Opting for Independence

Case Study Report:

Stair Masters and Stair Lifts

Opting for Independence

To live where your heart has always been

Opting for Independence

…when your health care needs are changing and you want to stay in the home you love.

Stair Masters and Stair Lifts: A Case Study Report on attitudes of older adults toward aging in place.

December, 2011

The Coordinating Center

For more information, contact The Coordinating Center at
8258 Veterans Highway, Suite 13 • Millersville, MD 21108
410-987-1048 • pmadachy@coordinatingcenter.org.

The Coordinating Center
Opting for Independence Case Study Report

Aging in Place: "Stair Masters and Stair Lifts"
Interviews with Older Adults

TABLE OF CONTENTS

Executive Summary

The Coordinating Center (The Center) is pleased to release the *Opting for Independence Case Study Project Report: Aging in Place – Stair Masters and Stair Lifts."* This report is a part of the larger Opting for Independence (OFI) program that is piloted in partnership with the Howard County Office on Aging to provide direct service to adults over age 65 living in selected zip codes. Grant funding for OFI is from the U.S. Department of Health and Human Services, Administration on Aging, and Community Innovations for Aging in Place Program (http://www.ciaip.org/).

In Howard County, Maryland, for six weeks in the summer of 2011, The Center and its community partners conducted thirty open ended interviews with older adults in selected Columbia ZIP codes. The goal for this qualitative research was to learn what individuals are thinking about their personal aging in place prospects.

The Center also viewed the Case Study Project as a way to engage the community. The Project provided a vehicle for community members to understand how older adults use their strengths to stay at home and the range of supports they anticipate needing in their future. As a result, aging in place can be seen as a community opportunity, not simply the personal choice of an older adult.

Howard County has a fast growing aging population with highly educated residents. It often appears on national lists of desired places to live, situated between major metropolitan centers of Baltimore, Maryland and Washington D.C. Over the years, median income has grown, in 2009 the County's median annual household income was $101, 417, compared with $69,193 for Maryland. While not all older adults reflect these demographics, the Case Study sheds light on how universal the concerns are among older adults wanting to remain in their homes.

The Case Study Project was led by The Center, a mission driven nonprofit organization providing statewide care coordination to persons with complex health and social needs. Since 1983, The Center has helped over 10,000 children and adults safely leave hospitals and nursing facilities to live at home, or continue to stay in the community with healthier outcomes. Opting for Independence, with its focus on older adults and their family support networks is its newest service.

Partnership and Community Engagement

The Case Study Project was designed to inform and engage the Howard County community. It drew the attention of residents, elected officials, and community advocates, all of whom enriched the project and created dynamic community roots for the project.

The Center's premier partner was Leadership Howard County along with six members of the Class of 2011 who chose the effort as their community project. They provided essential leadership and community ownership and remained involved through the report's release.

PATH members (People Acting Together in Howard), an advocacy network in Howard County and an affiliate of the Industrial Areas Foundation (IAF), were effective in identifying interviewees.

The local chapter of the National Active and Retired Federal Employees also assisted. Senior centers publicized the Case Study Project to its members.

Professional partners included the New York Academy of Medicine's Center for Evaluation and Applied Research; Howard Community College's Executive Director of Planning, Research and Organizational Development; Transcripts 4 North America; and a professional coding consultant.

Findings

"Stair Masters" are a symbol of the many actions that interviewees describe as a positive part of aging in place, representing personal action to stay healthy and active. "Stair Lifts" represent a potential solution when stairs in the current home prove to be an overwhelming barrier.

Many interviewees described a number of favorable "aging in place" supports. These can be compared to four pillars holding up a building: health stability, financial stability, strong informal support network, and knowledge/use of a formal service network. Many, although not all, of the Case Study interviewees have three strong pillars: health stability, some degree of financial stability, and social networks they have cultivated over many years.

Interviewees described good health coverage and healthy life styles that included regular exercise. Many saved money over time, although the degree of financial confidence has been shaken with the economy's downturn. With over 6,700 federal retirees living in Howard County, it is no surprise that many interviewees have federal retiree pensions and health care coverage, including long term care insurance. This provides a relatively high level of health and financial confidence that may not be indicative of other Howard County older adults.

The third pillar of informal support provided a strong foundation for many of the interviewees to remain in Columbia, even if adult children are not nearby. Descriptions abound of relationships which nurtured over time with friends, neighbors, members of interest groups and former work "family". Stated differently, long-standing and deep relationships with others have built a favorable "aging in place" environment that continues to root them in Columbia.

However, a fourth pillar emerged that reflected missing elements or concerns about their future. Transportation was a common worry. Stairs present current and projected barriers in houses and condominiums, except for those living in senior housing. Some would like options for housing that makes it easier to address issues of declining health. Another described an ideal "assisted living at home" concept that might bring services into the home.

Interviewees seemed to want an integrated approach that would reflect their priorities amid a range of health and social needs, some of which will emerge only in the future. Some desired "trusted, vetted, or reliable" consumer home services. Many interviewees had not closely examined the formal support network, but were generally confident that the Office on Aging (part of the Howard County Department of Citizen Services) would be able to provide them with information to assist in further decisions regarding their aging in place options. The more experience that interviewees had with services from the Office, including senior centers, the more

strongly they believed they would turn to it in time of need. Others would turn to spouse, friends, and physicians when new issues emerged.

Barriers to aging in place were somewhat consistent across interviewees: limited transportation options, the stairs in their homes, and significant changes in their support system. The loss of the ability to drive was seen as significant in a suburban setting. Few had used county transportation services, but services from the Neighbor Ride nonprofit organization was seen as a viable option. The design of their houses or condominiums with multiple steps represented a major barrier; many interviewees mentioned stair lifts as an appropriate resolution, only a few had researched other options and only one had purchased a stair lift. Support system changes, especially the death of a spouse, were seen as equally relevant to their ability to stay in their home.

