can avoid serious problems through creative planning to meet the needs of the large number of retired residents who will want to remain here, but who will require new housing arrangements and expanded housing related services. Diverse housing models now exist in various places throughout the country. Thus, Arlington has the opportunity to choose effective models and avoid unsightly neighborhood deterioration and other problems which have plagued most cities. The designation of retirement housing zoning will be helpful.

Constantly updated information about the housing needs and preferences of the elderly population in Arlington will be provided to

the Arlington Housing Authority by the Advisory Committee which this Study recommends.

The proposed Arlington Housing Information Center will facilitate the efficient development and utilization of affordable, accessible, diverse housing and housing related services for the retired residents of Arlington.

A large, satisfied retired population will be a political, social and economic asset for the community. Arlington is to be commended for having begun the process to assure this through the present Study. Implementation is needed immediately. The Community Services Development Center will be pleased to assist in this next phase if the Housing Authority would find it useful.

A. PRIMARY RECOMMENDATIONS

The following four recommendations are regarded as having the highest priority. Immediate implementation is suggested.

Recommendation: I. That the Housing Authority recommend to the City the general policy:

- a. The City will make efforts to ensure that diversified, affordable and accessible housing options are available for the elderly.
- b. The City will promote efforts to inform the elderly about the housing options available to them.

Recommendation: II. That the Arlington Housing Authority create an Advisory Committee having a broadly diversified membership a majority of which will be elderly residents of varied income levels. Such a

Committee should receive expert technical assistance and have the freedom to initiate recommendations. The committee would:

- a. Assure diverse housing options in Arlington,
- b. Assure that the elderly are informed about the options,
- c. Initiate investigations regarding the adequacy and

appropriateness of housing options and housing related services,

- d. Serve as advocate for the elderly in their housing related

needs,

- e. Advise the Arlington Housing Authority concerning housing related needs of the elderly,

- f. Serve as liaison between the First Call for Help and the Housing Authority,

- g. Serve at the pleasure of the Arlington Housing Authority.

The Committee would be expected to have an annual work plan and would be required to make progress reports at least annually to the Housing Authority.

Recommendation: III. That the Arlington Housing Authority establish the Arlington Housing Information Center as a service arm. It would provide the following services to the general public.

- a. Compile and maintain a current inventory of available housing. Include in the inventory information about eligibility, rates, location, etc.
- b. Help people find housing to fit their needs.
- c. Provide information about housing related support services and help people secure homemaker/home health services, meals in schools, home delivered meals, sitters, etc. It would also

help people utilize emergency response systems, carrier alert, recreational opportunities and provide case management.

d. Provide information regarding various financial options such as rent subsidy, home equity conversion, homestead tax exemption, deferred utility payments, etc.

Recommendation: IV. That the Arlington Housing Authority explore the feasibility of zoning ordinances which would permit the development of needed alternative housing and housing related services for the elderly.

- a. Included in resources which might be developed are ECHO housing and "neighborhood dining rooms" where several elderly people could regularly gather for a meal.
- b. That the Arlington Housing Authority seek to have established a retirement housing district similar to the one developed in Plano, Texas ("Retirement Housing," Ordinance No. 82-4-9, adopted April 12, 1982). Certain limited zoning ordinances might be enacted for retirement housing. The Housing Authority would work with the private and public sectors to develop suitable, desirable and affordable housing, and housing related services. Consideration might be given to the development of (1) congregate housing (2) ECHO housing and (3) shared housing for the elderly; and to the provision of housing related services in the Retirement Housing zone.

2. Rental Assistance

- a. IT IS RECOMMENDED that the Arlington Housing Authority continue its rental assistance program and actively pursue with the

B. SECONDARY RECOMMENDATIONS

The following recommendations are suggested for further study and consideration by the Arlington Housing Authority and the City of Arlington.

