THE AGING of the BABY BOOMERS:

Housing Seniors in the Delaware Valley

Delaware Valley
Regional Planning
Commission

JANUARY 2007

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The number of elderly residents has increased dramatically throughout the nation and the region in recent years, and is expected to continue to increase at a record pace. Most of this growth is expected to occur in the suburbs as the region's "baby boomers" (born between 1946 and 1964) age in place. Many will want to stay in the suburban communities in which they have raised their families after they retire.

Challenges facing aging suburban baby boomers include a lack of affordable and accessible housing alternatives in desired locations; an inability of elderly homeowners to keep up with home repair and maintenance; limited accessibility within their existing homes; limited accessibility within their communities; safety and security; transportation and mobility; and economics, as the costs of essentials such as transportation and health care skyrocket, leaving less money available for housing.

It is imperative that the region's elected officials, planners, service providers, and the elderly and near-elderly themselves plan now to accommodate the coming "senior boom." Successfully meeting the needs of the region's seniors will require that federal, state and local governments and the private sector re-think their traditional approaches to providing services to the elderly. Key points that service providers and planners need to keep in mind include:

- The fastest growing population cohort is currently those age 65 and older, and growth of the elderly population is expected to increase significantly in coming years as the region's baby boomers begin to turn 65, starting as early as 2011.

- Among the elderly, the number of people age 85 and older will also increase dramatically in the future, impacting health care and social service delivery.

- Seniors are more likely to live alone, impacting both their available income and their general quality of life.

- Seniors have lower incomes and are more likely to live in poverty than younger households.

- Many of the region's elderly are likely to be homeowners living in single-family homes in suburban communities. Elderly homeowners are often "asset rich" but "disposable income" poor.

- Senior renters, particularly those age 75 and older, pay more of their income towards housing costs than do younger renters, with up to half or more of their income dedicated to paying the rent.

- Elderly homeowners also pay more of their income towards housing, and even those with higher incomes will likely struggle to keep up with rising property taxes and energy costs.

- Seniors are more likely to have at least one disability that will increase their need for services but also impede their ability to access these necessary services.

Recommendations for expanding housing options and creating communities where residents can successfully "age in place" include the following:

Expand the stock of accessible, affordable housing units for seniors in the region's developed and growing suburban municipalities, by:

- Revising local plans and codes to allow a variety of housing types appropriate for seniors in residential zones (including accessory dwelling units and elder cottages);
- Revising local codes to allow increased densities and an integration of land uses, particularly around transit, to increase accessibility to necessary services and improve service delivery;
- Revising zoning regulations to allow unrelated older adults to share homes in single-family residential zones; and,
- Incorporating accessibility standards or universal design standards into new construction designs and building codes.

Preserve the existing housing stock, by:

- Providing assistance for elderly homeowners for rehabilitation of their home's major systems and for other improvements, such as painting; and,
- Providing assistance to seniors for modifications to improve accessibility.

Provide assistance aimed at making existing units more affordable for low and moderate-income senior citizens, by:

- Implementing or expanding property tax relief programs that provide assistance to elderly homeowners struggling to meet the increasing property tax burden;
- Supporting programs that provide energy assistance to seniors; and,

- Expanding local, state, and federal programs that reduce the cost of essential goods and services to seniors, including transportation and health care.

Create "elder-friendly" communities, by:

- Expanding and improving transit options, including paratransit and specialized transit options for seniors;
- Incorporating public parks and open spaces into neighborhoods, so seniors can easily access them; and,
- Creating safer pedestrian environments.

Promote policies geared toward protecting the rights and enhancing the quality of life of the region's elderly, including those who want to age in place, by:

- Expanding funding to federal, state, local, non-profit, and faith-based organizations that provide services that support aging in place;
- Increasing Medicaid funding for community-based care options and other programs that support aging in place, rather than long-term care facilities;
- Expanding local aging networks;
- Coordinating healthcare and supportive services with housing;
- Involving the private sector in developing options for meeting the needs of the community's elderly;
- Identifying concentrations of elderly and near-elderly, including NORCs (naturally occurring retirement communities), and targeting resources to those areas to improve the efficiency of service delivery to the community's elderly.

The number of elderly residents has increased dramatically throughout the country and the Delaware Valley in recent years, and is expected to continue to increase at a record pace. The elderly are now the fastest growing segment of the region's population, and by the year 2030, almost one in five of the region's residents will be over 64 years of age. Most of this growth is expected to occur in the suburbs, as suburban "baby boomers" (born between 1946 and 1964) age in place.

Although many of these areas are not currently served by public transit and do not offer affordable housing alternatives, seniors often prefer to remain in the communities where they raised their families. Housing and servicing today's and tomorrow's senior citizens is one of the most critical issues facing the region.

A 1999 DVRPC report considered accessibility and mobility of the elderly (see *Getting Older and Getting Around: Aging and Mobility in the Delaware Valley*, DVRPC report # 99015). This study extends that work by considering issues related to housing for the elderly as a means of offering guidance to county and municipal officials faced with a growing elderly population.

The report's first chapter presents a national profile of the elderly, followed by an annotated account of the federal study *A Quiet Crisis in America*, which points out significant concerns for an aging America and underlines the need for coordinated housing and service provisions. The discussion of the issue on a national level sets the stage for discussion of the Delaware Valley region's demographics that follows. A more detailed analysis of the region's elderly population can be found in DVRPC's *Analytical*

Report # 13: The Aging of the Baby Boomers: Elderly and Near-Elderly Population Characteristics (January 2007).

Different agencies and reports define "elderly" differently, depending on their mission and goals. For the purposes of this report, the "elderly" are defined as persons age 65 and older; "near-elderly" are those age 55 to 64 years; and the "very old" are those persons age 85 years and older.

A National Snapshot

In 1900, seniors accounted for less than 5% of the total population of the United States. Now numbering over 35 million, seniors currently account for over 12% of the country's population. By 2030, the senior population will double to more than 71 million, or 20% of the U.S. population, as illustrated in Figure 1.[1]

Figure 1: Persons 65 Years and Older, United States, 1900-2030
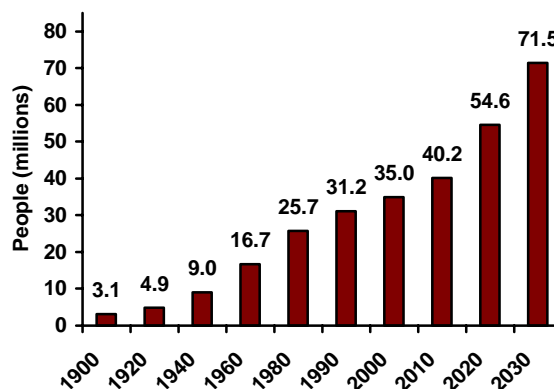
Source: United States Census Bureau. Projections of the population by age are taken from the January 2004 Census release "Historic Population Reports, Special Studies, P23-190.

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[1] *A Quiet Crisis in America*, A Report to Congress by the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century, page 18.

These staggering figures represent the reality of the shift in the nation's demographic makeup. Thanks to advances in medicine and health care, a broader understanding of good nutrition and healthy lifestyles, and reductions in environmental pollution, people are enjoying steadily increasing life expectancies.[2] Extended mortality coupled with the aging of the "baby boomer" generation will result in a surge of elderly citizens in the coming decades.

Starting in 2011, the "boomers" will begin to turn 65. The senior population will double over the next 30 years, climbing to over 70 million by 2030, when one in five people will be over the age of 65. In comparison, in 1930, seniors accounted for only 6.6 million people—eleven times less than the anticipated elderly population 100 years later.

There will also be a marked increase in those older persons over age 85, currently the fastest growing segment of the aging population. Projections by the United States Census Bureau suggest that the population age 85 and older could grow from about 4 million in 2000 to as high as 24 million by 2050.[3] This group of "extremely old" individuals is expected to survive longer than any group in history.

The number of centenarians is likewise expected to grow exponentially. In 2000, approximately 65,000 people age 100 or older lived in the United States. Formerly somewhat of an anomaly, the number of centenarians is projected to grow so quickly that there may be as many as 381,000 nationally by 2030.

As in most developed countries of the world, the United States is home to a larger percentage of older women than men.[4] Tracking male and female age cohorts after age 50, the female population comprises a larger percentage of the total. For example, according to the year 2000 Census, women made up 58% of the population 65 and older and over 70% of those age 85 and older, as women outlived their male counterparts.

Race

In 2000, there were significantly more elderly whites than any other ethnic or racial group. Of the 34 million seniors, whites comprised roughly 84%, or 29 million of the whole. Blacks comprised 8% of this figure; Hispanics, 5.6%; and Pacific Islanders, just above 2%. Population projections for the year 2050 demonstrate how increased immigration and better access to medicine and health care among other ethnic groups may tip the percentage somewhat. Whites are projected to maintain the majority at 64%, elderly blacks will make up 12%, and the Hispanic elderly population will nearly triple, to 16% of the total.

Marital Status

One of the key indicators of well-being in the elderly population is marital status. Married couples are often able to care for one another in old age better and are usually more financially secure than single seniors. Elder couples can also help each other take care of everyday needs, allowing couples to more easily age in place. Married couples comprised about 57% of the population age 65 and older in 2000, although that number declined to about 50%

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[2] Ibid, page 18.
[3] *Older Americans 2000: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics. From www.agingstats.gov/chartbook2000/population.html April 19, 2004.

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[4] Ibid.

among couples over the age of 75.[5] Men are significantly more likely to remain married as they age: 75% of men 65 years or older were married in 2000, while only 42% of women in the same age group were married.

As they grow older, the numbers become more dramatic; the percentage of men age 75 and older that were married remained at around 74%, while the percentage of married women plummeted to 34%. This fact is partly attributable to the fact that women outlive their male counterparts. Female widowers age 65 and older comprised 45% of the elderly female population; by age 75 or older, that percentage increased to 70%. The percentage of divorcees was relatively low in 2000 with no age cohort, male or female, making up more than 8% of their respective populations. This may change in the coming years, due to a higher rate of divorce and an improved ability of individuals to age in place alone compared to previous years.

Household Types

Living arrangements among married and unmarried seniors is an important indicator when trying to ascertain the availability of aging in place care options for seniors. Many more older women live alone than men – in 1998, 41% of elderly women lived alone, compared to just 17% of men.

Among older men, the most common living arrangement is as a married couple living together, with 72% living with a spouse. For females, that number was the same as those living alone, 41%. Women living with other relatives and non-relatives made up less than

20% of the total population. Consequently, over two-fifths of all elderly women live alone

Educational Attainment

Educational attainment has a direct influence on socioeconomic status and thus could play a role in well-being at older ages. Tracking educational attainment since the 1950s, a pattern of ever-increasing achievement is evident. For example, in 1950 only 18% of those age 65 and older had a high school diploma, and only 4% had a bachelor's degree or higher. Twenty years later in 1970, those percentages increased to 27% with a high school diploma and 5.5% with a bachelor's degree or higher. In 2000, the percentage of seniors with a high school diploma was nearly 70%, while those with a bachelor's degree or higher was markedly higher at 15%.

Despite an overall increase in educational attainment in the United States, there are substantial educational differences among racial and ethnic groups. In 1998, about 72% of the non-Hispanic white population age 65 and older had finished high school, compared to 65% of the older non-Hispanic Asian and Pacific Islander population, 44% of the older non-Hispanic black older population, and 29% of the older Hispanic population.[6]

Income

Income distribution and poverty are important factors in determining quality of life and need for additional assistance for both housing and health programs. The poverty rate for those aged 65 and older is about 11% of the total elder population, with Americans age 75 years and

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[5] *Older Americans 2000: Key Indicators of Well-Being: Federal Interagency Forum on Age-Related Statistics*, April 2004, page 4.

[6] Ibid, page 5.

above making up an even greater percentage.[7] More women than men are living in poverty, and non-married persons significantly more so than married couples. In 2000, 17% of seniors living under the poverty line were unmarried. In 1998, divorced black women ages 65-74 had a poverty rate of 47%, one of the highest rates for any subgroup of older Americans.

In 1998, Social Security benefits provided about two-fifths of the income of older persons, and asset income, pensions and personal earnings each provided about one-fifth of total income. Among older Americans, Social Security reliance has an inverse relationship to income distribution. Those in the lowest quartile of income distribution rely heavily on social security, at 82% of their total income. Those in the third quartile still utilize Social Security benefits to provide 60% of their income.

Net worth (the value of real estate, stocks, bonds, and other assets minus outstanding debt) is typically higher in families headed by seniors with higher educational achievement. In 1999, heads of household age 65 and older with at least some college reported a median household net worth more than four times that of heads of household without a high school diploma. Net worth is also significantly higher in white households headed by older Americans than older black households. The median net worth of older black households was estimated in 1999 to be $13,000, compared to $181,000 among white households.[8]

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[7] The U.S. Census Bureau defines poverty as a threshold under which a family cannot provide adequate nutrition with pre-tax income for all members of the family. For more detail, see U.S. Census Bureau, Series P-60, number 207.
[8] *Older Americans 2000: Key Indicators of Well-Being.* The Federal Interagency Forum on Aging-Related Statistics. Accessed from www.agingstats.gov/chartbook2000/ population.html on April 19, 2004, page 6.

Housing

Seniors occupy a diverse range of housing types, although the standard is still owner-occupied, single family homes. Their choices for housing types are based on economic decisions and life circumstances, including long term home ownership, new retirement lifestyles, the disability or death of a spouse, and/or changes in financial well being, personal health and mobility.

According to the *Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century* (hereafter referred to simply as "the Commission"), just over 80% of senior households (21.4 million) rent or own a conventional home, as illustrated in Table 1. More than 70% live in private, market-rate, owner-occupied housing, while approximately 14% of elderly persons live in rental units (10% unsubsidized and 4% subsidized). Nine percent of the elderly population lives in supportive senior housing units, such as "skilled nursing" and "assisted living" situations. Only 4.2%, however, live in conventional nursing homes, including 1% of seniors age 65 to 74, 4% of those age 75 to 84, and 20% of those over the age of 85.

The Harvard Joint Center for Housing Studies reports in its projections that from 2000 to 2020, the number of senior households is expected to grow by nearly 53%. Owner-occupied households are expected to grow by more than 60% (from 18.3 million households in 2000 to 29.3 million in 2020) and renter-occupied households will increase by 22% (from 4.6 million in 2000 to 5.6 million in 2020). Housing ownership is expected to increase from 79% in 2000 to 83% in 2020, increasing the demand for housing that is already in short supply.

Table 1: Types of Housing Occupied by Elderly Residents in the United States, 2000

Type of Housing	Units w/ Elderly Residents (1,000's)	Percent	Elderly Residents (1,000's)	Percent
Units with Elderly Heads of Households	**24,114**	**92%**	**32,140**	**93%**
Owner-occupied	17,196	66%	24,216	70%
Renter-occupied (not subsidized)	3,011	11%	3,584	10%
Renter-occupied (subsidized)	1,216	5%	1,338	4%
Supportive senior housing	2,691	10%	3,002	9%
Units with Younger Heads of Household with at least one elderly resident	**2,166**	**8%**	**2,336**	**7%**
Total	**26,280**	**100%**	**34,476**	**100%**

Source: United States Census Bureau, Census of Population and Housing, 1990 and 2000.

Currently, age 65 and older households occupy 1.2 million rent-assisted units. In addition, however, there is an at-risk population of 7.1 million households (including both owners and renters) that are not receiving rental assistance but have been identified as having "priority" or "less serious" housing problems. According to the Commission, households with "priority" problems include those paying 50% or more of their monthly income on housing costs and/or occupying dwellings with severe physical problems. Households having "less serious problems" are defined as those paying 30% to 49% of their monthly incomes for housing costs and/or occupying dwellings with moderate physical problems.[9]

This translates into nearly six unassisted senior households with problems for every one existing rent-subsidized unit now occupied by a senior household.[10] With the current housing stock deteriorating, social security benefits shrinking, and the number of lower-income seniors increasing, the demand for rental assistance will increase dramatically over time.

There are a number of standards by which income distribution is calculated for the purpose of measuring housing problems and determining program eligibility. Some agencies and groups (including the Federal Department of Housing and Urban Development (HUD)) use a percentage of the Area Median Income (AMI). Others, including Medicaid, use variations of the Supplemental Security Income (SSI) eligibility levels, or the Federal Poverty Level (FPL), to determine program eligibility. Both measures are fraught with inadequacies and do not adequately reflect the vast differences at the local level.

Many seniors who are eligible for one type of assistance may not be eligible for the other, based on where they live in the nation or even within their home region. For example, in a high-cost neighborhood, many seniors may qualify for housing assistance but not for Medicaid, because the median incomes in those areas are quite high and do not compare well with the national SSI standard. Just as noteworthy are the percentage of seniors who have incomes just above these limits. A significant percentage of the nation's seniors have moderate incomes but do not qualify for

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[9] *A Quiet Crisis in America: A Report to Congress by the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century*, page 38.
[10] Ibid, page 37.

housing assistance or appropriate health and services assistance.[11]

For the non-renting majority, there is a desire to age in place for as long as possible. This presents a unique set of challenges, including finding enough accessible and affordable housing to accommodate nine million additional senior households. As these Americans grow older in their own homes, they will find themselves less and less physically and financially able to pay for improvements, accommodations or relocations.

Disabled Americans with special needs must be able to access services either at home or within close proximity of their homes. Seventeen percent of elderly homeowners report at least one type of physical or mental disability. For those with little equity, overwhelming housing problems, and physical disabilities, flexible forms of assistance specifically targeted to their needs will be essential if they hope to grow older at home.

A Quiet Crisis in America: A National Perspective

On October 20, 1999, Congress established the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century (hereafter the Seniors Commission), under the Mandates of Public Law 106-74.[12] The Seniors Commission was created to study the housing and health facility needs for current and future generations of seniors in America. A report published near the end of 2002, entitled *A Quiet Crisis in America* is a comprehensive compilation of data, testimony and research

surrounding the coming senior boom prepared by members of the Seniors Commission.

A Quiet Crisis in America identifies the dearth of affordable housing and access to services as the two most threatening problems facing American seniors in the coming years. Addressing these needs will require both public and private sector solutions. The Seniors Commission's report is based on extensive empirical and anecdotal data; therefore, those concerned with the coming boom will find it to be an indispensable resource.

The Seniors Commission believes that a comprehensive national policy for affordable housing, coordinated with health and supportive services, is urgently needed. Demand for existing facilities already outstrips supply, and the current pace of construction of new facilities will not meet future demand. Likewise, existing service programs are not well suited to handle current needs; in the coming decade when the senior population explodes, unless something is done, millions of seniors will be without adequate health and human services.

Currently, this lack of housing and services is leading to premature institutionalization of a significant population: "*If the situation is dire now, it will be desperate in 2020.*"[13]

The Seniors Commission was charged with multiple tasks, the first being the "*compilation and interpretation of information regarding the expected increase in the population of persons 62 years of age or older, particularly information regarding distribution of income levels, home ownership and home equity rates, and the degree or extent of health and independence of living.*" The Commission's other tasks included:

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[11] *A Quiet Crisis in America: A Report to Congress by the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century*, page 36.
[12] Ibid.

[13] Ibid, page 18.