Implications for Howard County

The thirty individuals interviewed do not represent all older adults in Columbia or in Howard County and some of the findings for these older adults cannot be applied to larger groups. Even within the group, the variety in health status, financial confidence, and strength of the social network of family and friends varied, depending on the life history of the individuals.

However, the concerns described about age in place are fairly universal. This report shows what some people are actually thinking about their ability to "connect the dots" among health and non health services critical to staying in their home. While one cannot predict the future on a personal level, these interviewees offer insights that can be considered in broader community planning.

Many interviewees have a positive view of the Howard County Office on Aging, which gives that part of public government a sound foundation to guide older adults and family members. Other trusted sources of support such as faith organizations, physician practices, and common interest groups are equally important as trusted sources of direction. Collaboration among them around aging in place gaps would be fruitful.

Suggestions from the interviewees also represent implications for countywide improvements. A number of worthy strategy considerations emerged that would facilitate aging in place in Howard County:

- Conduct community outreach activities in neighborhoods with a high percent of older household members
- Develop a Seniors Consumer Clearinghouse of reliable home service providers
- Develop an Aging in Place Guide or Checklist
- Broaden "aging in place" recommendations to individuals to reflect the breadth of public and private, health and community resources
- Increase access to public transportation with subsidies for lower income older adults

The Center thanks the Howard County community for embracing this project and welcomes comments. Please contact Phyllis Madachy, Opting for Independence Project Director at (pmadachy@coordinatingcenter.org.)

INTRODUCTION AND PLANNING

OPTING FOR INDEPENDENCE GRANT

Opting for Independence (OFI) is a three-year collaborative project (Oct. 1, 2009 – Sept. 30, 2012) of The Coordinating Center (The Center) of Millersville, Maryland, and the Howard County, Maryland, Office on Aging. The project is one of fourteen Community Innovations for Aging in Place (CIAIP) grants funded by the U.S. Department of Health and Human Services, Administration on Aging to help communities find innovative ways to accommodate older adults wanting to age in their chosen homes and communities. CIAIP grantees are also charged with helping to create change in the community that supports wider options to promote aging in place.

The direct service aspect of OFI provides comprehensive person centered care coordination to persons over age 65, living in Howard County zip codes 21043, 21044, and 21045. Based on the priorities of the individual and with input from physicians and family members, the Care Coordinators connect individuals to community-based services needed to remain living at home.

The Howard County Office on Aging's Maryland Access Point (MAP) provides expertise in identifying relevant resources at the local, state, and federal level. The Office's Aging in Place Program, with its proven aging in place strategies provides occupational therapy assessments, assistive devices, and home modification. As of November 2011, OFI has enrolled over 140 older adults in Howard County neighborhoods with the county's largest population of older adults.

During the OFI planning process, The Center reviewed a 2009 New York Academy of Medicine Center for Evaluation and Applied Research study "Perspectives on Care Coordination: Voices of Older New Yorkers." The study reported the findings of twenty-five qualitative interviews and six focus group discussions with frail older adults in New York receiving aging specific services.

Intrigued by the case study approach and results, The Center used CIAIP grant funds to conduct a series of individual in-home interviews of older adults living independently in the Howard County ZIP codes 21044 and 21045 and not being served by the direct services of the OFI project. The goal was to explore experiences, expectations, and personal strategies of these individuals for aging in place.

The Center also chose to engage the community in the process. Specifically, The Center wanted to examine the extent to which trained community volunteer interviewers and existing community resources could be effectively utilized in the case study process. The Center sought to learn how this method of engagement emphasizing volunteer participation might inform and engage a diverse segment of the Howard County community on issues impacting older adults.

BUILDING BLOCKS FOR THE CASE STUDY PROJECT

Large Aging Population

The 2010 Census confirmed that the anticipated "graying" of Howard County, Maryland, has arrived. Countywide, the age 65 and older population has grown significantly as a percentage of the overall population, climbing from 7.5% in 2000 to 10.2 % in 2009. The raw numbers are dramatic, with the number of residents 65 and over rising from approximately 18,500 to 29,000 in this time period.

As one of the wealthiest counties in the nation and wealthiest in Maryland, Howard County has a highly educated and relatively affluent citizenry, which also describes many, although not all, of its older residents. Many are proactively seeking information about aging and senior services. For example, the annual Office on Aging Age 50+ Expo draws over 4,000 people seeking information on aging services for themselves or their parents. Many older adults also actively participate in community, civic and faith organizations, often forming the volunteer core of community organizations.

Active County Government and Community Based Organizations

Howard County's Office on Aging has a well-recognized and effective array of information and services, including an established Aging in Place program, and Maryland Access Point –which was Maryland's initial Aging and Disability Resource Center (ADRC). The Office operates seven multipurpose senior centers, runs six evidence based programs for persons with chronic conditions, and serves as an essential partner in the OFI project. As a part of the Department of Citizen Services, the Office is well connected to other county government departments offering services to older adults.

PATH (People Acting Together for Howard), an umbrella organization devoted to community organizing, has identified Aging in Place as a priority based on meetings and conversations with its membership of faith organizations.

Other strong organizations are part of the community and potential partners for improving aging in place strategies from a systems perspective. The Coalition of Geriatric Services (COGS) is a well-established organization of providers of services to older adults in Howard County and its members represent public and private sectors, health and community providers. Neighbor Ride, a volunteer organization providing transportation services to seniors, is a well-utilized and recognized "senior brand" and is well regarded by the community.

The Horizon Foundation, a non-profit philanthropic organization devoted to improving the health of Howard County, has sponsored two Aging in Place Forums with nationally recognized panelists. The Foundation has provided grants and other assistance for a number of projects related to aging services in Howard County.