1. Rehabilitation Assistance

- a. IT IS RECOMMENDED that the Arlington Housing Authority continue its commendable rehabilitation assistance program.
- b. IT IS RECOMMENDED that the rehabilitation program provide more information to the public through the use of human interest stories on television, radio and in the press year round.
- c. IT IS RECOMMENDED that the Housing Authority communicate with its federal legislative representatives and recommend a policy change that allows the Authority to once again assume responsibility for serving as the rehabilitation contractor when the consumers request it.
- d. IT IS RECOMMENDED that the Authority consider sponsoring two additional year-round programs for elderly residents who need assistance in home maintenance and safety.
 1. Practical assistance to homeowners who need and want help with household maintenance by assisting with supplies, equipment, technical consultation and labor if it is needed.
 2. Arrange for installation of home safety devices which are recommended by the Police and Fire Departments.

2. Rental Assistance

- a. IT IS RECOMMENDED that the Arlington Housing Authority continue its rental assistance program and actively pursue with the

- b. United States Department of Housing and Urban Development a substantial increase in periodic funding allocations for this purpose.
5. b. IT IS RECOMMENDED that a year-round public information program be instituted.
- c. In view of the steep overall increases in the cost of living, IT IS RECOMMENDED that the Authority confer with its federal legislative representatives to recommend a reinstatement of the earlier policy that no more than 25 percent of spendable income be required toward the cost of housing.
- d. IT IS RECOMMENDED that the Housing Authority actively encourage all housing complex managers to include the elderly in their advisory bodies of tenants.
3. Private Home Arrangements
- IT IS RECOMMENDED that the Housing Authority encourage the private and public sectors to develop and maintain a broad range of housing options for the elderly in Arlington. Shared living and foster home arrangements for the elderly are effective and cost efficient options which might be developed.
4. Services Which Support the Housing Policy
- a. IT IS RECOMMENDED that the City of Arlington exercise a leadership role to encourage the development of needed services which support independent living among the elderly. Support services should include health, transportation, counseling, recreation, household chores, etc.

- b. IT IS RECOMMENDED that the City of Arlington actively pursue the creation of improved public transportation services which are accessible and practical for the elderly.

5. City Services

- a. IT IS RECOMMENDED that the City actively pursue a policy of improved street lighting to enhance neighborhood security.

- b. IT IS RECOMMENDED that the City pursue the possibility of utilizing the Job Training Partnership Program to have sidewalks constructed in residential areas of Arlington.

6. State Legislation

IT IS RECOMMENDED that the Arlington Housing Authority advocate for state legislation which will: (a) protect the security of the homestead for the elderly, and (b) enable the elderly to benefit financially from a safe form of home equity conversion.

independent living in small houses and/or apartments in a planned complex with the benefits of restaurants, cultural events, twenty-four hour nursing care, customized services, and activities tailored to individual needs. Residents can move from one level of care to another as their needs change. Financial arrangements usually require a substantial entrance fee plus monthly charges.

e. Conventional Home or Apartment Rental

f. Conventional Home Ownership

g. ECHO Housing (Elderly Cottage Housing Opportunity), Granny Flat is a

free-standing unit in one's back or side yard which is added or remodeled to enable older relatives to live on the premises.

Elderly Housing Project A P P E N D I X Independent Living is
rental housing which is planned, designed, and managed to meet the
needs and interests HOUSING ALTERNATIVES services to support

- a. Accessory Apartments are houses renovated to create separate,
 1. self-contained apartment units within the extra space of single family residences. and some assistance with personal care and
- b. Adult Foster Care is single family homes in which one to three nonrelated older persons live with a foster family which provides meals, housekeeping and some personal care services. but no Medicare
- c. Congregate Housing is a group complex that combines private
 1. living quarters with support services including such services as central dining areas, transportation, housekeeping, social and recreational services--an updated version of an old resort hotel.
- d. Continuing Care Communities or life care communities provide independent living in small houses and/or apartments in a planned complex with the benefits of restaurants, cultural events,
 1. twenty-four hour nursing care, customized services, and activities tailored to individual needs. Residents can move from one level of care to another as their needs change. Financial arrangements usually require a substantial entrance fee plus monthly charges. in a
- e. Conventional Home or Apartment Rental and zoning are sometimes major
- f. Conventional Home Ownership
- g. ECHO Housing (Elderly Cottage Housing Opportunity), Granny Flat is a free-standing unit in one's back or side yard which is added or remodeled to enable older relatives to live on the premises. kitchen.