- Estimating the future needs of seniors for affordable housing and assisted living and health care facilities;

- Comparing an estimate of such future needs with an estimate of the housing and facilities expected to be provided under existing public programs, and identifying possible actions or initiatives that would assist in providing affordable housing and assisted living and health care facilities to meet these needs;

- Identifying and analyzing ways to encourage increased private sector participation, investment, and capital formation in affordable housing and assisted living and health care facilities for seniors through partnerships between public and private entities and other creative strategies;

- Analyzing the costs and benefits of comprehensive aging-in-place strategies, taking into consideration physical and mental well-being and the importance of coordination between shelter and supportive services;

- Identifying and analyzing methods of promoting a more comprehensive approach to dealing with housing and supportive service issues involved in aging and the multiple governmental agencies involved in such issues, including the Department of Housing and Urban Development and the Department of Health and Human Services; and,

- Examining how to establish intergenerational learning and care centers and living arrangements, in

particular to facilitate appropriate environments for families that consist only of children and a grandparent or grandparents who are the head of household.

The Commission's study concluded that there is a major crisis looming in the near future for America. Committed investment in affordable housing has declined over the past three decades, and resources devoted to home and community-based services pale in comparison to resources dedicated to facility-based, skilled nursing care. Commission research based on U.S. Census and American Housing Survey data shows that almost half of seniors today are likely to have a low-income (under 50 percent of area median income), and one-third of those seniors pay more than 50 percent of their income for housing.

Additionally, the report concludes that the level of public and private investment in affordable housing has been inadequate for the past quarter century, noting that "neither market incentives nor political imperatives have generated sufficient public or private investment to meet even today's need." Rising property taxes and maintenance costs threaten to push seniors out of their homes, and rising health care and prescription drug costs require seniors to work later into their "golden years" than in the past.

Seniors may face declining health, including the loss of ability to care for themselves and to live independently. They may live alone, lack family support, be unable to drive, be isolated from services they need, suffer disabilities that confine them to home, or be unable to enjoy friends and social interactions so vital to their sense of dignity and well-being.

> **A Vision for America**: *"The Seniors Commission believes that all older Americans should have an opportunity to live as independently as possible in safe and affordable housing and in their communities of choice… No older person should have to sacrifice his or her home or an opportunity for independence to secure necessary heath care and supportive services."*
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> **Source:** *A Quiet Crisis in America: A Report to Congress on Affordable Housing and Health Care Facility Needs for Seniors in the 21st Century*. Washington, DC, 2002.

these two distinct yet interrelated needs of seniors, housing and health care.

From its initial charge, Congress asked the Seniors Commission to undertake the following tasks in order to frame their final recommendations:

- Assess the existing federal role in senior housing, health, and supportive services;

- Explore means for Federal, State and local governments to coordinate resources through joint collaboration;

- Encourage public-private partnerships (with proprietary and non-profit groups) to address capital formation issues for seniors' housing with a health care infrastructure;

- Educate the public and private sectors on seniors' capital housing and health care needs;

- Craft or develop new models and approaches to delivering senior housing linked to shelter and services;

- Develop strategies to make better use of single-family housing as a long term care resource (most seniors reside in their own homes, and accessible features will influence their ability to age in place and affect the cost of care-giving); and,

- Explore the financing strategies that can be employed to promote supportive housing and aging in place through home and community-based services.

While medical advances continue to increase life expectancy, the cost of medical insurance, long-term care, medications, and other support for later life needs to be within reach of seniors' ability to pay. Many seniors will spend most of their available resources to meet their personal care and health needs until, impoverished, they meet Medicaid eligibility requirements.

A Vision for America

The Vision Statement of *A Quiet Crisis* calls for the end of the disconnect between housing and health services for seniors, advocating coordination among Federal, State and local agencies in order to clarify language, share experiences and recruit professionals, policymakers, academia and the media.[14] The report also calls for the coordination of financing between housing and services, and a comprehensive restructuring at both legislative and administrative levels to finally coordinate

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[14] Excerpts taken from *A Quiet Crisis in America: A Report to Congress by the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century*, 2002.

Report Recommendations

A Quiet Crisis makes five recommendations, all dealing with increasing the affordability, flexibility, and livability of housing and services for seniors. These recommendations include the following:

1. **Preserve the existing housing stock.** The Senior Commission's first recommendation is for the United States to preserve what it has. Seven specific recommendations fit under this heading, encouraging the preservation, renovation, and refinancing of existing affordable and public housing projects and their potential conversions to service-enriched housing.

2. **Expand the production of a variety of housing types and supportive housing as well as rental assistance and home- and community-based service programs**. A housing crisis is on the horizon, and more housing units must be created in response. The Commission recommends the production of a variety of housing types in urban, suburban and rural areas, servicing persons of low, moderate, and middle incomes. Alternatives should range from single-family homes to service-enriched senior apartments to continuing care retirement communities.

3. **Link shelter and services to promote aging in place.** In the area of long-term care services, public programs must move away from institutionally based models of service delivery. Seniors want choices in the services they receive. Public programs must provide services

that are based on the needs and preferences of the individual. The recommendations urge Congress to direct the General Accounting Office to evaluate interdepartmental operations between HUD and HHS and provide recommendations on how to more effectively coordinate their programs for seniors. These recommendations also urge Congress to help facilitate safe environments for grandparents raising grandchildren and call for improving transportation options and accessibility for seniors with limited mobility.

4. **Reform existing federal financing programs to maximize flexibility and increase housing production and health and service coverage.** *Government Sponsored Enterprises* (GSEs) are the backbone of a housing system that has led to 68% of all Americans owning their own homes. Along with HUD, they should be major players in expanding housing and care facilities, particularly for seniors with incomes between 30% and 80% of the Area Median Income—a market segment with far too few options. Joined with Medicaid and Medicare, they can help meet the housing and service needs of many of the most needy seniors.

5. **Create and explore new housing and service programs, models, and demonstrations.** Yesterday's demonstration and pilot programs often become today's most successful approaches to the delivery of service-enriched housing for seniors. Principle Five is addressed by 11 specific recommendations that include creating a

clearinghouse of information about state Medicaid programs that deliver home- and community-based services and a national database of senior housing, encouraging the broader implementation of the Programs of All-Inclusive Care for the Elderly (PACE) model, developing enhanced private sector and rural housing programs, and creating an incentive for the purchase of long-term care insurance.

For more information on *A Quiet Crisis in America*, or to obtain a copy, please see their website, at www.seniorscommission.gov.

The Local Picture: A Quiet Crisis in the Delaware Valley

Ascertaining the ratio of older residents to working age residents is important for municipal officials when planning for local service provision. Understanding the "where" and "how many" questions are an important aspect of providing services and care for older residents.

This section provides a glimpse at the characteristics of the Delaware Valley's current and forecasted elderly population. For a more detailed profile of the region's elderly and near-elderly, see DVRPC's Analytical Data Report #13: *The Aging of the Boomers: Regional Elderly and Near-Elderly Population Characteristics* (November 2006).

Growth of the Elderly Population in the Delaware Valley

Trends in the Delaware Valley's elderly population mirror those of the nation. In 2000, the percent of the population age 65 and older in the Commonwealth of Pennsylvania (15.5%)

was above the national average of 12.4%, while New Jersey's share (at 13.3%) was also just above the national average.[15] According to the 2000 Census, the Commonwealth of Pennsylvania had the third highest proportion of elderly residents in the country, trailing only Florida and West Virginia. At 19th, New Jersey ranks lower, but ranks 9th if the people over the age of 60 are counted. Statewide, the number of people over the age of 60 in New Jersey grew by 3.5% between 1990 and 2000 to 1.4 million, and is expected to climb to 2.4 million by 2025.

Regionally, growth of the elderly population is expected to increase significantly in the future as the region's baby boomers begin to turn 65, starting as early as 2011. Figure 2 illustrates the steady growth of the elderly population in the Delaware Valley between 1970 and 2000, and expected growth through 2025.

Table 2 documents growth in the elderly population between 1970 and 2000. The region's elderly population increased by 46% during these decades despite an overall

Figure 2: Persons 65 Years and Older, Delaware Valley Region, 1970-2025
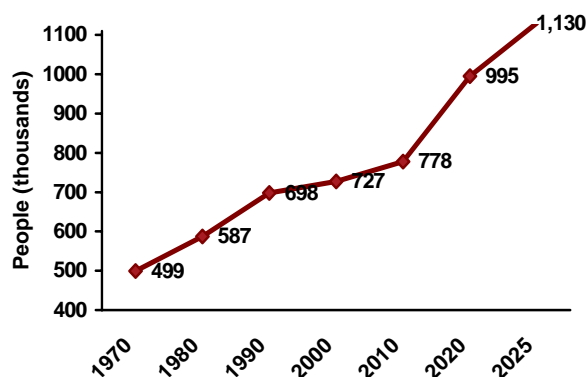
Source: US Census Bureau, DVRPC forecasts (revised to reflect 2000 census data).

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[15] Ibid, page 2.

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Table 2
Growth of the Elderly Population in the Delaware Valley, 1970 – 2000

County	Residents over the age of 64, 1970	Residents over the age of 64, 1990	% change in elderly, 1970-1990	% change in total population, 1970-1990	Residents over the age of 64, 2000	% change in elderly, 1990-2000	% change in total population, 1990-2000	% change in elderly population, 1970-2000	% change in total population, 1970-2000
Bucks	25,540	58,912	131%	30%	74,094	26%	10%	190%	43%
Chester	21,620	40,977	90%	35%	50,677	24%	15%	134%	56%
Delaware	59,039	84,932	44%	-9%	85,669	1%	1%	45%	-9%
Montgomery	61,093	101,993	67%	9%	111,797	10%	11%	83%	20%
Philadelphia	228,148	240,714	6%	-19%	213,722	-11%	-4%	-6%	-22%
5 PA Counties	*395,440*	*527,528*	*33%*	*-4%*	*535,959*	*2%*	*3%*	*36%*	*-1%*
4 Suburban PA counties	*167,292*	*286,814*	*71%*	*12%*	*322,237*	*12%*	*9%*	*93%*	*21%*
Burlington	19,279	42,188	119%	22%	53,218	26%	7%	176%	31%
Camden	41,161	61,191	49%	10%	63,769	4%	1%	55%	12%
Gloucester	13,295	24,761	86%	33%	29,678	20%	11%	123%	48%
Mercer	29,603	42,229	43%	7%	44,140	5%	8%	49%	15%
4 NJ Counties	*103,338*	*170,369*	*65%*	*16%*	*190,805*	*12%*	*6%*	*85%*	*22%*
9-County DVRPC Region	*498,778*	*697,897*	*40%*	*1%*	*726,764*	*4%*	*4%*	*46%*	*5%*
8 Suburban DVRPC Counties	*270,30*	*457,183*	*69%*	*13%*	*513,042*	*10%*	*8%*	*90%*	*22%*

Source: United States Department of Commerce, Bureau of the Census: 1970, 1990, and 2000 Census of Population and Housing. "4 Suburban PA counties" and "8 Suburban DVRPC Counties" do not include Philadelphia.

population increase of only 5% during the same time period. This disparity is even more pronounced in the region's eight suburban counties, where the elderly population grew by 90% between 1970 and 2000 compared to an overall population increase of 22%.

Map 1 illustrates the growth of the elderly population by municipality between 1990 and 2000. Many suburban communities, particularly in Bucks, Chester, and western Delaware County, realized increases of 50% or more in their elderly populations. Municipalities that showed a decline in elderly residents were generally core cities, boroughs, and older suburbs that realized an overall population loss during this decade.

Table 3 (page 16) describes forecasted elderly population growth by county through 2025. Based on DVRPC population forecasts, many of the region's counties will experience a doubling or more of their elderly population by 2025. Pennsylvania, Bucks and Chester Counties will continue to see the most rapid maturation. Elderly residents are expected to account for over 21% of the population in each of these two counties by 2025, up from 12% in 2000. In New Jersey, Burlington County will see the most dramatic demographic shift, with the elderly population climbing from 53,000 in 2000 to over 107,000 by 2025. By 2025, almost 1 in 5 of the region's residents will be over the age of 65.

The Delaware Valley's Current Elderly and Near-Elderly Population

The 9-county Delaware Valley region was home to over three-quarters of a million elderly in 2000. Map 2 (page 17) illustrates the absolute number of elderly residents by municipality for the Delaware Valley region in 2000, while Map 3 (page 18) depicts the percent of the resident

population that is age 65 and older. Appendix A provides municipal-level elderly population data.

Over 29% of the region's elderly and near elderly population lived in New Jersey, while almost 71% lived in Pennsylvania. As of 2000, Philadelphia County had the largest portion of the region's population over age 65, with 28% of the total. With 15%, Montgomery County was home to the second largest share of older residents, followed by Delaware County, home to 12% of the region's seniors, and Bucks County, with 10%. With 16% of its population over the age of 65, Delaware County has the greatest proportion of elderly residents, followed closely by Montgomery and Philadelphia.

Table 4 (page 16) identifies municipalities with the most significant elderly populations, both by absolute number and by percentage. Places with the greatest absolute number of elderly residents are generally in the region's older, most heavily populated counties. Communities with the greatest percentages of elderly, however, include many growing suburban townships. For example, Mansfield Township's (Burlington County) 1,623 seniors comprise 32% of the municipality's total population—nearly twice the concentration of Philadelphia, yet in raw numbers far fewer people.

Similarly, Southampton Township (Burlington County); Middletown Township (Delaware County); Pennsbury Township (Chester County) and Telford and Doylestown Boroughs (Bucks County) each have elderly populations that comprise at least 25% or more of their total population. This data includes people living in group-quarters, and many of the communities with high percentages of elderly residents are home to nursing homes, assisted care facilities, or retirement communities.

PERCENT CHANGE IN
ELDERLY POPULATION 1990-2000

MAP 1

PERCENT

	Loss of elderly
	0 - 14.9%
	15 - 29.9%
	30 - 49.9%
	50% or more

MERCER

BURLINGTON

BUCKS

CAMDEN

GLOUCESTER

PHILADELPHIA

MONTGOMERY

DELAWARE

CHESTER

N

0   2.5   5   10
Miles

DELAWARE VALLEY
REGIONAL PLANNING COMMISSION
JUNE 2004

Source: US Census Bureau
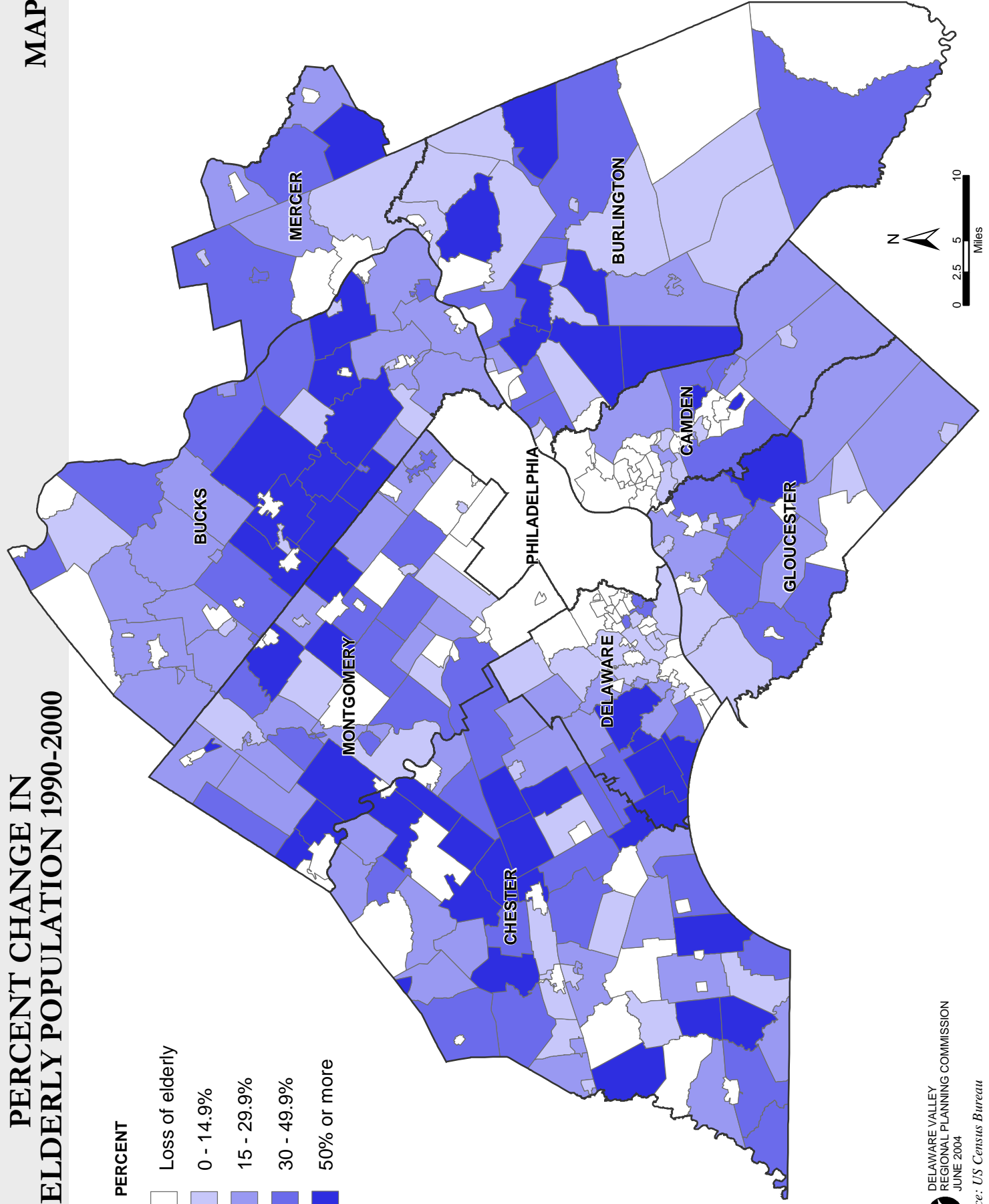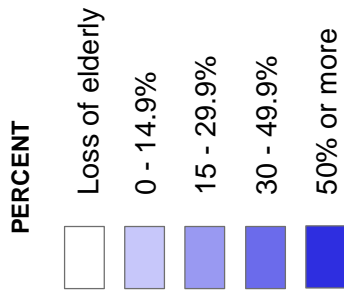
Table 3: Elderly Residents by County, 2000-2025

County	2000	Percent of total pop.	2010	Percent of total pop.	2015	Percent of total pop.	2020	Percent of total pop.	2025	Percent of total pop.
Bucks	74,282	12%	92,105	14%	110,923	16%	136,348	19%	160,675	22%
Chester	51,056	12%	64,745	13%	79,534	16%	98,929	19%	117,130	21%
Delaware	85,743	16%	85,571	16%	89,923	17%	98,859	18%	108,995	20%
Montgomery	111,883	15%	123,228	16%	138,230	17%	159,870	19%	180,725	21%
Philadelphia	214,144	14%	194,557	13%	198,506	13%	212,581	14%	227,508	15%
PA Counties	*537,108*	*14%*	*560,206*	*14%*	*617,116*	*15%*	*706,587*	*17%*	*795,033*	*19%*
Burlington	53,242	13%	66,102	15%	77,126	16%	91,918	19%	107,394	21%
Camden	63,654	13%	68,673	13%	75,651	15%	86,561	17%	99,208	19%
Gloucester	29,568	12%	35,073	13%	40,522	14%	48,505	16%	57,989	18%
Mercer	43,902	13%	47,879	13%	53,093	14%	61,034	16%	70,357	17%
NJ Counties	*190,366*	*12%*	*217,727*	*13%*	*246392*	*15%*	*288,018*	*17%*	*334,948*	*19%*
Region	*727,474*	*14%*	*777,933*	*14%*	*863,508*	*15%*	*994,605*	*17%*	*1,129,981*	*19%*
Sources: United States Census Bureau (2000), Delaware Valley Regional Planning Commission (forecasts)										

Table 4: Municipalities Ranked by Number and Percent of Elderly Residents, 2000

	By absolute number of elderly			By elderly as a percent of the total pop.		
	Municipality	County	Number	Municipality	County	Percent
1	Philadelphia City	Philadelphia	213,722	Pine Valley Borough	Camden	40%
2	Hamilton Twp.	Mercer	13,623	Mansfield Twp.	Burlington	32%
3	Upper Darby Twp.	Delaware	11,201	Southampton Twp.	Burlington	32%
4	Lower Merion Twp.	Montgomery	11,043	Middletown Twp.	Delaware	29%
5	Abington Twp.	Montgomery	10,699	Pennsbury Twp.	Chester	28%
6	Trenton City	Mercer	9,716	Telford Borough (part.)	Bucks	26%
7	Haverford Twp.	Delaware	8,741	Doylestown Twp.	Bucks	25%
8	Bristol Twp.,	Bucks	7,046	Washington Twp.	Burlington	24%
9	Cheltenham Twp.	Montgomery	6,873	Elverson Borough	Chester	24%
10	Bensalem Twp.	Bucks	6,402	Springfield Twp.	Montgomery	23%
11	Camden City	Camden	6.090	Lower Gwynedd Twp.	Montgomery	23%
12	Gloucester Twp.	Camden	6,052	Marple Twp.	Delaware	22%
13	Mt. Laurel Twp.	Burlington	5,905	Newtown Twp.	Delaware	22%
14	Middletown Twp.	Bucks	5.749	West Rockhill Twp.	Bucks	21%
15	Ewing Twp.	Mercer	5,631	Edgmont Twp.	Delaware	21%
Source: Delaware Valley Regional Planning Commission, January 2007.						