The Association for Community Services (ACS), an umbrella nonprofit organization, which serves a number of nonprofit organizations in Howard County, has also been involved in aging issues and has shown considerable interest in the OFI Case Study project and success of the larger grant.

Strong Support from Sponsoring Organizations and Consultants

The Coordinating Center is a mission driven nonprofit organization providing statewide care coordination to persons with complex medical and health needs. Since 1983, it has helped over 10,000 children and adults safely leave hospitals and nursing facilities to live at home. Leadership of The Center supported the project; organizational resources were provided by The Center including dedicated administrative assistance.

Support was also gained from consultants in the CIAIP Technical Advisory Group (TAG Team) serving grantees across the country, with leadership from Mia Oberlink, Director of TAG. Essential assistance came from TAG consultant, Dr. Linda Weiss, Director of The Center for Evaluation and Applied Research (CEAR) of the New York Academy of Medicine (NYAM).

Transcripts4 North American transcribed the audio files and participated in problem solving. Coding was done by Claudia Trezza, MPH, who worked closely with the team on themes and sub theme identification, as well as providing extensive data for analysis.

Community Based Leadership

The OFI Project Director, Phyllis Madachy, had previously served as Administrator of the Howard County Office on Aging and knew many community organizations interested in the aging population. The OFI Case Study Project Manager, Rusty Toler, knew local organizations and individuals willing to help the Case Study Project. Recently retired from the federal government, he brought experience in research and project management. His previous role as Chair of the Howard County Commission on Aging and other community work made it easy for elected officials and other community leaders to lend their assistance to the Case Study Project by promoting it to their constituents.

Community Engagement - The Use of Volunteers

The volunteer interviewers had the shared experience of living or working in Howard County and related easily to the older adult interviewees. They helped spread a "buzz" in the community that would not have otherwise occurred.

The Leadership Howard County (LHC) volunteers shaped the Interview Guide, providing rich personal and professional perspectives. This assistance was invaluable, giving the project strong credentials in other community groups. Designed to give its members an increased awareness of issues and challenges facing Howard County, LHC expands the class members' network of contacts throughout the business, nonprofit, and governmental communities, allowing them to take their place in helping build a better community. This national network of Leadership organizations presents a natural partner for other communities to explore aging issues.

The Case Study Team and Project Plan

The OFI Project Director and the OFI Case Study Project Manager oversaw the Project Team developing the project's structure and details over the eleven month period beginning in January, 2011.

The Project Team's core volunteers were six members of the 2011 Premier Class of Leadership Howard County (LHC): Steven Porter, Cassandra Compton-Butts, Melissa Helicke, Hugh Cameron, Cindy Jones, and Richard Butt.

The LHC volunteers actively assumed ownership of the Case Study Project and were eager learners about aging issues. Their professional expertise, which included community banking, library services, geriatric medicine, and legal and financial advising, was evident throughout the project. As part of the technical direction provided by the TAG team, Dr. Weiss met with the Team early in its planning stage and provided valuable assistance. She and Deputy Director James Egan provided interviewer training and recommended the services of a professional coding expert to assist in analyzing the interview transcripts.

Over an eleven month period, the team developed and implemented a comprehensive project plan, resulting in 30 transcribed, coded, and analyzed interviews. The following chart outlines the three major project stages.

Planning Process for Case Study Project

Time Frame	Description	2011 Months										
		J	F	M	A	M	J	J	A	S	O	N
Phase I- Planning	° Scope ° Interviewee Mix ° Interview Guide											
Phase II- Implementation	° Outreach/Recruiting ° Interview Process ° Coding Report											
Phase III- Results	° Transcript Analysis ° Interviewer debriefing ° Report writing ° Report approval											

SCOPE

Guided by the NYAM methodology, the Project Team set the project's scope at 25-30 interviews which included a cross section of adults age 65 and over living independently in zip codes 21044 and 21045, in all of Columbia. The team also decided that interviews would be done in participants' homes if at all possible. Additionally, the team chose not to compensate

interviewees. Previous experiences of the OFI Project Director found that older adults in the county tended to readily volunteer, when asked, for efforts related to research and "pilot" efforts.

Identifying a Desirable Interview Mix

Key staffs have a history of service in the older adult community and both live in the targeted ZIP codes in Columbia. This familiarity was particularly useful in the recruiting stage, especially in contacts with potential interviewees and interviewers. At the same time, it potentially added a bias to the selection process toward a more socially engaged older adult willing to be interviewed. As qualitative research, the OFI case study interviews did not need to be entirely representative of older adults in the OFI study area. But it was important to make efforts that the interviewees generally reflect the demographic characteristics of older adults in the study area. The team examined the following characteristics to determine what would constitute a desirable mix of interviewees:

- ZIP Code of residence
- Age ranges
- Race/ethnicity
- Household composition
- Gender
- Household income
- Homeowner or renter

An analysis of these characteristics based on available census data in the OFI study area for the age 65 plus cohort revealed the following:

ZIP Code of Residence

There were 9000 adults 65 and over in the targeted ZIP Codes with 60% living in 21044 and 40% living in 21045. While this was useful information for recruitment planning, the team determined that trying to adhere to a 60% - 40% split of interviewees by ZIP code was impractical and this factor became irrelevant. (Additionally, the OFI grant did not set ZIP Code goals or limits for participation.)

Age Ranges

The census data also reflected a 60-40% split with 5400 adults in the age 65-74 cohort and 3600 in the age 75 plus cohort. The Project Team determined that it would be desirable to conduct 1/3rd of the interviews with 65-74 year olds and 2/3rds with 75 years and older. This older cohort would be more likely to have given thought to aging in place and also more likely to be experiencing situations impacting the ability to live independently. This meant that the team needed to focus recruiting efforts on the age 75 plus cohort.