- h. Elderly Housing Project or Housing for Independent Living is rental housing which is planned, designed, and managed to meet the needs and interests of older tenants with services to support independent living.
- i. Group Foster Care or Domiciliary Care Homes provide room and board, supervision, and some assistance with personal care and activities for daily living for four to eight residents. The facility is licensed by the State Department of Health. There may be partial payment through Social Security Title XX, but no Medicare or Medicaid payments can be secured.
- j. Homes for the Aged are accommodations for people with health limitations. Such homes provide private or shared bedrooms, meals, housekeeping, personal care, and monitoring.
- k. Living with Family is an arrangement wherein the elderly person lives in the home of a son, daughter, or some other relative. Specific arrangements within the home vary.
- l. Manufactured Housing or Mobile Homes are small, private homes that may have up to three bedrooms and two baths. The mobile home may be placed near a relative, in a senior community park, or in a mixed generational mobile park. This is one of the least expensive independent living options. Safety and zoning are sometimes major problems.
- m. "Mingles" or Boarding Homes are single-family homes redesigned for two or more unrelated people. They usually include private bedrooms and baths and a common living room, dining room, and kitchen.

Requestor's ID:

n. Nursing Homes provide twenty-four hour nursing care under a physician's directions. Patients are admitted by a physician's order.

Document Comments:

AEN, 1). Intermediate Care for patients who are unable to live independently and who need twenty-four hour nursing supervision but do not require intensive nursing care.

2). Skilled Nursing Care for patients who need intensive nursing care but do not require hospital care.

o. Residential Care are services provided to eligible adults who require access to services on a daily basis but who do not require daily medical care. Services include board, protective supervision, personal care, social and recreational services, housekeeping, laundry, and transportation. This new program will include supervised living, emergency care, and residential care. The facilities are licensed by the State Health Department.

p. Retirement Community or Retirement Village is a development that typically offers home ownership or rental units for older people. Support services are provided on a fee basis.

q. Senior Highrise is a facility planned to meet the needs of elderly people. Apartments within the building are different sizes and styles and are usually leased. A common dining room is available, and services are provided as a part of the basic charge or on a fee basis. Some highrise facilities are owned jointly in a cooperative ownership plan.

r. Shared Housing is a home or apartment in which two or more unrelated people share a house or apartment. A homeowner may rent out a room to a tenant(s) in exchange for rent, housework, grocery shopping, yard work, baby sitting, etc.

Requestor's ID:
OPR2

Author's Name:
fulbright

Document Comments:
AEH, tables turned sideways

TABLE X
PERCENT OF THE POPULATION 65 YEARS OF AGE AND OLDER WITH
LIMITATIONS AND DISABILITIES IN ACTIVITIES OF DAILY LIVING

Age/sex	Level of Activity of Daily Living (ADL)				
	(A) Independently Active %	(B) Activity Limited %	(C) Mildly Disabled %	(D) Disabled %	(E) Severely Disabled %
65 to 74	87.4	4.5	4.2	1.8	2.1
75 to 84	75.0	7.9	9.0	3.6	4.5
85+	54.2	10.2	17.4	7.8	10.4
All 65+	81.1	6.0	6.6	2.8	3.5

*Statistics for the independently active were derived from the total and were not given by the authors.

Activity Limited indicates need of assistance with the instrumental activities of daily living; managing money, shopping, light housework, meal preparation, making a phone call, and taking medication.