TOTAL RESIDENTS AGE 65 AND OLDER

MAP 2

TOTAL POPULATION

- Less than 250
- 250 - 499
- 500 - 1,099
- 1,100 - 2,499
- 2,500 or more

MERCER

BURLINGTON

BUCKS

CAMDEN

PHILADELPHIA

GLOUCESTER

MONTGOMERY

DELAWARE

CHESTER

N

0 2.5 5 10
Miles
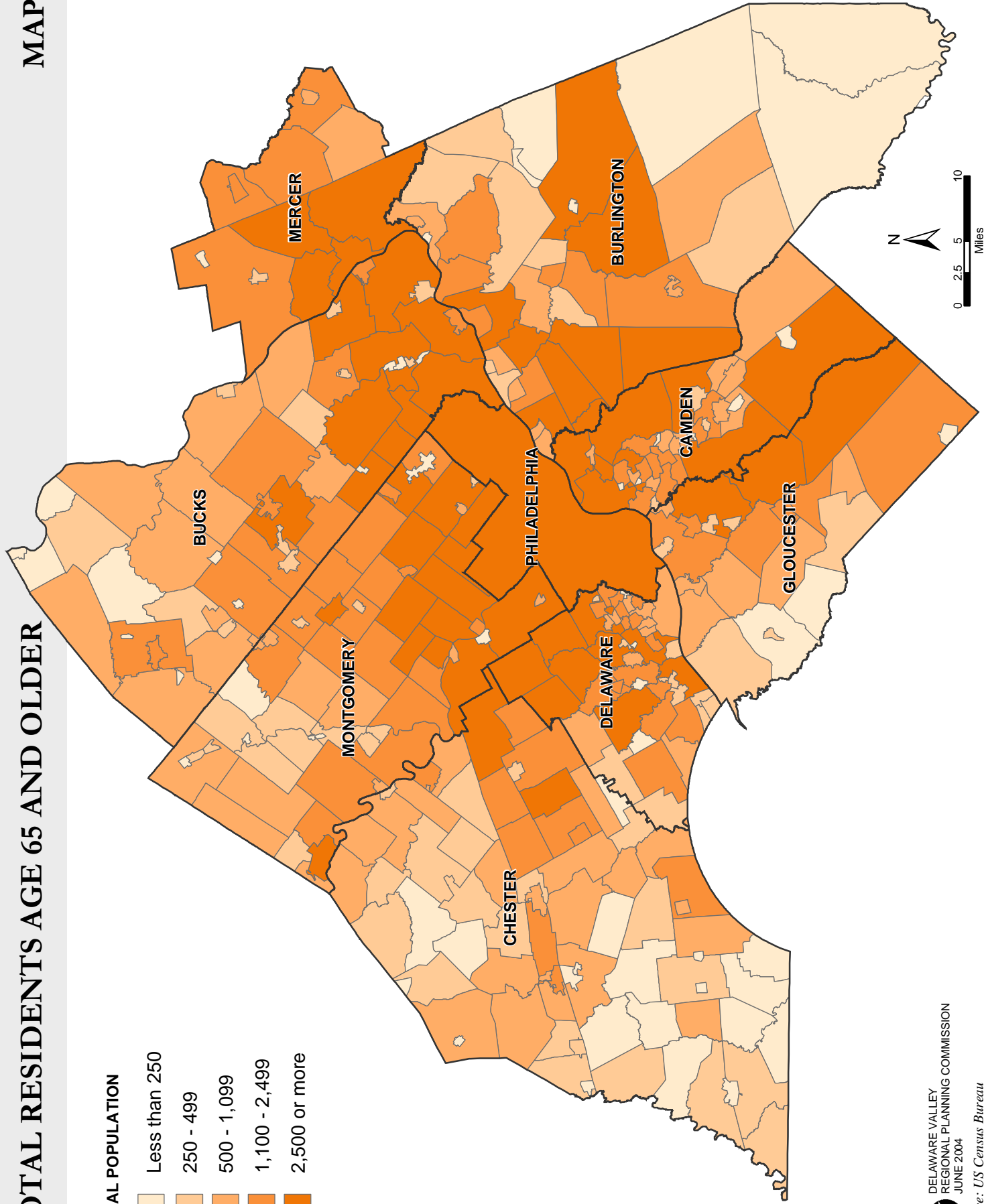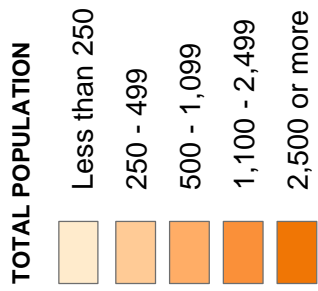
PERCENT OF RESIDENTS AGE 65 AND OLDER

MAP 3

PERCENT

- Less than 10%
- 10.0 - 11.9%
- 12.0 - 13.9%
- 14.0 - 15.9%
- 16.0% or more

MERCER

BURLINGTON

BUCKS

CAMDEN

PHILADELPHIA

GLOUCESTER

MONTGOMERY

DELAWARE

CHESTER

N

0 2.5 5 10
Miles

Table 5 lists the municipalities with the highest concentrations of elderly residents per square mile. Concentrations of elderly residents are generally found in the cities and boroughs as well as the older, first ring suburbs. Delaware, Camden, Mercer and Montgomery counties have particularly high concentrations of elderly. While these high concentrations present challenges to local service providers (particularly in the region's smaller boroughs), they also provide an opportunity for improved coordination between service organizations and agencies.

Socio-economic characteristics of the Delaware Valley's elderly population generally mirror national trends. According to the 2000 Census, for example, the ratio of females to males 65 and older in the Delaware Valley region is approximately 3:2, or 60% female and 40% male.

Table 5: Municipalities with the Highest Density of Elderly Residents, 2000

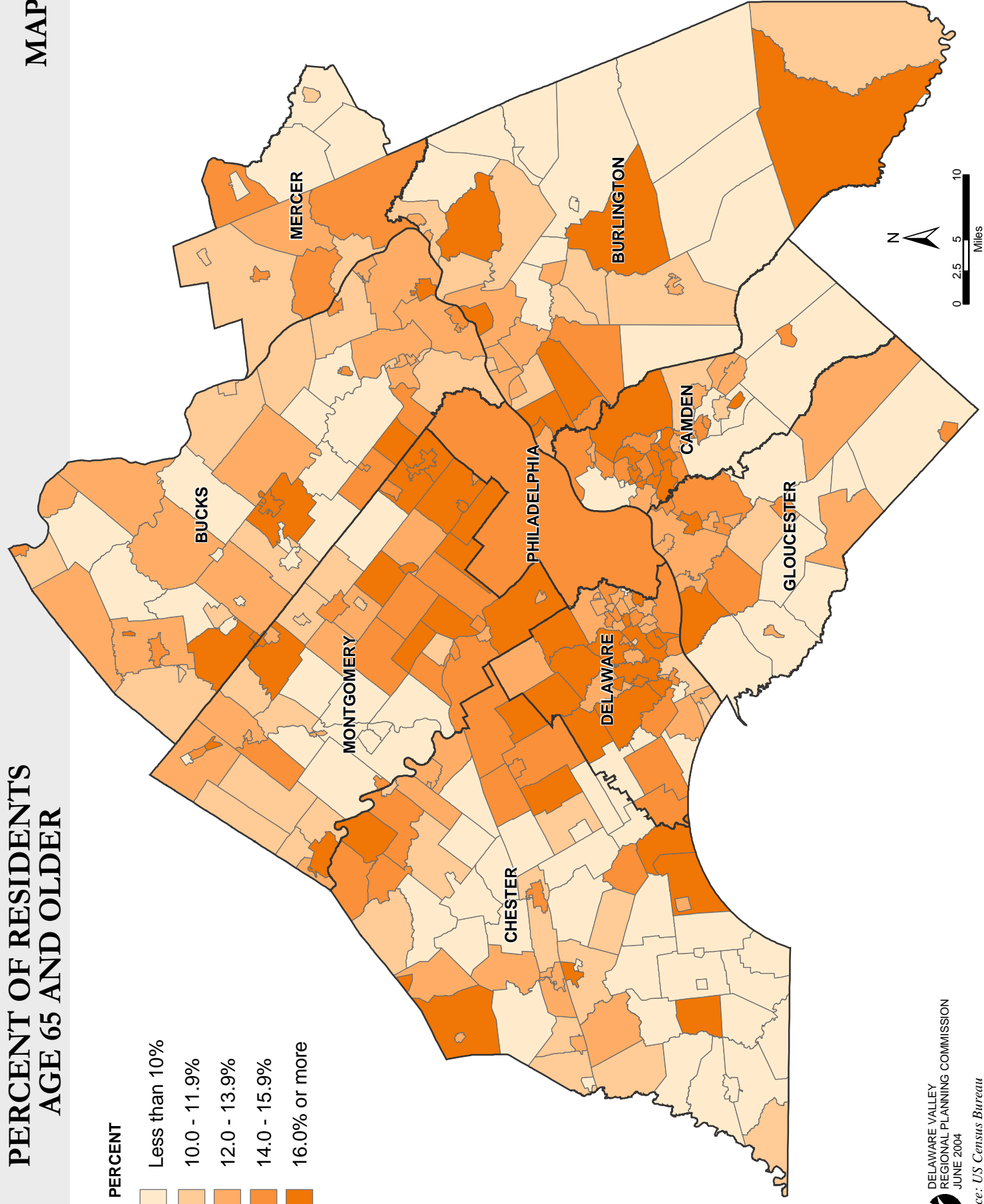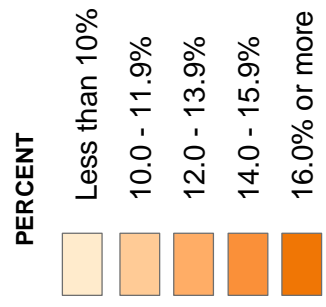|	By density of elderly residents		
	Municipality	**County**	**Elderly/acre**
1	Ridley Township	Delaware	7.78
2	East Lansdowne Boro.	Delaware	2.75
3	Darby Borough	Delaware	2.66
4	Jenkintown Borough	Montgomery	2.55
5	Clifton Heights Boro.	Delaware	2.51
6	Philadelphia City	Philadelphia	2.34
7	Media Borough	Delaware	2.34
8	Parkside Borough	Delaware	2.33
9	Upper Darby Township	Delaware	2.25
10	Ambler Borough	Montgomery	2.08
11	Collingdale Borough	Delaware	2.00
12	Lansdowne Borough	Delaware	1.99
13	Prospect Park Boro.	Delaware	1.90
14	Audubon Park	Camden	1.88
15	Trenton City	Mercer	1.87
Source: DVRPC, January 2007.			

In general, higher percentages of the suburban population age 65 and older live below poverty than those under the age of 65. The exceptions are in the region's small cities and oldest suburbs, where concentrations of poverty across all ages result in higher percentages of younger people living below poverty. Predictably, a householder's income generally rises with age before peaking between their mid-40's and early 50's and then falling dramatically over the age of 65. In each of the region's nine counties, householders over the age of 65 earn well below the 80% of median income considered to be the threshold for "moderate income" households.

The average householder over the age of 75 earns less than 50% of the area's median (the threshold for "low income") in every county except Philadelphia and Delaware, where the median income is generally lower overall due to concentrations of low income people of all ages. Less available income can significantly impact the ability of senior citizens to cope with the rising cost of essential goods and services, including housing, health care, transportation, and energy.

As is the trend nationally, higher percentages of elderly households own their own homes as compared to their younger counterparts. Region-wide, 70% of occupied households are owner-occupied, but among elderly households the homeownership rate increases to 78%. Many of these elderly homeowners may eventually find themselves unable to maintain their homes, either physically or financially. Others may struggle to meet everyday costs (such as energy and health care), despite having significant equity in their homes.

As is the norm nationwide, elderly homeowners in each of the nine counties pay more of their

income towards housing costs (whether they be owners or renters) than do younger heads of household. This is predictable, as their incomes decline or become fixed while costs continue to escalate.

Summary

Today's seniors can expect to live longer than previous generations. It is imperative that both the elderly and near-elderly themselves, as well as the region's planners and service providers, plan accordingly. Based on information from the previous chapter, key points that service providers and planners need to keep in mind include the following:

- The fastest growing population cohort is currently those age 65 and older, and growth of the elderly population is expected to increase significantly in the future as the region's baby boomers begin to turn 65, starting as early as 2011.

- Among the elderly, the number of people aged 85 and older will also increase dramatically in the future, impacting health care and social service delivery.

- Seniors are more likely to live alone, impacting both their available income and their general quality of life.

- Seniors are more likely to have at least one disability that will increase their need for services but also impede their ability to access these necessary services.

- Women continue to outlive men, leaving many elderly women to live alone on a single income.

- Seniors have lower incomes and are more likely to live in poverty than younger households.

- Many of the region's elderly are likely to be homeowners living in single-family homes in the region's suburban communities.

- Senior renters, particularly those age 75 and older, pay more of their income towards housing costs than do younger renters, with up to half or more of their income dedicated to paying the rent.

- Elderly homeowners also pay more of their income towards housing, and even those with higher incomes will likely struggle to keep up with rising property taxes and energy costs.

20

As they approach their "golden years," the nation's baby boomers are different from previous generations of elderly. Not only are there more of them than ever before, but they also are more diverse and mobile and expect a range of options that will keep them independent and out of nursing homes for as long as possible.

According to a recent survey by the American Association of Retired Persons (AARP), eight in ten baby boomers want to stay in their homes and close to their family and friends for as long as possible (commonly referred to as aging in place). Other studies have likewise concluded that although many seniors do not necessarily want to stay in their current house, the majority are reluctant to leave the communities where they have lived most of their lives and raised their families.

Beyond this preference for aging in place, there are many reasons for encouraging older persons to remain in their own homes. Studies have demonstrated that enabling older adults to age in place by providing the necessary personal and community support and services is much more cost-effective than providing services in alternative living situations, such as nursing homes or assisted care facilities.[16] Nursing homes are an expensive way of delivering services, and also tend to propel people into the system when they may not yet require such intense care.

By supporting and facilitating aging in place, communities as well as their senior residents will benefit. Seniors often remain active in civic

affairs and act as mentors and volunteers. "Partners for Livable Communities", a national non-profit group, estimates that 45% of people over the age of 65 volunteer at least once a year, donating 1.8 billion hours worth almost $23 billion.[17]

Successful aging in place requires re-thinking the way that federal, state and local governments as well as the private sector approach the monumental task of meeting the needs of the elderly in coming decades. Currently, for example, only 17% of Medicaid dollars go toward programs that help keep people out of nursing homes – the rest goes for nursing home care, despite a clear preference by a majority of the elderly to remain in their homes.[18]

Challenges to Aging in Place

The majority of the Delaware Valley region's elderly and near-elderly residents are living in single-family, owner-occupied suburban housing units. As the region's senior citizens age in place over the coming decades, however, there will be a sharp increase in those requiring extra services to carry on with daily activities, and their dispersion across the suburbs will make accessing those services difficult.

Housing Choice

The suburbs offer a limited number of housing choices, with a predominance of large, single-family homes designed for families, not for older couples and "empty-nesters". Ironically, this

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[16] Partners for Livable Communities, www.livable.com, Aging in Place Initiative.

[17] *Boomer Home-Bodies: Accommodating Those who Age in Place.* November 2004.
[18] *Aging Baby Boomers: Ready or Not, Here They Come*, June 2006.

design was largely fueled by the desires of baby boomers in their thirties and forties – the same generation that now wants to live out their remaining years in these same suburban locations. Local zoning regulations in many of these communities make it difficult to develop viable alternatives for seniors looking for smaller, more accessible alternatives, such as apartment complexes, accessory apartments, or denser homeownership developments, with smaller units on small lots clustered around shared open spaces.

Housing Maintenance

Additionally, the houses occupied by many seniors are aging themselves, and will require regular (and sometimes costly) maintenance and repair. Surveys have shown that one of the biggest obstacles to aging in place is the ability of elderly homeowners to keep up with home repair and maintenance. This inability may be related to not being physically able to do the work, not being able to afford the cost, or, if they can afford to have the work done, not being able to find a company or individual that could be trusted to provide quality service at a fair price.[19]

Accessibility

Large-lot, over-sized suburban homes that more than met the needs of their families will also eventually present physical challenges to their aging owners. Suburban homes typically have narrow hallways, lots of stairs, and appliances that may be out of reach in their owner's later years. Simple domestic chores, such as taking out the trash or getting the mail, may become challenging, while other more physically demanding but necessary tasks, such as yard

maintenance and snow removal, may become impossible.

Community Challenges

These challenges extend outside their homes into the neighborhoods as well. Many suburban developments, if they have sidewalks at all, have sidewalks that lead nowhere, not to necessary services or public transit. Many communities are pedestrian-hostile (as opposed to pedestrian-friendly), with poor lighting; a lack of benches for resting and other amenities; poorly defined crosswalks; and signals that are not timed in such a way as to allow a slower walking elderly person (or a slower-walking younger person, for that matter) to safely cross the street.

Safety

Another challenge to seniors hoping to age in place is related to safety and security, either perceived or real. Older neighborhoods inhabited by aging baby boomers that were once vital may begin to decline, raising concerns about safety and security. Perceived crime or safety issues may also deter seniors from considering otherwise viable housing alternatives in many of the region's cities and older suburbs.

Transportation

The transportation challenges facing the region's senior citizens were discussed in detail in DVRPC's previous report, entitled *Getting Older and Getting Around*.[20] Local zoning practices that encourage the segregation of residential

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[19] *The Needs of Older Adults in Atlanta: Present and Future,* page 2.

[20] DVRPC, *Getting Older and Getting Around: Aging and Mobility in the Delaware Valley.* Report # 99015, December 1999.

and commercial uses have made it nearly impossible to access necessary services from suburban homes by any means other than an automobile. A common assumption is that the elderly will use public transit once they cannot drive; then walk once they are unable to use public transit; and, finally, use paratransit or other specialized services once they are unable to walk longer distances.