Race/Ethnicity

Having a diverse racial/ethnic mix was an important consideration. The data reflected that, of the over 65 age cohort, about 60% were White; 27% African American; and 9% Asian. The overall Hispanic population in the ZIP codes were 7%; but older Hispanics, American Indians, Alaska Natives, Native Hawaiians or Pacific Islanders accounted for fewer than 5% of the over 65-age cohort. The team determined that recruiting efforts would be made to assure that the interviewees generally reflect this overall race/ ethnic distribution.

Live alone or with someone

This was also a very important consideration. The Census data reflected that approximately 40 % of the over 65 age cohorts lived alone. The team adopted this same split as a general goal in its recruiting efforts.

Gender

The data reflected a 60-40% female/male ratio in the overall age 65 cohort. The team adopted this same split as a goal when recruiting persons who lived alone.

Household Income

When discussing the interview themes, the team was concerned that interviewee participation might be hindered by an over emphasis on financially related questions. The team determined that only two broad income ranges would be used - with a goal to recruit 50% of participants with an annual household income over $60,000 and 50% of participants with an annual household income below $60,000, which is the average income for households of persons 75 and older in the OFI study area. (The team's concern proved valid. Several potential interviewees questioned the extent to which the interviews would focus on financial issues or might be an attempt to sell a product, although none declined to participate for this reason alone.)

Home Owners vs. Renters

The analysis showed that 65% of the over 65 population lived in owner occupied homes. The team was not confident that it would be able to recruit interviewees matching this ratio and adopted a target goal that 80% of the interviews would be with homeowners and 20% would be with renters.

The team developed an OFI Recruiting Intake template to obtain this demographic information from potential interviewees. This worksheet proved very useful in efforts to achieve the desired mix of interviewees, in scheduling interviews, and providing interviewers with background information prior to the interview. The table below compares the desired characteristics for the interviews with the characteristics of the 30 interviews.

Demographics	Desired Characteristics	Achieved Characteristics
Zip Code	No Distinction	
Age Range	1/3rd 65-74; 2/3rd 75 and older	1/2 65-74 and 1/2 75 and older
Couples	15	18
Single Female/Male	9/6	8/4
Whites	19	19
African American	7	9
Asian American	3	2
Other Races	1	0
Household Income	15<60K; 15>60K	13<60K; 17>60K
Own vs. Rent	24 own; 6 rent	28 own; 2 rent

As reflected in the table, the team largely succeeded in interviewing a cross section of older adults in the OFI study area. It was easier to recruit in the larger 65-74 age cohort and to recruit couples. But it was difficult to identify and recruit renters.

In all, 48 people were represented in the interviews: 18 couples and 12 persons who live alone. There were some difficulties in arranging interviews with both spouses being present. Couples were given the option to be interviewed singularly or as a couple. 11 interviews were conducted with only one spouse present, while 7 were done with both spouses.

8 women who live alone were interviewed. Of those, 4 were widows, 2 were divorced, and 2 had never married. 4 men who live alone were interviewed. Of those, 3 were widowers and 1 was divorced.

DEVELOPING THE INTERVIEW GUIDE

Based on guidance from The Center, the team drafted an initial Interview Guide with five major themes. After field testing the guide, seeking comments from the Howard Community College, NYAM, and the consultant coding and analyzing the transcripts, Personal History was added.

Background: Personal History
Themes:

1. Living at Home
2. Informal Networks
3. Formal Support Systems and Finding Community Services
4. Health Status
5. Financial Issues

The final Interview Guide consisted of 33 open-ended questions to ensure that the major themes were addressed. The team designated 13 mandatory questions for interviewers to ask if these were not otherwise addressed by the interviewee in response to other questions or probes. The following table contains the final themes and questions associated with each theme:

Interview Guide Themes	# Of Questions (Mandatory)
Living at Home	3 (1)
Informal Networks and Support	10 (4)
Formal Support Systems and Finding Community Services	8 (3)
Health Status	7(3)
Financial Issues	5 (2)

Interviewees were asked if they wanted to receive a copy of the final report and were asked a mandatory concluding question:
"Is there anything you (would) like to tell us about yourself and your plans to stay in your home that we haven't touched on?"

(See Appendix A for the Interview Guide with Summary of Responses. See Appendix D for the Interview Guide itself.)

IMPLEMENTATION

THE OUTREACH /RECRUITING PROCESS

The recruiting process was a primary component of the Community Engagement model.
The team capitalized on the Howard County Office on Aging brand (a very good brand as reflected later in the interviews) but did not primarily rely on the network of aging service providers in the recruiting process. Rather, the targeted grassroots approach utilized contacts in faith organizations, organizations with membership of older adults, professionals in the aging field, elected officials, and newspaper announcements. Person to person contacts were also used. (**See Appendix B for Case Study Partners and Resources)**

Outreach partners and resources were:

- PATH (People Acting Together for Howard)
- Coalition of Geriatric Services (COGS)
- Howard County Chapter of the National Active and Retired Federal Employees (NARFE)
- Columbia Village Associations
- Howard County Council members
- a Maryland State Delegate
- Potential interviewees who recommended other individuals
- Local print media
- Senior Centers in the target neighborhoods distributing attractive fliers ("ARE YOU OVER AGE 65 AND WANT TO TELL YOUR STORY?") to members

The team had set an objective to conduct 30 interviews primarily based on budget and time constraints. However, it was not clear that this objective could be realized in a limited time frame: how many older adults would be willing to open their home up to complete strangers for a personal, perhaps sensitive, unpaid interview?

These fears were not realized and more people offered to be interviewed than could be accommodated. 55 potential interviewees were identified, 30 of whom were interviewed for this report.

The following table provides summary of the recruiting process:

Sources of Interviewees		
Source	**Identified**	**Interviewed**
Path	17	10
NARFE	12	8
Columbia Flier Newspaper	7	5
Project Team /Other	19	7
Total	55	30

(NOTE-Persons identified by PATH and NARFE were not limited to their members.)