Disabled indicates the number of activities of daily living with which the respondent requires assistance; eating, bathing, dressing, toileting, etc. Mildly Disabled requires assistance with 1 - 2 activities of daily living; Disabled, 3 - 4; Severely Disabled, 5 - 6.

NOTE: Adapted from the 1982 Long-Term Care Survey prepared by the Center for Demographic Studies, Duke University. Reported by Soldo, Beth J., and Manton, Kenneth G., Health Services Needs of the Oldest Old, Health and Society, Milbank Memorial Fund Quarterly, Vol. 63, No. 2, Spring 1985.

TABLE XI
TABLE X
 CONTINUUM OF A SAMPLING OF POTENTIAL SERVICES FOR THE ELDERLY
 PERCENT OF THE POPULATION 65 YEARS OF AGE AND OLDER WITH
 LIMITATIONS AND DISABILITIES IN ACTIVITIES OF DAILY LIVING

Age/sex	Level of Activity of Daily Living (ADL)					Total with Limitations
	(A) Independently Active*	(B) Activity Limited	(C) Mildly Disabled	(D) Disabled	(E) Severely Disabled	
65 to 74	87.4	4.5	4.2	1.8	2.1	12.6
75 to 84	75.0	7.9	9.0	3.6	4.5	25.0
85+	54.2	10.2	17.4	7.8	10.4	45.8
All 65+	81.1	6.0	6.6	2.8	3.5	18.9

* Services are added for each level of dependency. Services from the preceding levels may continue to be useful as the level of dependency increases.

** Activity Limited

***Disabled *Statistics for the independently active were derived from the total and were not given by the authors.

Activity Limited indicates need of assistance with the instrumental activities of daily living: managing money, shopping, light housework, meal preparation, making a phone call, and taking medication.

SOURCE: This continuum is an adaptation and expansion of a chart developed by Carry Glasser in "Housing Cooperatives"

Disabled indicates the number of activities of daily living with which the respondent requires assistance: eating, bathing, dressing, toileting, etc. Mildly Disabled requires assistance with 1 - 2 activities of daily living; Disabled, 3 - 4; Severely Disabled, 5 - 6.

SOURCE: Adapted from the 1982 Long-Term Care Survey prepared by the Center for Demographic Studies, Duke University. Reported by Soldo, Beth J., and Manton, Kenneth G., Health Service Needs of the Oldest Old, Health and Society, Milbank Memorial Fund Quarterly, Vol. 63, No. 2, Spring 1983.

TABLE XI

CONTINUUM OF A SAMPLING OF POTENTIAL SERVICES FOR THE ELDERLY

A*	B**	C***	D
INDEPENDENT	ACTIVITY LIMITED	MILDLY DISABLED/DISABLED	SEVERELY DISABLED
Information and Referral	Shopping Service	Sheltered Workshop	Acute Health Care
Social Activities	Homemaker Services	Foster Care	Skilled Nursing
Health Screening	Home Management Services	Respite Care	Intermediate Nursing
Financial Assistance	Home Delivered Meals	Live-In Service	Board and Care
Nutrition Services	Friendly Visiting	Protective Services	
Educational Opportunities	Telephone Reassurance	Day Care	
Leisure Time Activities	Chore Service	Newspaper of the Air	
Volunteer Service Opportunities	Home Repair Service	Life Line	
Financial Planning	Transportation	Home Health Care	
Shared Employment	Talking Books	Personal Care Services	
Exercise Programs	TDD-TeleCommunication	Visiting Nurse	
House Counseling	Device for the Deaf	Physical Rehabilitation	
Retirement Counseling	Visual Aids		

* Services are added for each level of dependency. Services from the preceding levels may continue to be useful as the level of dependency increases.

** Activity limited indicates the need of assistance with instrumental activities.

***Disabled indicates a need of assistance in activities of daily living. (See Table X.)

SOURCE: This continuum is an adaptation and expansion of a chart developed by Gerry Glasser in "Housing Cooperatives for the Elderly," a Presentation to the President's Commission on Housing, Washington, DC, 1981.