This presumed "hierarchy," however, is largely incorrect. Driving is more often than not the easiest way to get around, and the elderly are much more likely to either drive or be driven than to access transit or walk to a bus stop. The aging baby boomers, in particular, grew up during the "car culture" of the 1950's to 1970's, and view driving as an integral part of their lifestyle.

Rather than giving up driving entirely, many seniors who drive often change their habits as their ability to drive becomes impaired. Seniors may give up driving at night or driving to certain, congested places, for example, long before they stop driving completely. This may mean that although they can still shop and access basic necessities such as health care services, they may be forced to give up volunteering, church going, or socialization. While not essential, these compromises often negatively impact their quality of life, leading to isolation and depression.

Economics

Finally, a critical issue facing aging baby boomers involves economics. While the baby boomer generation is on average wealthier than any previous generation, many elderly homeowners have the majority of their assets tied up in equity in a large home. Local property taxes in this region, already among the highest in the nation, continue to rise, and will place an increasing burden on senior homeowners as their income declines after retirement. The skyrocketing cost of gasoline has and will continue to impact elderly residents who depend on their automobile but are living on fixed incomes.

As health care, prescription drug, energy, and transportation costs increase, the share of a senior's income that can be devoted to housing dwindles. Coupled with rising property taxes and utility costs, these costs can severely impact the ability of elderly people to maintain an acceptable quality of life.

Alternatives to Aging in Place

The majority of today's seniors want to stay in their homes for as long as possible, often well into their late 70's or 80's. Some, however, are anxious to move from a large home that no longer meets their physical needs or that they can no longer afford, but want to stay within the general area. In their cases, one option may be to move to a more manageable apartment or other multifamily complex located nearby, if available. Others, however, will need to relocate a significant distance away, often to be closer to their adult children or other close relatives.

A major impediment to seniors searching for alternative housing is the lack of accessible and affordable alternatives, ranging from affordable single-family units that offer limited services to retirement communities offering a full range of services. Other challenges include difficulty in obtaining information on services that may be available to them and the spiraling cost of other necessities (such as health care services, medication, transportation, and energy), that in

turn impacts their ability to afford quality housing.

As this next generation of elderly has changed, so too has their list of desired amenities when considering available housing options. Features that today's seniors are looking for include:

- affordability;
- security;
- designs that consider the needs of the less mobile, with no steps to the front doors; well-lit interior and exterior spaces; wide hallways; and bathrooms and kitchens designed for eventual wheelchair or walker use;
- attached garages;
- smaller but more usable spaces;
- communities that maintain privacy while simultaneously providing necessary support and services;
- developments that foster a sense of "community," to help ward off depression, boredom, and isolation; and,
- for baby boomers in particular, amenities such as walk-in closets, state-of-the-art kitchens, whirlpools, and fireplaces.

Some alternative housing choices available to seniors include the following:

Age-restricted communities

Age-restricted communities are similar to other traditional neighborhoods or developments, but are restricted to people of a specific age range (usually 55 and older). Today's retirement communities are often marketed toward older but still active adults, and offer amenities such as golf, tennis, a swimming pool and spa, exercise rooms, and a variety of clubs and community activities. Most offer smaller

accessible units for ownership on small lots, with space reserved for community uses.

Growing suburban townships often welcome these communities, given that they have little if any impact on the local school system. The younger "active" senior residents currently flocking to these developments require fewer public services than the true elderly (over age 65) while still contributing to the municipal tax base, since many of the residents are still in the workforce.

As these communities have only recently gained popularity, the long-term impacts of these concentrations of older adults on suburban communities as their residents reach true elderly status is yet to be determined. The benefits and disadvantages of encouraging age-restricted development as opposed to traditional market housing has been and will continue to be debated.

Age-restricted communities can be either affordable or upscale, such as this unit at Hearthstone at Wedgewood (by Ryan Homes) located in Winslow Township (Camden County, New Jersey). Photo from http://www.activeadult housing.com/communities/c_hearthstoneatwedgewood0 1.htm.

Senior Co-Housing

Co-housing refers to tailor-made neighborhoods developed with input from a core group of like-minded residents who buy their homes before construction begins. Inter-generational co-housing communities have been around since 1991; according to the national Co-housing Network, there are now 82 such communities nationwide. While popular in Europe, the idea of senior co-housing, designed by and for the elderly, has only recently taken hold in the United States. The first senior co-housing community opened in early 2006 in Davis, California, and another is nearly complete in southwest Virginia.

Shared senior co-housing provides supportive communities that also maintain each individual household's privacy. Co-housing developments typically have between 15 and 40 housing units, clustered to save land and maintain affordability. Units are 10 to 15% smaller than traditional single family units, with the saved space used to provide shared spaces such as a dining halls, meeting rooms, guest rooms, and workshops. These shared spaces are centrally located, sometimes under the same roof as the units.

Glacier Circle, located in Davis, has only eight units clustered around a central common area. Parking is located along the periphery, easily accessed from each unit. The housing design takes into consideration the needs of seniors, having no front steps, well-lit interior and exterior spaces, and full handicap accessibility. Based on input from the residents, the development also includes a small affordable apartment, used by a live-in attendant who cooks three dinners a week in the common dining space and maintains the common facilities.

Site Plan for Glacier Circle, a senior co-housing community designed and developed based on input from prospective elderly residents in Davis, California (from the website http://abrahampaiss.com/ElderCohousing/GlacierCircle.htm).

The value of these co-housing developments lies not only in the design of the complex, but also in the social connections among the residents. While many seniors cannot afford the time or effort involved in planning a co-housing community or the financial obligation associated with it, senior co-housing represents a viable option for some seniors looking to improve their quality of life as they age.

Naturally occurring retirement communities (NORC's)

Naturally occurring retirement communities (NORCs) are places that were never officially designated as retirement or age-restricted communities, but are home to a significant number of seniors. NORCs most often evolve in apartment buildings, but may also develop in older neighborhoods. Residents include those who have aged in place as well as other seniors attracted to the community because of the

concentration of elderly. The American Association of Retired Persons (AARP) defines a NORC as a building or neighborhood where more than 50% of the residents are over age 60.

When located within an apartment complex, a NORC can offer landlords advantages over traditional rentals, given that older residents are generally less demanding, more likely to pay their rent on time (one of the advantages of living on a fixed income), and less likely to move. Residents benefit as well, from the sense of stability and community that develops when most of the residents are at the same stage of life and share similar needs and desires.

NORCs provide a unique opportunity for targeted service delivery. As the residents age in place, many eventually need supportive services to enable them to continue to live in their homes. Concentrations of elderly with similar needs facilitate coordination between service providers, making service delivery more efficient and supporting collaborative endeavors (such as outreach and education or the promotion of healthy lifestyles).

The Towers of Windsor, a Naturally Occurring Retirement Community (NORC) in Cherry Hill, New Jersey (photo from www.apartments.com/partner).

NORC's offer municipalities an opportunity to undertake geography-specific planning and target improvements to areas that will have the most impact on the resident population. Residents of NORC's also have an opportunity to participate in planning within their own community. In Philadelphia, Jewish Family and Children Services of Greater Philadelphia (JFCS) is working to provide supportive services to aging residents in a number of NORCs that have evolved in several Center City and suburban high rises. Philadelphia's NORC's include buildings constructed using HUD financing (such as 2101 Walnut Street, Penn Center House, Kennedy House, and Rittenhouse Plaza) as well as the Philadelphian, built with private financing.

JFCS created their original Services to Area Residents (STAR) program in 1993, providing a social worker that visited each building to help residents arrange for services with both JFCS and other community providers and to place people who could not live on their own into group residential settings such as nursing homes and assisted living facilities. The program was expanded and renamed STAR NORC in 2002 after the agency received an Administration on Aging grant.

Through JFCS's STAR NORC program, the agency's social workers offer the convenience of on-site resource information, consultation and referral services, providing residents with a single-point-of-entry to numerous public and private community agencies. JFCS has also expanded its STAR program to the Rhawnhurst and Bustleton-Somerton neighborhoods, serving more than 450 aging residents concentrated in single-family dwellings. In New Jersey, JFCS of Southern New Jersey has utilized federal NORC Project funds to establish a similar program for

aging residents in the Towers of Windsor in Cherry Hill Township.

Congregate housing and assisted living facilities

Congregate communities offer independent living in private apartments as well as the opportunity to share daily activities with other residents as desired. Congregate housing provides both housing and services to elderly people who need some assistance, helping them avoid premature or over-extended time in an institutional setting. Assisted living facilities are similar to congregate care, but offer assistance with basic, non-medical needs (such as shopping, laundry, and housecleaning) as well as shared meals and social activities.

Life-care facilities

Life-care facilities, also known as continuing care retirement communities (CCRCs), provide multiple levels of care within the same complex, ranging from independent living units to assisted living to dependent nursing home care. They are designed to provide seniors with the assurance of having as independent a lifestyle as possible within one facility, regardless of their future medical needs. Many include a range of housing types and styles on one site, including detached units, multi-family "apartment-style"

The Heritage of Green Hills, Reading, Pennsylvania. The Heritage is a continuing care retirement community that will upon completion provide a full range of health care and supportive services on one campus. The complex will eventually include over 500 independent and assisted living units as well as a nursing care facility (graphic from their website, www.heritageofgreenhills.com).

units, and, for the last stages in life, a multi-story nursing home facility offering complete care.

Most life-care facilities require a substantial buy-in up front followed by monthly payments for services, medical care, and amenities. While representing one of the better alternatives for elderly residents in terms of maintaining a high quality of life as their physical needs increase, continuing care facilities can be prohibitively expensive for many moderate and middle-income seniors.

Sunrise at Woodbury Lake is an assisted living complex in Woodbury, New Jersey, that offers its residents services such as prepared meals, weekly housekeeping and laundry services, planned social activities, medication management, and personal care assistance (from their website, www.sunriseseniorliving.com).

Stapeley, a Quaker-sponsored continuing care community in the Germantown section of Philadelphia, Pennsylvania. Stapeley has 43 independent apartments, 70 assisted living units, and a 120-bed nursing care facility (from their website, www.stapeley.org).

Numerous organizations, including federal, state, and local public agencies as well as private and non-profit groups, are currently working in the Delaware Valley to meet the housing needs of the region's elderly residents and to plan for the coming senior boom. This chapter highlights the efforts of some of these groups, including the primary federal and state agencies responsible for providing services to the elderly and an example of a non-profit that has implemented an innovative program to enable its resident elderly to age in place. Contact information for these organizations and numerous others can be found in Appendix B.

FEDERAL AGENCIES

United States Department of Housing and Urban Development (HUD)

HUD is the cabinet-level agency created by the Department of Housing and Urban Development Act of 1965 to ensure a decent, safe home and suitable living environment for every American. It is responsible for national policy and programs that address not only housing needs, but also the development of the nation's communities and the enforcement of fair housing legislation.

HUD plays a major role in supporting homeownership by underwriting homeownership for low and moderate-income families (including the elderly) through its mortgage insurance programs. HUD provides information tailored to the elderly population, including advice on home modification, fraud protection, and retirement living. HUD programs targeted to meeting the needs of the elderly include the Reverse Mortgage Program and its Home Modification program.

United States Administration on Aging (AoA)

This agency, a part of the U.S. Department of Health and Human Services, is one of the nation's largest providers of home- and community-based care for older persons and their caregivers. It strives to promote the dignity and independence of older people and help society prepare for an aging population. The AoA provides leadership, technical assistance, and support to the national aging network -- a network that consists of state, area, and tribal agencies on aging, service providers, and thousands of volunteers.

AoA services include supportive assistance (such as rides to medical appointments and general chores), nutrition initiatives (daily delivery of hot meals to the elderly living at home), preventive health services (education about healthy lifestyle choices for older persons), caregiver support, services that protect the rights of vulnerable older persons, and an Eldercare Locator -- a national toll-free service to help callers find services in their own communities or throughout the country.

Federal Area Agencies on Aging

The Area Agencies on Aging (AAA) network was established under the Older Americans Act of 1963, and charged with responding to the needs of people aged 60 and older in local communities across the nation. Every county in the Delaware Valley region has a local area agency on aging, and contact information can be found in Appendix B. These agencies provide critical services to their resident elderly and their families, including home health care, home repair and modification, health promotion,

nutritional counseling and meals at home, and legal assistance.

One example of a local area agency on aging is the ***Philadelphia Corporation on Aging*** (PCA), a private, non-profit organization serving as Philadelphia County's area agency on aging (AAA) since 1973. Part of a national network of agencies established by the federal Older Americans Act of 1963, PCA is funded primarily through the Pennsylvania Department of Aging. PCA has been providing comprehensive assessments and home and community based long-term care services to the elderly and disabled citizens of Philadelphia since 1977.

PCA's mission is to improve the quality of life for Philadelphians who are older or who have disabilities, assisting these individuals in achieving maximum levels of health, independence and productivity. Special consideration is given to serving those with the greatest social, economic and health needs. Founded on the principle that older persons have the ability and the right to plan and manage their own lives, PCA seeks ongoing input from the elderly. PCA recognizes the dignity of all older people and respects their racial, religious, sexual and cultural differences.

PCA carries out its mission through five major functions: planning, advocacy, program development, service coordination and delivery. The agency works with organizations representing and serving older Philadelphians to develop a comprehensive, coordinated and accessible system of services responsive to the needs of the City's aging population. Services include:

- advocacy
- care at home services

- employment assistance
- health promotion, including assistance with chronic disease self-management
- home repair
- home modification to accommodate the needs of the disabled
- home heating assistance
- nursing home transition assistance
- information and referral
- legal assistance
- protective services
- senior community centers
- transportation

One service offered through PCA that advances the recommendations of the Seniors Commission is their "Care at Home" service, which allows seniors to better age in place. PCA offers numerous services to seniors with needs ranging from some additional help to extensive additional personal care, including adult day, long-term care assessment and management, home-delivered meals, companionship, counseling, emergency response systems, transportation, physical therapy, occupational therapy, and assistance with household duties such as chores, errands, and personal care.

NEW JERSEY STATE AGENCIES

New Jersey Home Mortgage Finance Agency

The New Jersey Home Mortgage Finance Agency (NJHMFA) is the State's largest financier of affordable multifamily and senior citizen housing, with more than 200 developments statewide. The HMFA provides assistance in creating and maintaining several different alternative types of affordable housing for the elderly, including:

- *Assisted Living Residences* (ALRs): A new building constructed specifically for the purpose of providing a supportive environment where aging in place can occur. ALR's are inspected and licensed by the New Jersey Department of Health and Senior Services.

- *Comprehensive Personal Care Homes* (CPCHs): A Class C Boarding Home licensed by the New Jersey Department of Community Affairs or a Residential Health Care Home licensed by the New Jersey Department of Health and Senior Services, either of which were licensed and operating prior to 1993 and converted to provide their residents with the opportunity to age in place.

- *Assisted Living Programs* (ALPs): This is a licensed program that can be delivered into senior citizen subsidized housing for the purpose of allowing the residents of that housing to remain in a more affordable setting and still receive the types of services that would permit them to age in place. The HMFA recognizes the difficulty of developing affordable Assisted Living Residences, and has attempted to refine its process and programs to better serve its clients.

New Jersey Division of Aging and Community Services

The New Jersey Division of Aging and Community Services, located within the State's Department of Health and Senior Services (NJDHSS), is New Jersey's lead agency for providing services and addressing the needs of the senior population. Services are provided to the elderly through several offices within the

Division, including the Offices of Community Education and Wellness, Community programs, Community Choice Options, the Ombudsman for the Institutionalized Elderly, and the Public Guardian and Elder Rights. In 2003, the NJDHSS released the New Jersey Strategic Plan on Aging, which establishes five strategic priorities for the agency:

- to make it easier for adults to access the array of health and social supports available to them;
- to help older people stay active and healthy;
- to support families in their efforts to care for elderly relatives at home and in the community;
- to ensure the rights of older people and protect them from abuse and neglect; and,
- to promote an effective and responsive management system.

An innovative program initiated by the New Jersey Division of Aging and Community Services in furtherance of these goals is the New Jersey Easy Access, Single Entry (NJ EASE) program. The goal of NJ EASE is to provide an easy way for seniors and their families to get information about and access senior services. NJ EASE is accomplished through a toll-free telephone number that puts seniors in touch with an operator who can then direct their calls to different agencies, groups and care providers based on their specific needs. Designed to promote independence, dignity and choice for New Jersey's older adults, this program is similar to some of the private and non-profit care providers in Pennsylvania.

NJ EASE staff members are trained to provide seniors and their family members with answers

and information on a wide variety of topics, including:

- healthcare
- insurance
- home care services
- long term care options
- transportation
- social activities
- nutrition
- volunteer opportunities

The purpose of this helpline is to allow seniors to better age in place by providing a single-stop resource retrieval system. By eliminating the frustrations involved in hunting down reliable sources of help, seniors can cope with daily life better and thus stay in their own homes longer.

Initial implementation of NJ EASE was difficult. Too few consumers and providers knew how to use NJ EASE to access necessary services, despite a six-month statewide advertising campaign promoting the service and the national toll-free number. The counties' implementation of NJ EASE was uneven in scope and quality, and Phase II of NJ EASE (providing care management and access to newer and older home- and community-based programs) required infrastructure development in addition to providing uniform information. Subsequent training and minor revisions have made NJ EASE a viable tool for some seniors, although its scope, quality, and subsequent effectiveness is still not uniform across all counties.

One more recent offering of the Division of Aging is the Statewide Respite Care Program, designed to provide assistance to families by giving caregivers a break from the daily responsibilities of caring for the elderly or disabled. An individual needing care must be a

resident 18 years of age or older, have a monthly income of $1,656 or less, have liquid assets (assets that can be converted to cash within 20 working days) of less than $40,000, and have a chronic physical or mental disability requiring supervision or assistance with basic daily needs. Available services include a daily companion, homemaker or home health aide services, social or medical adult day care, private duty nursing, adult family care, in-patient care, and short-term in-patient care (to allow the primary caregivers to take a vacation, for example).

Through its efforts, the New Jersey Division of Aging and Community Services continues to support individuals and families working to allow the elderly to age in place. Reliance on nursing homes remains strong, however, in part because physicians and hospital discharge planners are already familiar with institutional options and find home- and community-based options more complicated to arrange.

PENNSYLVANIA STATE AGENCIES

Pennsylvania Housing Finance Agency

The Pennsylvania Housing Finance Agency (PHFA) is the Commonwealth's leading provider of capital for affordable homes and apartments. Created to help enhance the quality and supply of affordable homes and apartments for older adults, persons of modest means, and persons with disabilities, the Agency operates homeownership programs, rental housing development initiatives, and a foreclosure prevention effort.

In addition to its major programs, the Agency conducts housing studies, promotes counseling and education for renters and homebuyers, encourages supportive services at apartments it

has financed (including senior supportive services), administers rent subsidy contracts for the federal government, and acts as an advocate to promote the benefits of decent, affordable shelter for those who need it most.

One innovative tool offered by PHFA is its Affordable Apartment Locator, developed as a resource to link consumers to affordable housing options throughout the Commonwealth. This Web site offers information about apartment locations, rental prices and subsidies, accessibility features, development amenities, current vacancies, contact information, and the status of a property's waiting list. When available, maps and photographs of the property are also provided. Through the Affordable Apartment Locator, the elderly and near-elderly can get descriptions and contact information for affordable rental units in their desired locations.