THE INTERVIEW PROCESS

Developing the Interviewer Cadre

In the planning process, the team determined that two person interview teams would be utilized and that additional volunteer interviewers would be needed. The team recruited a dozen equally enthusiastic and capable volunteer interviewers. Some had direct professional experience in aging services and interviewing older adults. All were essential to the project's success.

Interviewer Training

NYAM's Dr. Linda Weiss and Deputy Director James Egan, MPH, provided telephonic training to the Case Study volunteer interviewers on two separate dates the week prior to the scheduled interviews. After presenting an overview of qualitative research methods the training included using the Interview Guide in a mock interview with an older adult working in the NYAM office.

The two-hour Interviewer training also included a briefing on the OFI Project, the Interviewer Process, an Interview Schedule, and an Interviewer Packet. The Interviewer Packet included the Interviewer Team Guide Instruction Sheet with actions listed for before, during, and after the interview. Interviewers also received the OFI Interview Guide, the OFI Consent Form, a Sample Interviewee Intake sheet, and instructions for operating the recorder. Interviewers also provided dates of their availability and were provided information allowing access to the OFI Case Study Google site. **(See Appendix D for Case Study Forms and Documents.)**

Scheduling and Conducting Interviews

Interviews were held over a six-week period with two person interview teams. As interviewers gained experience, interviewers became more confident and some subsequent interviews were conducted by a single interviewer.

All of the volunteers had exceptional emphatic personal skills and worked seamlessly with their interview partners. The NYAM training had emphasized the nature of qualitative interviewing which allows interviewers to rephrase questions in their own words and modify the interview in line with the interviewees' responses. As transcripts were reviewed, it was apparent that interviewers exhibited this skill as well. After their initial interviews, most were "hooked" and asked for additional interview opportunities. All interviews were completed as scheduled and no interviews were delayed or cancelled because of a lack of interviewers.

The Project Manager, who had personally spoken to all interviewees, briefed the interviewer teams ahead of time and for each interview provided them with:

- Interview Guide
- OFI Consent Form
- Interviewee Intake Sheet with completed demographic information
- An audio recorder with written description on its use

Interviewees were given a packet with informational materials from the Office on Aging and The Coordinating Center, as well as thank you gifts with the OFI logo.

A team member handled the process of providing the audio files. He used his business's FTP (File Transfer Protocol) site to upload the files for easy access by Transcripts4 North America. Completed transcripts were sent to the OFI Project director, Case Study Project Manager, and the coding consultant, Claudia Trezza. Additionally, these transcripts were posted on a password protected OFI Case Study Google site so the volunteers could read the interviews conducted.

Interview Summary
Interviews averaged 52 minutes, with distribution as follows:

Number of Interviews	Minutes of Interviews
6	30 minutes
10	45 minutes
8	60 minutes
6	75 minutes

As transcripts were reviewed, it was apparent that the interviewees were comfortable in "telling their stories", which sometimes included sensitive disclosures. It could be surmised that having members of their community conduct the interviews might have enhanced this openness because they were familiar with daily living in Howard County.

Once all interviews were completed, a debriefing session was held, giving the interviewers opportunity to provide highlights of their interviews and interact as a group. This meeting included small tokens of appreciation personally presented by The Center's leadership: Karen-Ann Lichtenstein, Executive Director and Carol Marsiglia, Director of the Access Group for Consultative Services.

The Coding Process

Coding consultant Claudia Trezza, MPH, used NVIVO, a software program that manages and analyzes qualitative data. She analyzed the first four interviews to determine what was emerging from the interviews that would need additional coding. Her work identified approximately thirty sub themes and one additional main theme (Personal History). To capture relevant comments, coding of all interviews was based on the themes and subthemes below:

Background <u>Personal</u>
Life Histories
Move to Columbia – reasons and dates
Work Experiences and sources, past and current
Retirement – timing and reasons

Theme 1 <u>Living at Home</u>
Reason to Live in Current Home
Barriers or Enablers to Living in Home (e.g., steps, levels, outside entrance, chair lifts)
Barriers or Enablers outside the Home (e.g., yard work, home maintenance)
Planned or Desired Changes to Home
Plans to Move from Home
Driving, by self or spouse

Theme 2 <u>Informal Networks</u>
Support Provided by Spouse
Relationship with Family, other than Spouse (e.g., siblings, grandchildren)
Relationship with Friends
Description of Neighborhood and Relationship with Neighbors
Religious and Faith Groups
Leisure Activities and Membership in Groups of Interest

Theme 3 <u>Formal Support Systems and Finding Community Services</u>
Perceptions on Formal Support Services
Use of Formal Transportation Network or Neighbor Ride
Office on Aging Services (including senior centers and related programs)
Sources of Information on Services
Perceptions about What Would be needed in the Future (future obstacles or needs)

Theme 4 <u>Health Status</u>
Finding Medical Services
Diseases, conditions, surgeries
Perception of Health Compared to Others
Meeting Personal Care Needs

Theme 5 <u>Financial Issues</u>

Sources of Income and Assets
Source of payment for Future Medical Needs or Assistance in the Home
Sense of Confidence in Paying Housing Costs in Future
Family as Source of Financial Help
Knowledge about Public Assistance Programs

The final coding report contained separate sub reports of 30 subthemes that were highly useful in preparing the final report. **(See Appendix C - Detailed Summary of Themes and Subthemes)**

FINDINGS

"LIVE, DON'T JUST EXIST, LIVE"
CASE STUDY INTERVIEWEE, HOWARD COUNTY MARYLAND

GLOSSARY OF REFERENCES

Interviewee quotes contain references to programs or organizations that may not be commonly understood outside of Howard County. A brief glossary includes:

- Athletic Club – Exercise facility of the Columbia Association.

- Howard High – A school using students to train and assist older adults in supervised weight training conducted weekly during the school year; a collaborative project of the school and Howard County General Hospital.

- Bain Center – Also referred to as Florence Bain Senior Center. This is a large, multipurpose senior center in zip code 21044 operated by the Howard County Office on Aging.

- Day Resource Center – Rt. 1 Day Resource Center, a shelter for homeless persons living on either side of the border between Howard and Prince Georges counties operated by volunteers from local faith communities.

- Grassroots - Housing and crisis resource center in Howard County serving persons who are homeless or those in crisis who may be contemplating suicide.

- Our Daily Bread - Maryland's hot meal program, with volunteers serving more than a quarter million meals to the hungry of Baltimore City each year.

- Neighbor Ride – A nonprofit supplemental transportation program (STP) using volunteers serving Howard County residents age sixty and older to destinations within and outside of the county.

- Vantage House – A Continuing Care Retirement Community offering independent and assisted living for older adult with a licensed nursing facility in the building.

- SHIP – Senior Health Insurance Assistance Program. Trained staff and volunteer counselors provide face to face and telephonic assistance in areas such as billing problems, applying for low income beneficiaries, denial of payments, appeals and grievances, and advice on health care fraud and abuse. The program is offered through area agencies on aging such as the Howard County Office on Aging.

SUMMARY FINDINGS OF THE INTERVIEWS

PERSONAL HISTORY AND CHOICE OF COLUMBIA

The OFI interviews provide a snapshot into the lives of 30 relatively healthy, vibrant older adults in Howard County Maryland actively engaged in both family and community life.

> *"We love Columbia. It's ideal for people our age. We are pretty up in age, and we don't have enough time, there aren't enough hours in the day to take advantage of everything that's available in Columbia, and a lot of it can be free."*

Many had lived in Howard County for over 35 years, having been attracted to Columbia's New Town village concept of family neighborhoods and schools, acceptance of racial diversity, housing affordability and its central location in the Baltimore-Washington, DC corridor.

> *"We chose Columbia because that's where we wanted to be, we wanted to live in an area that was not going to be one culture, one race, one economic situation. I guess we bought the Columbia dream and moved there. I've lived here since 1970."*

> *"Well, we couldn't find a house we could afford in Washington, and we heard about this concept of a planned community that was not going to discriminate against you because of race. And that was a very significant thing back in the 60s. So the idea of moving to a community and not having to pay a premium because you were black, to live in a nice neighborhood was a very significant thing."*

STATUS OF FINANCIAL CONFIDENCE

Reflecting of Howard County's status as one of the nation's wealthiest counties and with over 6,700 federal retirees living in Howard County, many felt financially secure. Some had federal civilian or military pensions and a few were still working. Others had state or private pensions in addition to Social Security. Some had financial advisors. This picture of financial confidence does not reflect the financial reality for many other older adults in the county with a different economic life history.

> *"We've lived modestly all our lives, we've stashed away whatever we can. If the rug doesn't get pulled out from under us, we can live on my husband's income. We've never lived to our money and we paid our mortgage off a while ago."*

"We're good. We've saved a lot. We were not as extravagant growing up. We both come from families who were obsessed with saving, so that's what we've done and I think we're pretty secure."

"It takes two people to really be in a home of your own or condo. I mean they're talking about cutting back on Social Security and all those programs that could help seniors and by cutting back what's a senior to do? They need help and I cringe when I look at the President and the Congress wanting to cut our benefits and I mean you can't make it on your own."

STATUS OF HEALTH AND WELLNESS

While many had experienced short term serious illnesses or surgeries, most felt they were healthier than other persons their age.

"I feel like I'm on bonus days or something. I'm 83 years old and to look at other people 83 years old and they're all bent over and I say "hey, I feel like I'm 45, 50, you know?"

"About four weeks ago, I went in for my annual as I call it, 5000 miles checkup, and my geriatrician said, "You're the healthiest 77 year old woman I know. You don't have high blood pressure. You don't take any medicine except for glaucoma. You are just in wonderful health". The following week, I had a nasal hemorrhage on my birthday."

"I mean, when I list all the medications I take and everything, sometimes I feel like there's lots of medications, but I feel fine, everything is being managed."

With some exceptions, most were generally satisfied with their personal physicians and had Medicare or federal employees' health care insurance. Many had long term care insurance.

"We have wonderful doctors here. So far as health is concerned, we feel we can rely on these people who we've been going to, what, 20 something years. Our doctors are getting old but they are younger than we are."

"I can't imagine being in a place where the medical care is better than it is right here."

"The cardiologist and internist say I'm doing very well and that I'm a typical Howard County resident. So I said, "What does that mean"? And he said 'think about that for a minute.' So I said, "So Howard County has a lot of college graduates and maybe they listen to what their doctor says. He said, "Yes, most of my patients listen to what I say."

"I thought I could negotiate any system in the world. But the VA wins the prize of being the worst. I jumped through every hoop. It took me almost six months to do all the things I had to do including a physical and an orientation having my husband declared catastrophically disabled. So now the VA picks up half the costs of daycare."

Most practiced healthy life styles; many exercised regularly.

"We're in good shape. In fact, that's a mission of mine, to help my colleagues understand what their responsibilities to themselves are, and not to rely so completely on even the best of physicians, because in today's world and whatever happens to the national health care system and whatever, we have to take more responsibility for ourselves and to know more about what you do. So I talk to about that with people."

"I think exercise is good for everybody. I don't care how old you are. I have taught basic exercise classes and it's good for your heart. I don't care if you 're in a wheelchair, there are things you can do."

"I have a membership at the Athletic Club and I go three days a week. On Tuesdays and Thursdays I lift weights at Howard High. We are over 60 and it's like a family thing. In fact we lost one member a couple of days ago. The coach asked everyone to gather in one little spot and she kind of walked away and she came back and she was full of tears."