Pennsylvania Department of Aging

The Pennsylvania Department of Aging (DoA) is the hub for state coordination and planning for elderly initiatives in Pennsylvania, which include long-term care programs for the frail and chronically ill. This state department lobbies for the interests of older Pennsylvanians at all levels of government. The Department oversees many services and benefits to Pennsylvania's elderly, and works with the Governor's Office and the General Assembly on legislation affording older persons a quality way of life. The DoA is also responsible for designing and implementing programs for the elderly, primarily through Area Agencies on Aging.

The Pennsylvania Council on Aging acts as an advisor to the governor and the Department of Aging on the planning, coordination and delivery of services to older people, and serves as an

advocate for the elderly in the Commonwealth. The council is composed of 21 members, the majority of whom are 60 years of age or older. Members are nominated by the governor and subject to Senate confirmation   There are also five regional Councils on Aging serving as a resource for the organization. Members of the regional Councils represent organizations and groups involved in aging programs and services and are appointed by the Pennsylvania Council on Aging.

NON-PROFIT ORGANIZATIONS

Much of the work currently being carried out to assist seniors is accomplished through the efforts of a multitude of non-profit organizations. These groups provide a full range of services to the elderly, from transportation to housing to assistance with everyday chores and providing companionship. This section describes the efforts of some of the non-profits currently working to improve the quality of life for the region's elderly.

Friends Services for the Aging

Friends Services for the Aging (FSA) is an association of Quaker organizations that provide services to older adults in Maryland, New Jersey, Pennsylvania, and Ohio. FSA was founded in 1991 to facilitate cooperation among these independent programs and to enhance the quality of their services. FSA accomplishes this mission through collaboration in staff training and development, marketing, referrals, planning, and other joint efforts.

These non-profit Friends organizations are committed to the Quaker belief that human life is sacred and that all people are to be treated with respect. All are operated under the guidance of

a board of directors that is at least 50 percent Quaker in composition. While the member programs share a common mission and goals, each is distinctive in its setting, delivery of services, and admissions procedures, contracts, and financial arrangements.

In the DVRPC region, numerous non-profit organizations with facilities for the elderly are FSA members, including Medford Leas in Medford and The Greenleaf in Moorestown (both in Burlington County, NJ); Cadbury at Cherry Hill in Cherry Hill (Camden County, NJ); Barclay Friends in West Chester and the Kendal Corporation in Kennett Square (both in Chester County); and Stapeley in Germantown (Philadelphia, PA)

Friends Life Care at Home

Friends Life Care at Home, based in Blue Bell, Pennsylvania, is a Quaker not-for-profit organization offering affordable in-home services for seniors in the Delaware Valley region who want to age in place. Care at Home is part of the larger Friends Service for the Aging. Friends Life Care At Home offers the "Affordable Life Care Plan" to Americans age 50 to 81 as an option for in-home care and service.

The goal of the Affordable Life Care Plan is to enable seniors to remain comfortably at home for as long as possible. The program achieves this goal by offering long-term service options designed to cater to the specific needs of each client. Available services include:

- *On-Call Coordinator:* The role of the On-Call Coordinator is to act as a liaison with all of the service providers who may be needed at a member's home. After an in-depth interview, the coordinator develops

a profile of the member so that if they should call with a request, the coordinator can request services on their behalf with prior knowledge of specific needs and conditions. From the senior's perspective, it is a way to minimize the hassle of acquiring necessary care.

- *Home Health and Supportive Services***:** Seniors can tailor services they need to the plans offered. The program is flexible enough to support all potential needs of the elderly, including in-home nursing, food preparation, home health aides, home inspections, or emergency response services.

- *Nursing Homes or Assisted Living Facilities*: If a member is unable to continue living at home, some plans offered by Friends Life Care will cover many of the costs of a nursing home or an assisted living facility.

- *Transferable benefits:* once they have been enrolled for at least a year, Friends Life Care will direct members who relocate to a service provider in the new area that can provide the same level of services offered previously to the client.

- *Referral Service:* Friends Life Care provides references to members for services such as home maintenance, legal services, and financial services.

- *Member Relations:* Members are issued quarterly newsletters, satisfaction surveys and periodic phone calls regardless of whether they are using home services.

Friends Life Care at Home is just one example of the multitude of non-profits offering services to seniors in the Delaware Valley region.

INNOVATIVE RESPONSES FROM OUTSIDE THIS REGION

Many organizations have a tendency to consider only traditional ways to provide services to a target population, including the elderly. Meeting the needs of the coming glut of senior citizens, however, will require non-traditional responses as well. This section describes initiatives that various organizations across the country have undertaken as a means of planning for and addressing the housing needs of senior citizens.

Vineville Senior Housing, Macon, Georgia

Vineville Senior Housing is an affordable apartment community for seniors centered on a renovated 8,300-square-foot historic mansion. Developed by the Macon Housing Authority, Vineville offers 106 new apartments for independent living, including 104 public housing units. In addition to creating affordable, livable housing for Macon's seniors, the project brings new life to an 1830's building and significantly improves the aesthetics in a well-traveled area of historic Macon.

The $14 million dollar project, financed through Hope VI grant funding, tax credit equity, and the City of Macon, included the renovation of the historic mansion into a community center and office space for property management and senior resource services. The apartments are located in four new buildings situated behind the mansion. Elements such as wide doorways and lower cabinetry in all apartments accommodate wheelchairs, and two apartments on the first floor of each building are fully adapted to accommodate residents with physical handicaps.

Other units include features for persons with hearing impairments, and 20 two-bedroom units allow room for a live-in aide. Vineville Senior Housing addresses the social needs of residents as well, with central communal areas on each floor and supportive resources on-site to organize activities and encourage independence.

Partners for Livable Communities

Partners for Livable Communities is a national nonprofit organization working to restore and renew communities through innovative smart growth techniques. Partners' "Aging in Place" agenda, initiated over ten years ago, advocates that senior citizens should be able to participate in their communities, remain independent as their health allows, have access to educational, cultural and recreational facilities, and live in an intergenerational environment.

To achieve this goal, Partners is developing a "Blueprint for Change" that will envision what an elder-friendly community might be – what it would look like; what services it would need; how the elderly could be involved in the planning; what special educational, recreational and cultural opportunities would be needed; how cross-generational contacts could be made; and what programs would be needed for ensuring safety and security. The organization conducts advocacy and outreach through various media, including publications, conferences, and a soon to be released monthly "Aging in Place" newsletter. In 1995, the group published *Retrofitting America: Accommodating Aging in Place*, which describes several "best practices" for supporting aging in place.

New York's "Nursing Homes Without Walls"

The State of New York's "Nursing Homes without Walls" program allows eligible Medicaid recipients to choose an in-home service package as an alternative to entering a nursing home. Provided that the chosen services provide adequate health and housing services and that the cost does not exceed 75% of the cost of a licensed nursing home in the same community, the State will pay the cost of the in-home services, allowing the elderly person to age in place. This program has proven to be very popular, and has the added benefit of saving the State 25% of the cost of nursing care for each participant.

Naturally Occurring Retirement Community Without Walls (NORC WOW)

NORC WOW, in eastern Queens, New York, represents one of the first attempts to address aging in place in a community of single-family homes anywhere in the United States. In Bellerose, Floral Park and New Hyde Park, concentrations of elderly had naturally developed as residents aged in place. Many residents preferred to stay in the community but faced having to leave because they were unable to remain in their homes without some additional help and services.

Community-based agencies, civic organizations, and public officials created a partnership, and now provide such services as assistance with everyday chores, informational and referral assistance, entitlements counseling, case assistance and management, public health nursing and chronic care management, health screenings and health education, social and recreational activities, and adult day programs. NORC WOW has also established

an advocacy committee to address the transportation needs of the community's seniors.

The success of NORC WOW required true collaboration amongst its supporters. The service is operated by the Samuel Field YM-YWHA and receives financial support from local foundations, including the Fan Fox and Leslie R. Samuels Foundation, UJA-Federation and the Stella and Charles Guttman Foundation. A key component to the organization's success has been its continuing support from the community and its elected officials, local civic organizations, churches, social service providers, and local businesses, galvanized largely through the efforts of the Northeast Queens Jewish Community Council.

Combining College and Retirement: Lasell Village (Newton, Massachusetts) and Village at Penn State (State College, Pennsylvania)

University-affiliated retirement communities represent a growing trend in the United States, aimed at educated and affluent retirees who want the security of a continuing care environment amid the activities of a college campus. Spurred by growing research suggesting that mental activity fights off dementia, college-affiliated retirement communities have sprung up in over 50 college towns across the country, including Notre Dame, the University of Florida at Gainesville, the University of Michigan, Stanford University, Lasell College in Newton, and Penn State University.

Retirees who live in these communities benefit from reduced or free classes, priority access to sports and cultural events, and the opportunity to participate in the mental, social, and physical activities inherent on a college campus. In turn,

they provide colleges with not only a significant revenue stream, but ready-made mentors, teachers, and volunteers as well.

Lasell Village, for example, is a college-affiliated continuing care retirement community adjoining the campus of Lasell University. The complex, designed as a clustered village, includes 171 independent living apartments and a 38-bed skilled nursing care facility. As a condition of residency, residents commit to 450 hours annually of "active" learning and physical fitness, and each building in the complex contains an educational facility, such as a classroom or a fitness or art studio. The Village is three minutes by foot from campus and five minutes from a light rail station serving Boston. The project was developed by Lasell College in partnership with CareMatrix, and now houses retirees with an average age of 83 who want to stay intellectually engaged but within the security of a CCRC.

The Village at Penn State was completed in 2004 and now houses 200 retirees on 80 acres overlooking the University's football stadium. Common areas include a fitness center with a

A graphic rendering of one of the retirement homes available at the Village of Penn State (from their website, www.villageatpsu.com/available/index.asp).

heated indoor pool, library, convenience store, arts and crafts studio, mail center, health clinic, beauty salon, and restaurant-style dining. Scheduled transportation services are also available. When fully completed, the complex will include a mix of single-family homes, duplexes, and townhomes.

Offering (from their website) the "cultural, recreational and educational opportunities of a world-class university with the friendliness and charm of small-town living", the first phases of the complex were fully occupied immediately upon completion. Like other campus retirement communities, the Village benefits not only its senior residents, but also provides a valuable source of revenue to the University.

Elder Cottage Rental Program: Better Housing for Tompkins County, Inc.

Better Housing for Tompkins County, Inc. is a non-profit organization providing housing assistance to low and moderate-income residents (including seniors) in Tompkins County and the City of Ithaca in New York. Better
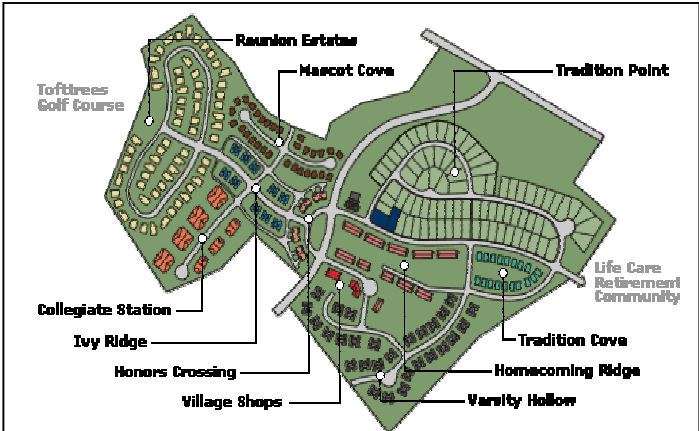
Site Plan for the Village at Penn State, a retirement community affiliated with Penn State University, State College, Pennsylvania (from their website, www.villageatpsu.com).

Housing provides a range of services to low-income families, the elderly and the disabled, ranging from financial assistance to first-time homebuyers, to providing grants and loans for home repairs, to providing seniors and families with accessible, affordable rental apartments.

One of the programs offered by Better Housing is their elder cottage rental program. Small modular homes are rented to income eligible seniors, who then have them temporarily installed next to the home of their adult children or other supportive relatives or friends. The Elder Cottage concept, funded through grants from the State of New York Department of Housing and Community Renewal, enables seniors who are no longer able to maintain a home alone to continue living independently with the support and security offered by their family, living close by in the main house.

The accessibility and other design features built into the house help the senior occupant(s) remain independent as long as possible, forestalling the need to enter an assisted living

nursing home facility. These modular homes are placed on a pressure-treated timber foundation that can be cut off at ground level, enabling Better Housing to move the home to a new location once it is no longer needed.

An example of an elder cottage rented to a low-income senior by Better Housing of Tompkins County, New York, and placed on the property of the occupant's adult children or other supportive relatives or friends (from their website, www.betterhousingtc.org/bet2_cottages.html).

The previous chapters have discussed recent and forecasted growth trends of the Delaware Valley's elderly population, and presented national and local profiles. The number of elderly residents has increased dramatically throughout the country and the Delaware Valley in recent years, and is expected to continue to increase at a record pace.

The elderly are now the fastest growing segment of the region's population, and by the year 2030, almost one in five of the region's residents will be over 64 years of age. Most of this growth is expected to occur in the suburbs, as suburban "baby boomers" (born between 1946 and 1964) age in place. The majority of aging suburban baby boomers would prefer to remain in the communities where they have raised their children, as long as they are physically and financially able.

Challenges faced by seniors hoping to grow old in the same communities where they raised their families include the following:

- Limited accessibility, both within the home itself and throughout the community.
- Hostile pedestrian environments that discourage walking.
- Lack of affordable, accessible alternatives in many suburban communities, such as single-story "garden-style" townhouse developments, higher-density single family communities, and rental complexes.
- Local zoning restrictions that limit local housing options for seniors. For example, many local ordinances define "family" to exclude any unrelated adults,

prohibiting the elderly from sharing housing. Others prohibit or restrict options that would provide viable housing for seniors, such as elder cottages, mother-in-law suites, and accessory apartments.

- Planning practices that impede the ability of seniors to age in place. For example, low residential densities typical of growing suburban townships make service delivery difficult, and segregation of uses by type make it difficult for elderly suburban residents to independently access necessary goods and services.
- Lack of coordination between service providers, leading to inefficiencies in service delivery.

Recommendations for creating communities where residents can age in place and for expanding available housing options for seniors include the following:

Expand the stock of accessible, affordable housing units for seniors in the region's developed and growing suburban communities.

- Revise local planning and zoning ordinances to allow a variety of housing types appropriate for seniors in residential zones, including additional units in single-family zones and single story or "garden-style" townhouses. Options for allowing additional units within existing single-family zones include **accessory dwelling units** and elder cottages.

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Accessory Dwelling Units (ADU's)

Accessory Dwelling Units (ADUs) can play an increasingly important role in communities faced with an increasing number of older residents. ADUs are small secondary residences on single-family lots, and constructed either as an accessory apartment within the original unit (sometimes referred to as a "granny flat") or as a separate dwelling unit. Typically smaller than 1,000 square feet, these units have their own bathrooms, cooking facilities, and private entrances. Because of their small size and placement on existing lots, they provide affordable homes for smaller and fixed income households. When allowed on the property of either a family or close friend, ADU's can assist seniors by both lowering their living costs and providing an informal support network.

Potential Beneficiaries of ADUs	ADU Best Practices
❖ Elderly homeowners who rent an ADU to tenants for extra income ❖ Elderly residents who reduce their housing costs by downsizing to an ADU ❖ Families who are able to provide independent living space for their extended family members ❖ Elderly residents who are able to provide live-in space for a caregiver	❖ Require at least one off-street parking space for the ADU ❖ Indicate a maximum size, either in absolute terms or in comparison to the primary residence ❖ Avoid placing age or relationship restrictions on the occupant or owner of the ADU. This allows towns to better meet their affordable housing goals and gives the owner confidence as to the potential return on their investment.

Source: Delaware Valley Regional Planning Commission, January 2007.

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- Revise local planning and zoning codes to allow increased densities and an integration of land uses, particularly around transit, to increase accessibility to necessary services and improve service delivery. Techniques include transit-oriented development (TOD) or special services districts such as **Lower Merion Township's Mixed-use Special Transit District**.

- Revise zoning regulations to allow unrelated older adults to share homes in single-family residential zones. Re-defining the definition of "family" to include two or more unrelated adults over the age of 65 allows older homeowners to share their housing units with unrelated elderly tenants, reducing housing costs for both and providing companionship and support as they grow older.

- Consider adopting inclusionary zoning, where developers are offered density bonuses in exchange for providing affordable units. More information on inclusionary zoning can be found in DVRPC's *Municipal Zoning Tool #9: Inclusionary Zoning* (June 2006).

- Incorporate accessibility standards and/or universal design standards into new construction designs and building codes.

Preserve the existing housing stock.

- Provide assistance for elderly homeowners for rehabilitation of their home's major systems (the plumbing, heating, and electrical systems as well as the roof) and for other improvements, such as painting.

- Provide assistance to seniors for modifications to make their homes more accessible. Seniors who want to age in place may require modifications such as wider doors and hallways, lower cabinets and light switches, and bathrooms with grab bars and elevated toilets.

- Require public utilities to dedicate some of their earnings for assistance for elderly homeowners who want to weatherize their homes to reduce energy costs.

Provide assistance aimed at making existing units more affordable for low and moderate income senior citizens.

- Implement or expand **property tax relief programs** that provide assistance to elderly homeowners struggling to meet the increasing property tax burden, such as property tax postponement or deferral, tax assistance, property tax caps, assessed value caps, homestead exemptions, or property tax credits.

- Support programs that provide energy assistance to seniors, both for heating in the winter and cooling in the hotter summer months.

- Expand local, state, and federal programs that reduce the cost of essential goods and services to seniors, including transportation and health care.

Create "elder-friendly" communities.

- Expand and improve transit options, including paratransit and specialized transit options for seniors.

- Create safer pedestrian environments, with wider sidewalks, benches for resting, and appropriate lighting. Studies have shown that moderate exercise such as walking contributes significantly to a healthy lifestyle and can improve the quality of life for all residents, including the elderly.[21]

- Reconsider the timing of traffic lights at crossroads regularly used by the elderly to give them enough time to cross safely, and use larger lettering on street signs.

- Incorporate public parks and open spaces into neighborhoods so seniors can easily access them.

- Encourage the integration rather than separation of land uses as well as housing types, to provide housing options for seniors hoping to stay in their communities and to make it easier for the elderly to shop and access services.

A Closer Look: Lower Merion Township's Mixed Use Special Transit (MUST) District

In the summer of 2006, Lower Merion Township approved a Transit-Oriented Development ordinance that they called the Mixed Use Special Transit District (MUST). The MUST ordinance allows for mixed-use buildings (with restaurants, shops and offices on the lower floors and residential units on higher floors) within 1,500 feet of a train station. Most buildings will be capped at five stories, but larger lots and density bonuses for incorporating public space and affordable housing will allow for taller structures. In addition to supplying amenities for those who wish to retire in the area, the MUST accomplishes multiple land use goals, including open space preservation, more diverse land use within the downtown, encouraging public transit use, and expanding affordable housing options.

Source: DVRPC, January 2007.

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[21] *Aging Americans: Stranded without Options*, page 6.

Promote policies geared toward protecting the rights and enhancing the quality of life of the region's elderly, including those who want to age in place.

- Expand funding to federal, state, local, non-profit, and faith-based organizations that provide services that support aging in place, including home-delivered meals, personal care, housekeeping, information and referral services, transportation, and adult day care.

- Support programs that support those serving as the primary caregivers for the region's elderly, including those working to enable seniors to age in place in their suburban homes.

- Increase Medicaid funding for community-based care options and other programs that support aging in place, rather than long-term care facilities.

- Expand local aging networks, to improve the efficiency of service delivery and discourage duplication of efforts.

- Coordinate healthcare and supportive services with housing.

- Involve the private sector in developing options for meeting the needs of the community's elderly. Employers with employee shuttle vans, for example, might be willing to provide transportation for seniors during off-peak hours (as a social responsibility or, more likely, if given tax benefits).

- Using GIS technology, identify concentrations of elderly and near-elderly, including NORCs (naturally occurring retirement communities), and target resources to those areas, to improve the efficiency of service delivery to the community's elderly.

Conclusion

The number of elderly residents has increased dramatically throughout the country and the Delaware Valley in recent years, and is expected to continue to increase at a record pace. Most of this growth is expected to occur in the suburbs, as suburban baby boomers age in place.

Today's seniors can expect to live longer than previous generations, and many will want to stay in the suburban communities in which they have raised their families after they retire. Challenges facing aging baby boomers include a lack of affordable and accessible housing alternatives in desired locations; an inability of elderly homeowners to keep up with home repair and maintenance; limited accessibility within their existing homes; limited accessibility within their existing communities; safety and security; transportation and mobility; and economics, as the costs of essentials such as transportation and health care skyrocket, leaving less money available for housing.

The region's elected officials, planners, service providers, the private sector, and the elderly and near-elderly themselves must plan now to accommodate the coming "senior boom." Successfully meeting the needs of the growing elderly population will require that federal, state and local governments as well as the private sector re-think their traditional approaches to providing facilities and services to the elderly. A variety of affordable and accessible housing alternatives, ranging from small single-family homes in age-restricted communities to affordable assisted living and life-care facilities, must be available to seniors. For those who want to stay in the suburban communities where they have lived most of their lives, local officials must work to ensure that their communities are "elder-friendly," recognizing that improvements to benefit the elderly (including increased densities, mixing land uses, and improving the pedestrian environment) benefit residents of all ages equally.

It is also imperative that the multitudes of public, private, and non-profit entities currently providing services to the elderly coordinate their efforts, to maximize their efficiency and effectiveness. Federal, state, county, and local officials need to work together, in cooperation with the private sector, to ensure that all of the region's seniors, including those who want to age in place, receive the services they need to maintain a high quality of life as they grow older.

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Appendix A

**Elderly Residents in the Delaware Valley
by Municipality, 2000**

Appendix A: Elderly Residents in the Delaware Valley by Municipality, 2000

Area Name	2000 Population	Elderly persons (age 65 and older)	Percent age 65 and older	Very old persons (age 85 or older)	Percent 85 years or older	% of elderly who are very old (85 years or older)	Density	
							Elderly persons per acre	Very old persons per acre
Burlington County	**423,394**	**53,218**	**12.6%**	**5,491**	**1.3%**	**10.3%**	**0.10**	**0.01**
Bass River Township	1,510	161	10.7%	9	0.6%	5.6%	0.00	0.00
Beverly City	2,661	314	11.8%	33	1.2%	10.5%	0.63	0.07
Bordentown City	3,969	556	14.0%	71	1.8%	12.8%	0.91	0.12
Bordentown Township	8,380	980	11.7%	73	0.9%	7.4%	0.16	0.01
Burlington City	9,736	1,636	16.8%	189	1.9%	11.6%	0.68	0.08
Burlington Township	20,294	2,558	12.6%	536	2.6%	21.0%	0.29	0.06
Chesterfield Township	5,955	299	5.0%	25	0.4%	8.4%	0.02	0.00
Cinnaminson Township	14,595	2,794	19.1%	219	1.5%	7.8%	0.55	0.04
Delanco Township	3,237	430	13.3%	36	1.1%	8.4%	0.20	0.02
Delran Township	15,536	1,672	10.8%	132	0.8%	7.9%	0.36	0.03
Eastampton Township	6,202	444	7.2%	26	0.4%	5.9%	0.12	0.01
Edgewater Park Twshp.	7,864	1,025	13.0%	58	0.7%	5.7%	0.53	0.03
Evesham Township	42,275	3,750	8.9%	368	0.9%	9.8%	0.20	0.02
Fieldsboro Borough	522	65	12.5%	3	0.6%	4.6%	0.25	0.01
Florence Township	10,746	1,277	11.9%	123	1.1%	9.6%	0.20	0.02
Hainesport Township	4,126	485	11.8%	41	1.0%	8.5%	0.11	0.01
Lumberton Township	10,461	1,158	11.1%	156	1.5%	13.5%	0.14	0.02
Mansfield Township	5,090	1,623	31.9%	87	1.7%	5.4%	0.12	0.01
Maple Shade Township	19,079	2,930	15.4%	315	1.7%	10.8%	1.20	0.13
Medford Township	22,253	2,387	10.7%	430	1.9%	18.0%	0.09	0.02
Medford Lakes Boro.	4,173	516	12.4%	31	0.7%	6.0%	0.63	0.04
Moorestown Township	19,017	3,120	16.4%	557	2.9%	17.9%	0.33	0.06
Mount Holly Township	10,728	1,335	12.4%	153	1.4%	11.5%	0.72	0.08
Mount Laurel Township	40,221	5,905	14.7%	413	1.0%	7.0%	0.42	0.03
New Hanover Township	9,744	125	1.3%	3	0.0%	2.4%	0.01	0.00
North Hanover Twshp.	7,347	452	6.2%	17	0.2%	3.8%	0.04	0.00
Palmyra Borough	7,091	960	13.5%	86	1.2%	9.0%	0.63	0.06
Pemberton Borough	1,210	108	8.9%	8	0.7%	7.4%	0.27	0.02
Pemberton Township	28,691	2,793	9.7%	189	0.7%	6.8%	0.07	0.00
Riverside Township	7,911	1,089	13.8%	126	1.6%	11.6%	1.04	0.12
Riverton Borough	2,759	532	19.3%	105	3.8%	19.7%	0.87	0.17
Shamong Township	6,462	386	6.0%	24	0.4%	6.2%	0.01	0.00
Southampton Township	10,388	3,295	31.7%	426	4.1%	12.9%	0.12	0.02
Springfield Township	3,227	346	10.7%	28	0.9%	8.1%	0.02	0.00
Tabernacle Township	7,170	502	7.0%	47	0.7%	9.4%	0.02	0.00
Washington Township	621	151	24.3%	58	9.3%	38.4%	0.00	0.00
Westampton Township	7,217	659	9.1%	39	0.5%	5.9%	0.09	0.01
Willingboro Township	33,008	4,246	12.9%	239	0.7%	5.6%	0.82	0.05
Woodland Township	1,170	90	7.7%	7	0.6%	7.8%	0.00	0.00
Wrightstown Borough	748	64	8.6%	5	0.7%	7.8%	0.05	0.00
Camden County	**508,932**	**63,769**	**12.5%**	**7,543**	**1.5%**	**11.8%**	**0.44**	**0.05**
Audubon Borough	9,182	1,456	15.9%	192	2.1%	13.2%	1.52	0.20
Audubon Park Boro.	1,102	202	18.3%	18	1.6%	8.9%	1.88	0.17
Barrington Borough	7,084	1,250	17.6%	133	1.9%	10.6%	1.22	0.13
Bellmawr Borough	11,262	1,969	17.5%	127	1.1%	6.4%	0.98	0.06
Berlin Borough	6,149	837	13.6%	91	1.5%	10.9%	0.36	0.04
Berlin Township	5,290	663	12.5%	69	1.3%	10.4%	0.31	0.03
Brooklawn Borough	2,354	310	13.2%	40	1.7%	12.9%	0.92	0.12

Appendix A: Elderly Residents in the Delaware Valley by Municipality, 2000

Area Name	2000 Population	Elderly persons (age 65 and older)	Percent age 65 and older	Very old persons (age 85 or older)	Percent 85 years or older	% of elderly who are very old (85 years or older)	Density	
							Elderly persons per acre	Very old persons per acre
Camden City	79,904	6,090	7.6%	577	0.7%	9.5%	0.91	0.09
Chesilhurst Borough	1,520	229	15.1%	21	1.4%	9.2%	0.21	0.02
Clementon Borough	4,986	554	11.1%	60	1.2%	10.8%	0.44	0.05
Collingswood Boro.	14,326	2,066	14.4%	357	2.5%	17.3%	1.67	0.29
Gibbsboro Borough	2,435	330	13.6%	20	0.8%	6.1%	0.24	0.01
Gloucester Township	64,350	6,052	9.4%	536	0.8%	8.9%	0.41	0.04
Gloucester City	11,484	1,582	13.8%	136	1.2%	8.6%	0.86	0.07
Haddon Township	14,651	2,929	20.0%	386	2.6%	13.2%	1.62	0.21
Haddonfield Borough	11,659	1,850	15.9%	222	1.9%	12.0%	1.03	0.12
Haddon Heights Boro.	7,547	1,373	18.2%	154	2.0%	11.2%	1.37	0.15
Hi-Nella Borough	1,029	141	13.7%	11	1.1%	7.8%	0.97	0.08
Laurel Springs Borough	1,970	281	14.3%	22	1.1%	7.8%	0.95	0.07
Lawnside Borough	2,692	507	18.8%	59	2.2%	11.6%	0.56	0.06
Lindenwold Borough	17,414	1,539	8.8%	132	0.8%	8.6%	0.61	0.05
Magnolia Borough	4,409	563	12.8%	39	0.9%	6.9%	0.90	0.06
Merchantville Boro.	3,801	526	13.8%	62	1.6%	11.8%	1.35	0.16
Mount Ephraim Boro.	4,495	804	17.9%	72	1.6%	9.0%	1.43	0.13
Oaklyn Borough	4,188	703	16.8%	85	2.0%	12.1%	1.59	0.19
Pennsauken Township	35,737	5,065	14.2%	608	1.7%	12.0%	0.65	0.08
Pine Hill Borough	10,880	923	8.5%	74	0.7%	8.0%	0.36	0.03
Pine Valley Borough	20	8	40.0%	0	0.0%	0.0%	0.01	0.00
Runnemede Borough	8,533	1,332	15.6%	118	1.4%	8.9%	0.99	0.09
Somerdale Borough	5,192	801	15.4%	64	1.2%	8.0%	0.91	0.07
Stratford Borough	7,271	1,150	15.8%	116	1.6%	10.1%	1.14	0.12
Tavistock Borough	24	2	8.3%	0	0.0%	0.0%	0.01	0.00
Voorhees Township	28,126	3,075	10.9%	628	2.2%	20.4%	0.41	0.08
Waterford Township	10,494	854	8.1%	72	0.7%	8.4%	0.04	0.00
Winslow Township	34,611	2,939	8.5%	401	1.2%	13.6%	0.08	0.01
Woodlynne Borough	2,796	244	8.7%	27	1.0%	11.1%	1.80	0.20
Gloucester County	**254,673**	**29,678**	**11.7%**	**3,062**	**1.2%**	**10.3%**	**0.14**	**0.01**
Clayton Borough	7,139	688	9.6%	50	0.7%	7.3%	0.14	0.01
Deptford Township	26,763	4,012	15.0%	421	1.6%	10.5%	0.36	0.04
East Greenwich Twshp.	5,430	811	14.9%	120	2.2%	14.8%	0.09	0.01
Elk Township	3,514	443	12.6%	44	1.3%	9.9%	0.04	0.00
Franklin Township	15,466	1,480	9.6%	110	0.7%	7.4%	0.04	0.00
Glassboro Borough	19,068	1,866	9.8%	176	0.9%	9.4%	0.32	0.03
Greenwich Township	4,879	884	18.1%	92	1.9%	10.4%	0.12	0.01
Harrison Township	8,788	582	6.6%	61	0.7%	10.5%	0.05	0.00
Logan Township	6,032	372	6.2%	40	0.7%	10.8%	0.02	0.00
Mantua Township	14,217	1,582	11.1%	101	0.7%	6.4%	0.15	0.01
Monroe Township	28,967	3,737	12.9%	331	1.1%	8.9%	0.12	0.01
National Park Borough	3,205	402	12.5%	28	0.9%	7.0%	0.42	0.03
Newfield Borough	1,616	230	14.2%	27	1.7%	11.7%	0.21	0.03
Paulsboro Borough	6,160	854	13.9%	86	1.4%	10.1%	0.54	0.05
Pitman Borough	9,331	1,404	15.0%	248	2.7%	17.7%	0.97	0.17
South Harrison Twshp.	2,417	226	9.4%	20	0.8%	8.8%	0.02	0.00
Swedesboro Borough	2,055	258	12.6%	38	1.8%	14.7%	0.53	0.08
Washington Township	47,114	4,233	9.0%	491	1.0%	11.6%	0.31	0.04
Wenonah Borough	2,317	320	13.8%	33	1.4%	10.3%	0.50	0.05
West Deptford Twsp.	19,368	2,357	12.2%	168	0.9%	7.1%	0.20	0.01

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Area Name	2000 Population	Elderly persons (age 65 and older)	Percent age 65 and older	Very old persons (age 85 or older)	Percent 85 years or older	% of elderly who are very old (85 years or older)	Density	
							Elderly persons per acre	Very old persons per acre
Westville Borough	4,500	633	14.1%	63	1.4%	10.0%	0.89	0.09
Woodbury City	10,307	1,702	16.5%	264	2.6%	15.5%	1.27	0.20
Woodbury Heights Boro.	2,988	396	13.3%	29	1.0%	7.3%	0.49	0.04
Woolwich Township	3,032	206	6.8%	21	0.7%	10.2%	0.02	0.00
Mercer County	**350,761**	**44,140**	**12.6%**	**5,426**	**1.5%**	**12.3%**	**0.30**	**0.04**
East Windsor Township	24,919	2,062	8.3%	402	1.6%	19.5%	0.20	0.04
Ewing Township	35,707	5,631	15.8%	761	2.1%	13.5%	0.57	0.08
Hamilton Township	87,109	13,623	15.6%	1,520	1.7%	11.2%	0.53	0.06
Hightstown Borough	5,216	562	10.8%	141	2.7%	25.1%	0.71	0.18
Hopewell Borough	2,035	215	10.6%	33	1.6%	15.3%	0.47	0.07
Hopewell Township	16,105	1,845	11.5%	130	0.8%	7.0%	0.05	0.00
Lawrence Township	29,159	3,953	13.6%	524	1.8%	13.3%	0.28	0.04
Pennington Borough	2,696	405	15.0%	51	1.9%	12.6%	0.65	0.08
Princeton Borough	14,203	1,321	9.3%	264	1.9%	20.0%	1.14	0.23
Princeton Township	16,027	2,463	15.4%	228	1.4%	9.3%	0.23	0.02
Trenton City	85,403	9,716	11.4%	1,201	1.4%	12.4%	1.87	0.23
Washington Township	10,275	995	9.7%	61	0.6%	6.1%	0.08	0.00
West Windsor Twsp.	21,907	1,349	6.2%	110	0.5%	8.2%	0.08	0.01
Bucks County	**597,635**	**74,094**	**12.4%**	**8,223**	**1.4%**	**11.1%**	**0.19**	**0.02**
Bedminster Township	4,804	615	12.8%	60	1.2%	9.8%	0.03	0.00
Bensalem Township	58,434	6,402	11.0%	709	1.2%	11.1%	0.48	0.05
Bridgeton Township	1,408	183	13.0%	14	1.0%	7.7%	0.04	0.00
Bristol Borough	9,923	1,559	15.7%	166	1.7%	10.6%	1.24	0.13
Bristol Township	55,521	7,046	12.7%	457	0.8%	6.5%	0.64	0.04
Buckingham Township	16,442	2,194	13.3%	199	1.2%	9.1%	0.10	0.01
Chalfont Borough	3,900	337	8.6%	24	0.6%	7.1%	0.31	0.02
Doylestown Borough	8,227	2,093	25.4%	531	6.5%	25.4%	1.52	0.39
Doylestown Township	17,619	3,173	18.0%	686	3.9%	21.6%	0.32	0.07
Dublin Borough	2,083	173	8.3%	15	0.7%	8.7%	0.45	0.04
Durham Township	1,313	156	11.9%	8	0.6%	5.1%	0.03	0.00
East Rockhill Township	5,199	461	8.9%	39	0.8%	8.5%	0.06	0.00
Falls Township	34,865	4,425	12.7%	251	0.7%	5.7%	0.26	0.01
Haycock Township	2,191	219	10.0%	18	0.8%	8.2%	0.02	0.00
Hilltown Township	12,102	1,460	12.1%	144	1.2%	9.9%	0.08	0.01
Hulmeville Borough	893	105	11.8%	11	1.2%	10.5%	0.41	0.04
Ivyland Borough	492	73	14.8%	7	1.4%	9.6%	0.32	0.03
Langhorne Borough	1,981	213	10.8%	19	1.0%	8.9%	0.67	0.06
Langhorne Manor Boro.	927	122	13.2%	6	0.6%	4.9%	0.30	0.01
Lower Makefield Twsp.	32,681	3,383	10.4%	267	0.8%	7.9%	0.29	0.02
Lower Southampton	19,276	2,762	14.3%	280	1.5%	10.1%	0.64	0.07
Middletown Township	44,141	5,749	13.0%	710	1.6%	12.3%	0.47	0.06
Milford Township	8,810	997	11.3%	119	1.4%	11.9%	0.06	0.01
Morrisville Borough	10,023	1,204	12.0%	129	1.3%	10.7%	0.93	0.10
New Britain Borough	3,125	286	9.2%	24	0.8%	8.4%	0.37	0.03
New Britain Township	10,698	1,273	11.9%	88	0.8%	6.9%	0.13	0.01
New Hope Borough	2,252	255	11.3%	14	0.6%	5.5%	0.29	0.02
Newtown Borough	2,312	371	16.0%	87	3.8%	23.5%	1.06	0.25
Newtown Township	18,206	1,501	8.2%	162	0.9%	10.8%	0.20	0.02
Nockamixon Township	3,517	339	9.6%	24	0.7%	7.1%	0.02	0.00