"I really think I walk the dogs because I like to be walked. I walk a lot. Another nice thing about being here in Columbia is that you can walk because you have the trails. Whoever thought of the trails was wonderful, so the walks are not just good for your health but they're beautiful."

Because of these financial and health pillars, most were confident of their ability to continue to age in place in their current home in the foreseeable future.

"I can stay here financially as long as I am able to stay here physically."

"We'll stay here as long as we can manage it. We never want to clean out. That is our legacy. They (the children) will have to clean the basement and garage."

"We don't want to move for various reasons. You can see. What would it be like to pack all these things up? And then the location is just wonderful… wonderful neighbors…"

SOCIAL SUPPORTS

But there was a third equally important pillar: the social support networks that contributed greatly to their ability to age in place in their current homes.

"That's so important, a support system. Sometimes, I think that's the first need, whether it's a spouse or children or friends or church or social worker, whatever, whoever, you need to feel like you're not alone."

"I think people need social networks and I find that getting more and more important the older I get."

"I mean having lived here for some 40 odd years and we have friends that we made when we first moved here and we've become friendly with them. We all moved in when we were young, most of us were not from here, so we all became what we call our Columbia family. And we all had our children together, we went through all life cycles together and we're just so close."

"But still the neighbors, we know each other; I can call them in the middle of the night and say I need help. I've got a neighbor across the street who's been hanging onto life for at least 12 years; he depends on me. I can't move until he passes on because I'm sort of the backup. He has someone to live with him and take care of him but they go out shopping or whatever and something will happen and he calls me. So I've got to stay here."

Most had strong informal networks with adult children, long time friends, neighbors and faith organizations nearby.

"Yes, we had all six when we came to this house. Four of the children are more or less in this area and that's a big drawing card. And they even talk to each other."

"I have friends in three categories. I have friends from church. I have friends from a couple of social groups. I have friends from my professional practice. I have friends who are a cross section-church, professionally and socially."

"I worked for the government for 34 years and built up a really nice friendship base from that, so some of them have been right there for me, a second family, because I felt I was getting too isolated living alone."

"I have something between a great friend and a big pest."

"Most of our friends are from church. We've been there longer than we've been in this house. He's been a deacon. And I've been just about everything-Sunday school teacher, active in the women's association, all that stuff."

Some were actively engaged in multiple community organizations.

"We're very active. We're founding members of the temple, actually. We call it an empty nesters congregation."

"I think when one gets involved in the community, you begin to find people who also want to be involved and when you get two or three people really involved, then you begin to get the community stirred up and getting people to cooperate and all."

"I volunteer at the school. It's full time. I have my own classroom. I have a research lab, I have taught kindergarten through sixth grade. I enjoy helping children, I love it when I see them learning."

"I coordinate English as a second language at the Bain Center. And then I'm also in the Woodcutter's Guild."

"I volunteer at the Day Resource Center. I've cooked for Grass Roots. I go down to Our Daily Bread four times a year."

"I'm working at the library as a volunteer. My second home is the East Columbia Library up here. And it's just a marvelous group people to work with."

Most individuals expected that their life and health situations would not change in the near future, but some knew that chronic conditions would continue to be a source of concern.

"We'll stay as long as we're able to comfortably and safely maintain our life. I have no thoughts of moving unless health requires it really. I don't see that happening in the very near future."

"I don't see any reason for the two of us, as long as we are physically capable of living here, why we would want to move into a long term facility or move into a smaller house or anything. I just don't see it."

"I'm having a little trouble. My knees are swollen but this knee is giving me a big problem. And I've lost sight pretty much in my left eye. So, if anything happens to my right eye, I'm in big trouble. So that's sort of hanging over me."

AREAS OF CONCERN

Uncertainly about the future was a theme.

The areas of concern paint a picture of what interviewees think they might need in the future when their current supports are not enough. This uncertain future is a reality shared by many older adults regardless of the status of health, finances, or their informal support network. With the real possibility of declining health, trying to answer the basic question of "What should I do?" gives the aging in place process its universality even when rooted in individual circumstances.

As described through their words, this future is a sometimes fuzzy picture of how to find or use the existing network of formal support services as well as what seems to be missing. This formal support network is the fourth support pillar for aging in place.

Interviewees clearly knew their health would decline at some point in the future – maybe gradually, maybe quickly. Some had history of multiple cancers or chronic health conditions that would worsen over time. Others had restrictions on their life that health problems had already created.

But non health issues created equal uncertainty about the future and how they could or should plan for that unknown future. Would a spouse die? Were their savings going to be enough? Was it worth modifying a house if they thought they might actually wind up moving? Would they actually be able to sell their house? When would they know when change was really needed and could they make any reasonable predictions about their future?

Many acknowledged that the informal support networks of family, friends, neighbors, and faith organizations were not equipped to provide daily long-term support when health declined substantially and when in need of additional support. Other formal services would be needed.

> *"I don't have any confidence in anybody going through that in this community. I don't know whether it's any different from anyplace else, but for the long term…and I've known a lot of people, long term care, and the trend these days, including in this community, is to put them in some kind of institution and use everything you have, and that's a problem. And I actually see that all the time."*

> *"We'd have to turn to our friends or our daughters or our neighbors, or maybe our church group. We'd probably call the Office on Aging and see what kind of services they offer."*

> *"I don't feel inadequate in doing a lot of things myself. I need someone to bounce things off of who can guide me, and a visit to the doctor in 15minutes is not that type of place. I don't know what that person would be called, a collaborator in the medical area."*

> *"My wife helped me. The things I've been incapacitated for a significant amount of time, she took care of. If she died before me and one of those things happened, I'd be in real trouble."*

> *"Doing three times a week fitness activities, cardio, stability and this kind of stuff and I don't see it getting any better and this is something we're aware of. That's always in the back of my mind that it's sort of narrowing my ability to do a lot of things. I'm very independent and it really ticks me off sometimes that I can't do what I want to do. It is what it is."*

> *"If we were in Boston, part of the Beacon Hill community, that's where we would call for help. Here, other than friends, I don't know. We have long term care insurance, but other than that, I don't …"*

Transportation worried many people. With one exception, all interviewees (or their spouses) were active drivers. Some had limited their routines such as driving only during the day or avoiding high traffic areas in rush hour. Many interviewed had a negative view of the public transportation system although not everyone had actually used it. Some were aware of Neighbor Ride, a nonprofit transportation service using volunteers.