Area Name	2000 Population	Elderly persons (age 65 and older)	Percent age 65 and older	Very old persons (age 85 or older)	Percent 85 years or older	% of elderly who are very old (85 years or older)	Density	
							Elderly persons per acre	Very old persons per acre
Northampton Township	39,384	3,929	10.0%	536	1.4%	13.6%	0.24	0.03
Penndel Borough	2,420	319	13.2%	25	1.0%	7.8%	1.17	0.09
Perkasie Borough	8,828	937	10.6%	101	1.1%	10.8%	0.58	0.06
Plumstead Township	11,409	746	6.5%	45	0.4%	6.0%	0.04	0.00
Quakertown Borough	8,931	1,365	15.3%	254	2.8%	18.6%	1.06	0.20
Richland Township	9,920	1,366	13.8%	147	1.5%	10.8%	0.10	0.01
Richlandtown Borough	1,283	225	17.5%	75	5.8%	33.3%	1.29	0.43
Riegelsville Borough	863	134	15.5%	16	1.9%	11.9%	0.19	0.02
Sellersville Borough	4,564	373	8.2%	41	0.9%	11.0%	0.49	0.05
Silverdale Borough	1,001	62	6.2%	4	0.4%	6.5%	0.23	0.02
Solebury Township	7,743	896	11.6%	103	1.3%	11.5%	0.05	0.01
Springfield Township	4,963	641	12.9%	50	1.0%	7.8%	0.03	0.00
Telford Boro (Bucks)	2,211	568	25.7%	168	7.6%	29.6%	1.67	0.49
Tinicum Township	4,206	586	13.9%	48	1.1%	8.2%	0.03	0.00
Trumbauersville Boro.	1,059	121	11.4%	7	0.7%	5.8%	0.44	0.03
Tullytown Borough	2,031	344	16.9%	31	1.5%	9.0%	0.26	0.02
Upper Makefield Twsp.	7,180	734	10.2%	49	0.7%	6.7%	0.05	0.00
Upper Southampton	15,764	3,088	19.6%	446	2.8%	14.4%	0.73	0.11
Warminster Township	31,383	4,782	15.2%	410	1.3%	8.6%	0.73	0.06
Warrington Township	17,580	1,502	8.5%	100	0.6%	6.7%	0.17	0.01
Warwick Township	11,977	698	5.8%	50	0.4%	7.2%	0.10	0.01
West Rockhill Twshp.	4,233	903	21.3%	200	4.7%	22.1%	0.09	0.02
Wrightstown Township	2,839	280	9.9%	18	0.6%	6.4%	0.04	0.00
Yardley Borough	2,498	366	14.7%	31	1.2%	8.5%	0.56	0.05
Chester County	**433,501**	**50,677**	**11.7%**	**5,767**	**1.3%**	**11.4%**	**0.10**	**0.01**
Atglen Borough	1,217	96	7.9%	6	0.5%	6.3%	0.18	0.01
Avondale Borough	1,108	110	9.9%	8	0.7%	7.3%	0.35	0.03
Birmingham Township	4,221	293	6.9%	15	0.4%	5.1%	0.07	0.00
Caln Township	11,916	1,315	11.0%	94	0.8%	7.1%	0.23	0.02
Charlestown Township	4,051	402	9.9%	28	0.7%	7.0%	0.05	0.00
Coatesville City	10,838	1,317	12.2%	154	1.4%	11.7%	1.11	0.13
Downingtown Borough	7,589	1,072	14.1%	171	2.3%	16.0%	0.76	0.12
East Bradford Twsp.	9,405	860	9.1%	136	1.4%	15.8%	0.09	0.01
East Brandywine Twsp.	5,822	442	7.6%	41	0.7%	9.3%	0.06	0.01
East Caln Township	2,857	324	11.3%	31	1.1%	9.6%	0.14	0.01
East Coventry Twsp.	4,566	831	18.2%	161	3.5%	19.4%	0.12	0.02
East Fallowfield Twsp.	5,157	556	10.8%	46	0.9%	8.3%	0.06	0.00
East Goshen Township	16,824	3,080	18.3%	253	1.5%	8.2%	0.47	0.04
East Marlborough Twsp.	6,317	479	7.6%	35	0.6%	7.3%	0.05	0.00
East Nantmeal Twsp.	1,787	148	8.3%	9	0.5%	6.1%	0.01	0.00
East Nottingham Twsp.	5,516	400	7.3%	27	0.5%	6.8%	0.03	0.00
East Pikeland Twsp.	6,551	815	12.4%	78	1.2%	9.6%	0.14	0.01
Easttown Township	10,270	1,821	17.7%	202	2.0%	11.1%	0.34	0.04
East Vincent Township	5,493	795	14.5%	102	1.9%	12.8%	0.09	0.01
East Whiteland Twsp.	9,333	1,331	14.3%	251	2.7%	18.9%	0.19	0.04
Elk Township	1,485	117	7.9%	6	0.4%	5.1%	0.02	0.00
Elverson Borough	959	229	23.9%	12	1.3%	5.2%	0.36	0.02
Franklin Township	3,850	191	5.0%	17	0.4%	8.9%	0.02	0.00
Highland Township	1,125	146	13.0%	11	1.0%	7.5%	0.01	0.00
Honey Brook Borough	1,287	161	12.5%	28	2.2%	17.4%	0.52	0.09

Appendix A: Elderly Residents in the Delaware Valley by Municipality, 2000

Area Name	2000 Population	Elderly persons (age 65 and older)	Percent age 65 and older	Very old persons (age 85 or older)	Percent 85 years or older	% of elderly who are very old (85 years or older)	Density Elderly persons per acre	Very old persons per acre
Honey Brook Township	6,278	1,054	16.8%	321	5.1%	30.5%	0.06	0.02
Kennett Township	6,451	1,128	17.5%	196	3.0%	17.4%	0.11	0.02
Kennett Square Boro.	5,273	730	13.8%	112	2.1%	15.3%	1.06	0.16
London Britain Twsp.	2,797	218	7.8%	12	0.4%	5.5%	0.03	0.00
Londonderry Township	1,632	125	7.7%	8	0.5%	6.4%	0.02	0.00
London Grove Twsp.	5,265	456	8.7%	35	0.7%	7.7%	0.04	0.00
Lower Oxford Twsp.	4,319	326	7.5%	29	0.7%	8.9%	0.03	0.00
Malvern Borough	3,059	457	14.9%	50	1.6%	10.9%	0.56	0.06
Modena Borough	610	44	7.2%	1	0.2%	2.3%	0.20	0.00
New Garden Township	9,083	656	7.2%	47	0.5%	7.2%	0.06	0.00
Newlin Township	1,150	122	10.6%	8	0.7%	6.6%	0.02	0.00
New London Township	4,583	210	4.6%	16	0.3%	7.6%	0.03	0.00
North Coventry Twsp.	7,381	1,046	14.2%	75	1.0%	7.2%	0.12	0.01
Oxford Borough	4,315	854	19.8%	168	3.9%	19.7%	0.68	0.13
Parkesburg Borough	3,373	451	13.4%	51	1.5%	11.3%	0.56	0.06
Penn Township	2,812	574	20.4%	80	2.8%	13.9%	0.09	0.01
Pennsbury Township	3,500	969	27.7%	279	8.0%	28.8%	0.15	0.04
Phoenixville Borough	14,788	2,048	13.8%	251	1.7%	12.3%	0.88	0.11
Pocopson Township	3,350	517	15.4%	141	4.2%	27.3%	0.09	0.03
Sadsbury Township	2,582	301	11.7%	15	0.6%	5.0%	0.08	0.00
Schuylkill Township	6,960	861	12.4%	62	0.9%	7.2%	0.15	0.01
South Coatesville Boro.	997	171	17.2%	19	1.9%	11.1%	0.15	0.02
South Coventry Twsp.	1,895	277	14.6%	36	1.9%	13.0%	0.06	0.01
Spring City Borough	3,305	375	11.3%	48	1.5%	12.8%	0.72	0.09
Thornbury Township	2,678	193	7.2%	18	0.7%	9.3%	0.08	0.01
Tredyffrin Township	29,062	4,275	14.7%	386	1.3%	9.0%	0.34	0.03
Upper Oxford Twsp.	2,095	180	8.6%	12	0.6%	6.7%	0.02	0.00
Upper Uwchlan Twsp.	6,850	276	4.0%	22	0.3%	8.0%	0.04	0.00
Uwchlan Township	16,576	1,089	6.6%	75	0.5%	6.9%	0.16	0.01
Valley Township	5,116	628	12.3%	96	1.9%	15.3%	0.16	0.03
Wallace Township	3,240	244	7.5%	26	0.8%	10.7%	0.03	0.00
Warwick Township	2,556	303	11.9%	36	1.4%	11.9%	0.02	0.00
West Bradford Twsp.	10,775	762	7.1%	40	0.4%	5.2%	0.06	0.00
West Brandywine Twsp.	7,153	979	13.7%	110	1.5%	11.2%	0.11	0.01
West Caln Township	7,054	643	9.1%	31	0.4%	4.8%	0.05	0.00
West Chester Borough	17,861	1,611	9.0%	270	1.5%	16.8%	1.38	0.23
West Fallowfield Twsp.	2,485	269	10.8%	21	0.8%	7.8%	0.02	0.00
West Goshen Township	20,495	2,208	10.8%	243	1.2%	11.0%	0.29	0.03
West Grove Borough	2,652	215	8.1%	24	0.9%	11.2%	0.54	0.06
West Marlborough Twp.	859	84	9.8%	7	0.8%	8.3%	0.01	0.00
West Nantmeal Twsp.	2,031	254	12.5%	13	0.6%	5.1%	0.03	0.00
West Nottingham Twsp.	2,634	265	10.1%	29	1.1%	10.9%	0.03	0.00
West Pikeland Twsp.	3,551	268	7.5%	14	0.4%	5.2%	0.04	0.00
West Sadsbury Twsp.	2,444	255	10.4%	14	0.6%	5.5%	0.04	0.00
Westtown Township	10,352	1,022	9.9%	70	0.7%	6.8%	0.18	0.01
West Vincent Township	3,170	321	10.1%	27	0.9%	8.4%	0.03	0.00
West Whiteland Twsp.	16,499	1,458	8.8%	111	0.7%	7.6%	0.18	0.01
Willistown Township	10,011	1,574	15.7%	90	0.9%	5.7%	0.13	0.01

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Area Name	2000 Population	Elderly persons (age 65 and older)	Percent age 65 and older	Very old persons (age 85 or older)	Percent 85 years or older	% of elderly who are very old (85 years or older)	Density	
							Elderly persons per acre	Very old persons per acre
Delaware County	**550,864**	**85,669**	**15.6%**	**10,868**	**2.0%**	**12.7%**	**0.70**	**0.09**
Aldan Borough	4,313	684	15.9%	62	1.4%	9.1%	1.74	0.16
Aston Township	16,203	2,401	14.8%	219	1.4%	9.1%	0.64	0.06
Bethel Township	6,421	542	8.4%	78	1.2%	14.4%	0.16	0.02
Brookhaven Borough	7,985	1,472	18.4%	105	1.3%	7.1%	0.26	0.02
Chadds Ford Twsp.	3,170	447	14.1%	28	0.9%	6.3%	0.41	0.03
Chester City	36,854	4,343	11.8%	493	1.3%	11.4%	1.12	0.13
Chester Township	4,604	344	7.5%	31	0.7%	9.0%	0.24	0.02
Chester Heights Boro.	2,481	231	9.3%	11	0.4%	4.8%	0.26	0.01
Clifton Heights Boro.	6,779	1,009	14.9%	75	1.1%	7.4%	2.51	0.19
Collingdale Borough	8,664	1,127	13.0%	99	1.1%	8.8%	2.00	0.18
Colwyn Borough	2,453	241	9.8%	13	0.5%	5.4%	1.45	0.08
Concord Township	11,239	1,402	12.5%	112	1.0%	8.0%	0.16	0.01
Darby Borough	10,299	1,402	13.6%	353	3.4%	25.2%	2.66	0.67
Darby Township	9,622	1,693	17.6%	88	0.9%	5.2%	1.85	0.10
East Lansdowne Boro.	2,586	362	14.0%	55	2.1%	15.2%	2.75	0.42
Eddystone Borough	2,442	354	14.5%	35	1.4%	9.9%	0.37	0.04
Edgmont Township	3,918	832	21.2%	239	6.1%	28.7%	0.13	0.04
Folcroft Borough	6,978	935	13.4%	43	0.6%	4.6%	1.05	0.05
Glenolden Borough	7,476	1,103	14.8%	108	1.4%	9.8%	1.77	0.17
Haverford Township	48,498	8,471	17.5%	1,263	2.6%	14.9%	1.33	0.20
Lansdowne Borough	11,044	1,537	13.9%	199	1.8%	12.9%	1.99	0.26
Lower Chichester Twsp.	3,591	380	10.6%	27	0.8%	7.1%	0.54	0.04
Marcus Hook Boro.	2,314	258	11.1%	24	1.0%	9.3%	0.26	0.02
Marple Township	23,737	5,234	22.0%	846	3.6%	16.2%	0.78	0.13
Media Borough	5,533	1,139	20.6%	210	3.8%	18.4%	2.34	0.43
Middletown Township	16,064	4,617	28.7%	1,264	7.9%	27.4%	0.54	0.15
Millbourne Borough	943	70	7.4%	8	0.8%	11.4%	1.60	0.18
Morton Borough	2,715	418	15.4%	37	1.4%	8.9%	1.77	0.16
Nether Providence Twp.	13,456	2,360	17.5%	247	1.8%	10.5%	0.78	0.08
Newtown Township	11,700	2,564	21.9%	417	3.6%	16.3%	0.40	0.06
Norwood Borough	5,985	717	12.0%	49	0.8%	6.8%	1.39	0.09
Parkside Borough	2,267	301	13.3%	31	1.4%	10.3%	2.33	0.24
Prospect Park Boro.	6,594	910	13.8%	141	2.1%	15.5%	1.90	0.30
Radnor Township	30,878	4,143	13.4%	681	2.2%	16.4%	0.47	0.08
Ridley Township	30,791	5,290	17.2%	400	1.3%	7.6%	7.78	0.59
Ridley Park Borough	7,196	1,397	19.4%	162	2.3%	11.6%	0.41	0.05
Rose Valley Borough	944	157	16.6%	6	0.6%	3.8%	0.34	0.01
Rutledge Borough	860	99	11.5%	8	0.9%	8.1%	0.99	0.08
Sharon Hill Borough	5,468	693	12.7%	70	1.3%	10.1%	1.42	0.14
Springfield Township	23,677	4,815	20.3%	443	1.9%	9.2%	1.19	0.11
Swarthmore Borough	6,170	853	13.8%	84	1.4%	9.8%	0.95	0.09
Thornbury Township	**5,787**	440	7.6%	34	0.6%	7.7%	0.07	0.01
Tinicum Township	4,353	670	15.4%	60	1.4%	9.0%	0.12	0.01
Trainer Borough	1,901	264	13.9%	22	1.2%	8.3%	0.30	0.02
Upland Borough	2,977	443	14.9%	38	1.3%	8.6%	1.04	0.09
Upper Chichester Twsp.	16,842	2,171	12.9%	166	1.0%	7.6%	0.51	0.04
Upper Darby Township	81,821	11,201	13.7%	1,267	1.5%	11.3%	2.25	0.25
Upper Providence Twp.	10,509	1,319	12.6%	99	0.9%	7.5%	0.35	0.03
Yeadon Borough	11,762	1,814	15.4%	318	2.7%	17.5%	1.76	0.31

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							Elderly persons per acre	Very old persons per acre
Montgomery County	**750,097**	**111,797**	**14.9%**	**14,717**	**2.0%**	**13.2%**	**0.36**	**0.05**
Abington Township	56,103	10,699	19.1%	1,517	2.7%	14.2%	1.08	0.15
Ambler Borough	6,426	1,115	17.4%	223	3.5%	20.0%	2.08	0.42
Bridgeport Borough	4,371	657	15.0%	65	1.5%	9.9%	1.46	0.14
Bryn Athyn Borough	1,351	229	17.0%	26	1.9%	11.4%	0.18	0.02
Cheltenham Township	36,875	6,873	18.6%	1,080	2.9%	15.7%	1.19	0.19
Collegeville Borough	4,628	417	9.0%	47	1.0%	11.3%	0.41	0.05
Conshohocken Boro.	7,589	1,148	15.1%	132	1.7%	11.5%	1.75	0.20
Douglass Township	9,104	970	10.7%	78	0.9%	8.0%	0.10	0.01
East Greenville Boro.	3,103	243	7.8%	23	0.7%	9.5%	0.75	0.07
East Norriton Twsp.	13,211	2,698	20.4%	434	3.3%	16.1%	0.69	0.11
Franconia Township	11,523	2,263	19.6%	430	3.7%	19.0%	0.26	0.05
Green Lane Borough	584	74	12.7%	7	1.2%	9.5%	0.35	0.03
Hatboro Borough	7,393	1,119	15.1%	140	1.9%	12.5%	1.22	0.15
Hatfield Borough	2,605	304	11.7%	38	1.5%	12.5%	0.76	0.10
Hatfield Township	16,712	1,862	11.1%	212	1.3%	11.4%	0.29	0.03
Horsham Township	24,232	2,375	9.8%	147	0.6%	6.2%	0.21	0.01
Jenkintown Borough	4,478	940	21.0%	144	3.2%	15.3%	2.55	0.39
Lansdale Borough	16,071	2,505	15.6%	432	2.7%	17.2%	1.32	0.23
Limerick Township	13,534	1,147	8.5%	81	0.6%	7.1%	0.08	0.01
Lower Frederick Twsp.	4,795	355	7.4%	23	0.5%	6.5%	0.07	0.00
Lower Gwynedd Twsp.	10,422	2,358	22.6%	556	5.3%	23.6%	0.40	0.09
Lower Merion Twsp.	59,850	11,043	18.5%	1,846	3.1%	16.7%	0.72	0.12
Lower Moreland Twsp.	11,281	2,297	20.4%	247	2.2%	10.8%	0.49	0.05
Lower Pottsgrove Twp.	11,213	1,332	11.9%	166	1.5%	12.5%	0.26	0.03
Lower Providence Twp.	22,390	2,209	9.9%	124	0.6%	5.6%	0.22	0.01
Lower Salford Twsp.	12,893	953	7.4%	75	0.6%	7.9%	0.10	0.01
Marlborough Township	3,104	396	12.8%	42	1.4%	10.6%	0.05	0.01
Montgomery Township	22,025	2,497	11.3%	227	1.0%	9.1%	0.37	0.03
Narberth Borough	4,233	537	12.7%	63	1.5%	11.7%	1.73	0.20
New Hanover Township	7,369	794	10.8%	57	0.8%	7.2%	0.06	0.00
Norristown Borough	31,282	3,694	11.8%	409	1.3%	11.1%	1.59	0.18
North Wales Borough	3,342	348	10.4%	40	1.2%	11.5%	0.94	0.11
Pennsburg Borough	2,732	386	14.1%	74	2.7%	19.2%	0.76	0.15
Perkiomen Township	7,093	378	5.3%	27	0.4%	7.1%	0.12	0.01
Plymouth Township	16,045	3,088	19.2%	225	1.4%	7.3%	0.57	0.04
Pottstown Borough	21,859	3,548	16.2%	430	2.0%	12.1%	1.12	0.14
Red Hill Borough	2,196	397	18.1%	43	2.0%	10.8%	0.92	0.10
Rockledge Borough	2,577	399	15.5%	48	1.9%	12.0%	1.80	0.22
Royersford Borough	4,246	640	15.1%	69	1.6%	10.8%	1.20	0.13
Salford Township	2,363	249	10.5%	14	0.6%	5.6%	0.04	0.00
Schwenksville Borough	1,693	222	13.1%	33	1.9%	14.9%	0.86	0.13
Skippack Township	9,920	550	5.5%	34	0.3%	6.2%	0.06	0.00
Souderton Borough	6,730	852	12.7%	74	1.1%	8.7%	1.19	0.10
Springfield Township	19,533	4,556	23.3%	896	4.6%	19.7%	1.05	0.21
Telford Borough (part)	2,469	273	11.1%	16	0.6%	5.9%	0.85	0.05
Towamencin Township	17,597	2,400	13.6%	295	1.7%	12.3%	0.39	0.05
Trappe Borough	3,210	320	10.0%	13	0.4%	4.1%	0.24	0.01
Upper Dublin Township	25,878	3,539	13.7%	362	1.4%	10.2%	0.42	0.04
Upper Frederick Twsp.	3,141	454	14.5%	117	3.7%	25.8%	0.07	0.02

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Upper Gwynedd Twsp.	14,243	1,829	12.8%	236	1.7%	12.9%	0.35	0.05
Upper Hanover Twsp.	4,885	615	12.6%	47	1.0%	7.6%	0.05	0.00
Upper Merion Twsp.	26,863	4,208	15.7%	318	1.2%	7.6%	0.38	0.03
Upper Moreland Twsp.	24,993	4,579	18.3%	651	2.6%	14.2%	0.90	0.13
Upper Pottsgrove Twp.	4,102	442	10.8%	33	0.8%	7.5%	0.14	0.01
Upper Providence Twp.	15,398	1,521	9.9%	337	2.2%	22.2%	0.13	0.03
Upper Salford Twsp.	3,024	308	10.2%	23	0.8%	7.5%	0.05	0.00
West Conshohocken	1,446	179	12.4%	8	0.6%	4.5%	0.31	0.01
West Norriton Twsp.	14,901	2,315	15.5%	192	1.3%	8.3%	0.59	0.05
West Pottsgrove Twsp.	3,815	514	13.5%	47	1.2%	9.1%	0.34	0.03
Whitemarsh Township	16,702	2,630	15.7%	359	2.1%	13.7%	0.28	0.04
Whitpain Township	18,562	2,764	14.9%	384	2.1%	13.9%	0.34	0.05
Worcester Township	7,789	1,191	15.3%	181	2.3%	15.2%	0.11	0.02
Philadelphia Co.	**1,517,550**	**213,722**	**14.1%**	**27,339**	**1.8%**	**12.8%**	**2.34**	**0.30**
Philadelphia City	1,517,550	213,722	14.1%	27,339	1.8%	12.8%	2.34	0.30

Source: United States Census Bureau, 2000 Census of Population and Housing, Summary File 1. Compiled by DVRPC.

Appendix B

**Federal, State, and Regional Agencies and Organizations
Providing Services to the Elderly**

Federal Agencies

The U.S. Administration on Aging

This agency, a part of the U.S. Department of Health and Human Services, is one of the nation's largest providers of home- and community-based care for older persons and their caregivers. The AoA provides leadership, technical assistance, and support to the national aging network -- a network that consists of state, area, and tribal agencies on aging, service providers, and thousands of volunteers. AoA services include supportive assistance, nutrition initiatives, preventive health services, caregiver support, services that protect the rights of vulnerable older persons, and an Eldercare Locator -- a national toll-free service to help callers find services in their own communities or throughout the country.

Contacts:

United States Administration on Aging
Washington, DC 20201
Tel: (202) 619-0724
Website: www.aoa.gov

Administration on Aging Regional Office
26 Federal Plaza, Room 38-102
New York, NY 10278
Tel: (212) 264-2976 or (212) 264-2977

The U.S Department of Housing and Urban Development (HUD)

HUD is the cabinet-level agency created by the Department of Housing and Urban Development Act of 1965 to ensure a decent, safe home and a suitable living environment for every American. It is responsible for national policy and programs that address not only housing needs, but also the development of the nation's communities and the enforcement of fair housing legislation. HUD plays a major role in supporting homeownership by underwriting homeownership for low and moderate-income families through its mortgage insurance programs. HUD provides information tailored to the elderly population, including advice on home modification, fraud protection, and retirement living.

Contacts:

United States Department of Housing and Urban Development
451 7th Street S.W., Washington, DC 20410
Tel: (202) 708-1112
Website: www.hud.gov

Region III – Philadelphia Office:
Guy Ciarrochi., Regional Director
The Wanamaker Building
100 Penn Square, East
Philadelphia, PA 19107-3380
Tel: (215) 656-0500
Fax: (215) 656-3433

Region II – Camden Office:
Diane Johnson, Acting Field Office Director
Hudson Building, 2nd Floor
800 Hudson Square
Camden, NJ 08102-1156
Tel: (856) 757-5081
Fax: (856) 757-5373

State Agencies

Pennsylvania Department of Aging

This state department lobbies for the interests of older Pennsylvanians at all levels of government. The department oversees many services and benefits to Pennsylvania's elderly, and works with the Governor's Office and the General Assembly on legislation affording older persons a quality way of life. The Pennsylvania Department of Aging is the hub for state coordination and planning for elderly initiatives in Pennsylvania, including long-term care programs for the frail and chronically ill.

Contact:

Commonwealth of Pennsylvania
Department of Aging
555 Walnut Street, 5th Floor
Harrisburg, PA 17101
Tel: (717) 783-1550
Fax: (717) 783-6842
Website: http://www.aging.state.pa.us/

New Jersey Department of Health and Senior Services – Division of Aging and Community Services

This state agency's mission is to foster accessible and high-quality health and senior services that enable all people in New Jersey to achieve optimal health, dignity, and independence. The Division accomplishes this mission through leadership, collaborative partnerships, advocacy, and service. The Division's programs include both NJ EASE (New Jersey Easy Access, Single Entry), an initiative to provide a new and easy way for seniors and their families to learn about and obtain needed services through a toll-free telephone number; and the "Caring for You, Caring for Me: Education and Support for Caregivers" program, which provides education and support to those caring for family members or friends in an effort to reduce caregiver stress and maximize capabilities.

Contact:

New Jersey Dept. of Health and Senior Services
Division of Aging and Community Services
P.O. Box 807
Trenton, NJ 08625-0807
Tel: (609) 943-3437
Website: http://www.state.nj.us/health/

Area Agencies on Aging (AAAs): Pennsylvania

Bucks County Area Agency on Aging

The Bucks County Area Agency on Aging is responsible for the planning and implementation of a variety of services and programs to assist older persons in Bucks County. The broad goal of the agency is to develop comprehensive services to help the elderly remain independent and prevent premature institutionalization. It offers more than 20 programs to help seniors and their families.

Contact:

Charles A. Kane, NHA, Director
Bucks County Area Agency on Aging

30 E. Oakland Avenue
Doylestown, Pa. 18901
Tel: (215) 348-0510
Fax: (215) 348-9253
Web: http://www.buckscounty.org

Chester County Department of Aging Services

Established in 1971, this agency seeks to develop, coordinate, and support comprehensive community-based services that help people age 60 and older remain independent in the community. The Department provides a variety of supportive services provided either directly by departmental staff or through contracts with private community service providers.

Contact:

Chester County Department of Aging Services
Information & Referral Unit
601 Westtown Road, Suite 130
P.O. Box 2747
West Chester, PA 19380-0990
Tel: (610) 344-6350
Website: http://www.chesco.org/aging/

Delaware County Office of Services for the Aging (COSA)

Established in 1975, COSA's mission is to plan, develop, coordinate, and administer a comprehensive and coordinated service system for older county residents to promote well-being and to maintain independence for as long as possible. COSA offers various community, information, and in-home services.

Contact:

County of Delaware Services for the Aging
206 Eddystone Avenue, Second Floor
Eddystone, PA 19022-1594
Tel: (610) 490-1300
Fax: (610) 490-1500 or 1600
Website: www.delcosa.org

Montgomery County Department of Aging and Adult Services

This agency is responsible for the planning, coordinating, and monitoring of services for county residents age 60 and older. It aids these older residents by offering a wide-range of services, including information and referral, case management, and ombudsman services.

Contact:

MCAAS Central Office
Human Services Center
1430 DeKalb Pike, Box 311
Norristown, PA 19404-0311
Tel: (610) 278-3601
Website: http://www.montcopa.org/mcaas/

Philadelphia Corporation for Aging (PCA)

This non-profit organization was established to serve as the Area Agency on Aging for Philadelphia County. Its mission is to improve the quality of life for the elderly and disabled in Philadelphia. PCA offers such support services as long-term care programs (in-home care, long-term care access, family caregiver support) and community programs (including health and nutrition, protective and transportation services).

Contact:

Philadelphia Corporation for Aging
642 N. Broad Street
Philadelphia, PA 19130
Tel: (215) 765-9000
Fax: (215) 765-9066
Website: www.pcaphl.org

Area Agencies on Aging (AAAs): New Jersey

Burlington County Office of Aging

The Burlington County Office on Aging plans and coordinates services for senior citizens of Burlington County. It also prepares and administers an Annual Area Plan for programs on aging under Title III of the Older Americans Act.

Contact:

Burlington County Office on Aging
Human Services Facility
795 Woodlane Road
Westampton, NJ 08060
Tel: (609) 265-5069
Fax: (609) 265-3725
Website: http://www.co.burlington.nj.us/
departments/aging/

Camden County Division of Senior Services

This agency provides a wide-range of programs and services whose overall purpose is to ensure a better quality of life for the older residents of Camden County. It supervises these senior programs for its population of over 82,000 senior residents and serves as the central clearinghouse for all seniors programs in the County, regardless of their funding source.

Contact:

Jessica Breen, Program Coordinator
Camden County Division of Senior Services
Parkview on the Terrace
700 Browning Road, Suite 11
Collingswood, NJ 08107
Tel: (856) 858-2986
Fax: (856) 858-2057
Website: http://www.camdencounty.com/
government/offices/seniors/index.html

Gloucester County Department on Aging

This Department coordinates and administers programs under the Area Plan with funds provided by the Division on Aging and the Gloucester County Board of Chosen Freeholders. The Department on Aging provides information and assistance to aid residents of Gloucester County 60 years of age or older and their families.

Contact:

Gloucester County Division of Senior Services
211 County House Road
Sewell, NJ 08080
Tel: (856) 384-6910

Mercer County Office on Aging

Since 1975, the Mercer County Office on Aging has provided information and referral services to meet the evolving needs and concerns of the County's older residents and their families. The Office's initiatives include a nutrition project for the elderly that is implemented at over ten sites throughout the County.

Contact:

Mercer County Office on Aging
640 S. Broad Street, P.O. Box 8068
Trenton, NJ 08650-0068
Tel: (609) 989-6661/6662
Website: http://www.mercercounty.org/
human_services/ooa/index.htm

Statewide Non-Profit Organizations: Pennsylvania

Action Alliance of Senior Citizens (AASC)

AASC is a non-profit coalition of Pennsylvania's senior citizen organizations established over 33 years ago to unite member organizations and devise solutions to problems affecting the elderly. The Coalition sponsors the Action Alliance Research and Education Program, holds monthly delegate meetings, and organizes campaigns to reduce the cost of utilities and health care for the elderly and educate voters on issues impacting the Commonwealth's seniors.

Contact:

Local address:
Action Alliance of Senior Citizens
2740 North Front Street
Philadelphia, Pennsylvania 19133
Tel.: 215-425-6548

Statewide address:
Action Alliance of Senior Citizens
P.O. Box 10510
Harrisburg, Pennsylvania 17105
Tel.: 1-800-672-3135
Website: www.pasenioraction.org

National Organizations

American Association of Homes and Services for the Aging (AAHSA)

In November 1961, the American Association of Homes and Services for the Aging [AAHSA], originally known as the American Association of Homes for the Aging (AAHA), was founded in 1994 by a group of senior housing and long-term care leaders meeting in New York State. The Association is an acknowledged leader in aging services, providing wide-ranging services for its members in addition to ongoing advocacy, information and education. AAHSA's member non-profit organizations serve over two million people each day, offering a continuum of aging services: adult day services, home-based health care, community services, senior housing, assisted living residences, continuing care retirement communities, and nursing homes.

Contact:

AAHSA
2519 Connecticut Avenue, NW
Washington, DC 20008-1520
Phone (202) 783-2242
Fax (202) 783-2255
Website: www.aahsa.org

AARP (formerly known as the American Association of Retired Persons)

The AARP is the leading nonprofit, nonpartisan membership organization for people age 50 and over in the United States. The group is known for providing a wealth of services to this growing segment of the population. AARP informs members and the public on issues important to this age group; advocates on legislative, consumer and legal issues; promotes community service; and offers a wide range of special products and services to its members.

Contacts:

AARP
601 E. Street NW
Washington, DC 20049
Website: www.aarp.org

AARP PA Information Center
733 Walnut Street
Philadelphia, PA 19106
Tel: (215) 629-7445
Website: www.aarp.org/pa

AARP New Jersey State Office
Forrestal Village
132 Main Street
Princeton, NJ 08540
Tel: (609) 987-0744
Website: http://www.aarp.org/nj

National Association of Area Agencies on Aging (N4A)

The National Association of Area Agencies on Aging is the umbrella organization for the 655 area agencies on aging and more the 230 Title VI Native American aging programs in the United States. N4A advocates on behalf of the local aging agencies to ensure that resources and support services are available to older Americans. N4A's primary mission is to build the capacity of its members to provide options to the elderly and persons with disabilities that enable them to live with dignity in their homes and communities for as long as possible. N4A publishes the *National Directory for Eldercare Information & Referral*, which includes a listing of all AAAs and State Units on Aging, and, for its members, *Legislative Updates*, *Advocacy Alerts*, and *In Step with N4A.*

Contact:

N4A
1730 Rhode Island Avenue, NW, Suite 1200
Washington, DC 20036
Tel: 202-872-0888
Fax: 202-872-0057
Website: http://www.n4a.org/default.cfm

National Council on the Aging (NCOA)

The National Council on the Aging is the first association of organizations and professionals dedicated to promoting the dignity, well-being, and contributions of older persons. Its members include adult day service centers, area agencies on aging, senior housing, faith congregations,

and health centers. NCOA is a powerful national advocate for public policies, societal attitudes, and business practices that promote vital aging. It turns its creative ideas into actual services and programs that serve seniors in hundreds of communities.

Contact:

NCOA Headquarters
300 D Street, SW, Suite 801
Washington, DC 20024
Tel: (202) 479-1200
Fax: (202) 479-0735
Website: www.ncoa.org

American Association of Homes and Services for the Aging (AAHSA)

The AAHSA is a not-for-profit association representing more than 5,600 nonprofit housing and service providers for older adults through interaction with Congress and federal agencies. Its goal is to advance the vision of healthy, affordable, long-term care for America. The AAHSA web site describes the types of residences available to seniors and what they should look for, and offers a search device for member facilities by community. Until January 2003, the AAHSA sponsored the Continuing Care Accreditation Commission, the only accrediting body for aging services continuums (including continuing care retirement communities).

Contact:

AAHSA
2519 Connecticut Avenue, NW
Washington, DC 20008
Tel: (202) 783-2242
Fax: (202) 783-2255
Website: www.aahsa.org

National Resource Center on Supportive Housing and Home Modification (NRCSHHM)

The NRCSHHM is headquartered at the Ethel Percy Andrus Gerontology Center at the University of Southern California. Its mission is to make supportive housing and home

modification a more integral component of successful aging, long-term care, preventive health, and the development of elder-friendly communities. The Center, through varied approaches, seeks to build a solid knowledge base through applied research and policy analysis that focus on existing single and multi-unit housing and new single and multi-unit housing. The NRCSHHM web site includes links to various published research projects on aging in place and housing frail elders, including case studies of exemplary state home modification policies and programs.

Contact:

USC Andrus Gerontology Center
3715 McClintock Avenue
Los Angeles, CA 90089
Tel: (213) 740-1364
Fax: (213) 740-7069
Website: http://www.usc.edu/dept/gero/nrcshhm/

Senior Service America (formerly the National Council for Senior Citizens, NCSC)

Senior Service America works to improve the lives of the elderly. It is one of the leading activist voices for older Americans and is one of the largest organizations today representing senior citizens and their families. Created in 1961 to lead the charge to enact a health care program for senior citizens (which would become Medicare), the NCSC continues to battle on the behalf of America's seniors to protect Medicare, Medicaid, Social Security, housing, social opportunities, and jobs.

Contact:

Senior Service America
8403 Colesville Road, Suite 1200
Silver Spring. MD 20910
Telephone: 301-578-8900
Website: http://www.seniorserviceamerica.org/

Global Action on Aging

Global Action on Aging is an international grassroots citizen group that works on issues of concern to older people. It reports on older people's needs and potential within the global world economy. The Global Action on Aging network links together activities in the aging field worldwide and allows Global Action to work with various organizations on these projects in order to feed its research. Such projects include the Elder-Rights Project, which advocates in favor of protection of older persons, and the Pension Watch, which addresses recent worldwide pension reductions and social security reform movements that reduce social services and income support for the elderly.

Contact:

Global Action on Aging
PO Box 20022
New York, NY 10025
Tel: (212) 557-3163
Fax: (212) 557-3164
Website: www.globalaging.org

National Association of Senior Friends

The National Association of Senior Friends is a national, not for profit, wellness organization specifically designed for adults aged 50 and older. The Association provides educational, health-related, fitness and social events, and has over 250,000 members in over 200 chapters throughout the country. Helpful services include screenings and hospital benefits.

Contact:

National Association of Senior Friends
One Park Plaza
Building One, 4-E
Nashville, TN   37203
Tel: (615) 344-5953
Website: www.seniorfriends.com

The Seniors Coalition

The Seniors Coalition is a non-profit, nonpartisan education and issue- advocacy organization that represents the interests and concerns of America's senior citizens both at the state and federal levels.

Contact:

The Seniors Coalition
9001 Braddock Rd. Suite 200
Springfield, VA 22151
Tel: (703) 239-1960
Fax: (703) 239-1985
Website: www.senior.org

Senior Corps

Senior Corps connects senior citizens with the people and organizations that need them most, helping them become mentors, coaches or companions to people in need, or contribute their job skills and expertise to community projects and organizations. Conceived during John F. Kennedy's presidency, Senior Corps currently links more than 500,000 Americans to service opportunities with individuals, nonprofits, and faith-based and other community organizations throughout the United States.

Senior Corps programs include the Foster Grandparent Program, the Senior Companion Program, the Homeland Security Special Volunteer Program, and the Retired Senior Volunteer Program (RSVP). Senior Corps is a program of the Corporation for National and Community Service, an independent federal agency created to connect Americans of all ages and backgrounds with opportunities for volunteerism.

Contact:

Senior Corps
New Jersey State Office
44 South Clinton Avenue, Suite 312
Trenton, New Jersey 08609-1241
Tel.: 609-989-0474

Senior Corps
Pennsylvania State Office
900 Market Street, Room 229
Philadelphia, Pennsylvania 19107
Tel.: 215-597-2834
Fax: 215-597-2807

Title of Report: The Aging of the Baby Boomers: Housing Seniors in the Delaware Valley

Publication No.:   07003

Date Published: January 2007

Geographic Area Covered: Nine county Delaware Valley region, including Bucks, Chester, Delaware, Montgomery, and Philadelphia counties in Pennsylvania and Burlington, Camden, Gloucester, and Mercer counties in New Jersey

Key Words: elderly, near-elderly, aging in place, baby boomers, NORCs, accessory dwelling units, elder cottages, age-restricted communities, senior co-housing, assisted living, life-care facilities

ABSTRACT: The number of elderly residents has increased dramatically throughout the nation and the region in recent years, and is expected to continue to increase at a record pace. *The Aging of the Baby Boomers: Housing Seniors in the Delaware Valley* extends the work begun in DVRPC's *Getting Older and Getting Around* (report #99015) by considering issues related to housing for the elderly, as a means of offering guidance to county and municipal officials faced with a growing suburban elderly population. The report's first chapter presents a national demographic profile of the elderly, followed by an annotated account of the federal study *A Quiet Crisis in America*. This discussion of the issue at the national level sets the stage for a review of the Delaware Valley region's elderly demographics. The report also includes a discussion of available alternatives to aging in place as well as a listing of agencies currently working to provide services to seniors.

The Aging of the Baby Boomers presents several recommendations for expanding housing options and creating communities where residents can successfully age in place. To expand the stock of accessible, affordable housing options for seniors, the study recommends that municipal officials revise their plans and zoning codes to allow a variety of housing types, increased densities, and an integration of land uses. To preserve the existing housing stock, assistance should be available to elderly homeowners for rehabilitation as well as home modifications to improve accessibility. Providing property tax relief and energy assistance programs to elderly homeowners would improve housing affordability. Local officials should also strive to make their communities more "elder-friendly," by expanding transit and paratransit services and by enhancing and securing the pedestrian environment. Finally, policies geared toward protecting the rights and enhancing the quality of life of the region's elderly, including suburban baby boomers who want to age in place, should be promoted. Funding for agencies that provide services to the elderly should be expanded; healthcare and supportive services should be coordinated with housing services; and concentrations of elderly residents and near-elderly residents should be identified and resources targeted to those areas.

Delaware Valley Regional Planning Commission