> *"What would be a problem would be transportation. At some time, I'm going to have to stop driving and, unfortunately, Columbia is a drive-required community. I'm hoping I can drive much longer than anybody would expect."*

> *"The only thing I fear about aging and illness is driving. As you can see, we're pretty isolated here and the only thing that could hold me back is if I lose the ability to drive."*

> *"I may not be able to see anymore, but I can still talk. I think transportation really is an issue. I certainly think transportation for, not only older people but poorer people…is just not being addressed. I was just outraged when they doubled the price that elderly people had to pay."*

"I have used them [Neighbor Ride] *and I really, really like the service. I used them more the first time that I was here. And I think what happened is that they had some kinks and they ironed out those kinks."*

"Neighbor Ride. We haven't used it yet but I, in the drop of a hat, would."

"I know there's Neighbor Ride here. I've not had to use anything because I have a retired husband."

Multiple stairs were a problem for many. The multi level home, common in Columbia, present challenges to residents and visitors when mobility declines. The interviewees living in age qualified "senior fitted" rental units had no concerns about stairs because of the design of their home. Among interviewees in town houses, condos, or single family homes, only one was visitable or accessible with the master bedroom and full bathroom on the main level.

Most were aware of home modification features, especially chair lifts, but were not sure what was involved or had decided against it. This may be because most do not think modifications are an immediate need if they remain in good health in the near future or there are other variables such as the death of a spouse, which might determine whether the investment in modification will actually keep them in the home.

"The only thing is the physical obstacle of the stairs. Although my condo is on one level, which is wonderful, there are stairs. When I broke my ankle, I was on crutches and a cast and the stairs were such an obstacle."

"I recall when my wife was on her last days, she couldn't go up and down the stairs. I investigated getting a chair lift, stair lift, and it would have cost me about $5000 and if you wanted to sell it back, they wouldn't give you anything for it. My wife said no, we'd make do without, so she would crawl up the steps and she would lean on me coming down one leg at a time."

"Well I think that one of those elevators that attaches to the banister would work very well up here. And fortunately, we're able to do steps quite well. And probably will before some time-we'll be 80 in November, both of us."

"If I'm wheelchair bound, obviously, we'd have to retrofit all the cabinets, bring them lower, the island would have to come down, and we'd have to have more space. This would not work for a wheel chair, you'd need ramps and that would have to be wider. All kinds of things would have to be done if we were to stay here, I don't know that we could do it. I know that sometimes there are grants for this type of thing, access to grants, or if there is some kind of tax break or something. It would be nice to know about all those things, and it would be nice to know about the types of retrofitting that are available out there-new ideas, new ways of doing things."

Having trustworthy service providers was also seen as essential. Most expressed the need for "trusted, vetted, or reliable" consumer services to help them with home or lawn maintenance, home modifications, health related tasks, or routine tasks such as cleaning. Some recommended that the Office on Aging should have a role in providing this "vetting."

> *"You know what I would like. I would like someone to clear people for me so I don't have to worry about being scammed."*

> *"Whenever we have, for example, individuals who will come in and do roofing or prune trees, we share that information. Now that would be helpful, names, an address, telephone numbers, emails of reliable contractors, reliable people who aren't going to come in and rip you off. If the Office on Aging folks can help with that, I think it would be good if they can help us with referrals for whatever jobs, big or small. To have reliable lists of folks, that would be very helpful. We don't mind paying, it's just that we don't want to overpay and when the job is done we want to feel that it's done right and that we were treated properly."*

Although possessing financial confidence right now, there was uncertainty about the ability to pay for services for a long period, citing potential for the erosion of Social Security, Medicare and federal retirement benefits. Some were also providing financial and housing support to their adult children that impacted their own financial security.

> *"We are comfortable now. We have a decent pension coming in; Social Security is a nice help. As soon as they start cutting a lot of this stuff out of this thing, we're going to be in trouble, I'm concerned. Eventually if that goes far enough we'll dip into our resources but there's a limit to that."*

> *"All this fuss about taking away Social Security and Medicare and what's going to happen with government workers. My husband says "if they get radical down there, we're in big trouble because this would be the main part of our living."*

> *"I have a fear of unknown health issues and my financial situation in light of the politics and the craziness that is going on in the US today. Because I own my own house it would be cheaper to stay at home and have the in…house care. I know it's going to cost more and more. And that's what's fearful of me. My fear of going into an institution."*

> *"I think one of the things that might be a problem for us in the future has to do with the meltdown in the real estate in the country. We bought this place for $305,000 and I don't think we could sell it for $250,000 and I owe $280,000. What I had planned to do was move to a townhouse, something like that. But then the bottom fell out and I'm sort of stuck here, but I don't like it. I really don't."*

While most prefer to remain in their current homes, some felt there might still be "another step." The death of a spouse would be one trigger prompting a move. Responses were varied as to what they would be looking for in a new residence.

"We talk about that. My wife and I have a difference of opinion. She sees the burden of the house. And I see this as our home. They're going to have to carry me out of here feet first unless I can't live here and then I'll go someplace else. But I'm hoping to die before that happens. My wife would move if we had a place to move to."

"If something ever happened to her, that is when I would start thinking about divesting, getting out of this house into a long term care facility and that is when I would physically move. This house, it's a nice house and nice location for your family, and I think I might be doing someone a favor."

"Now when they're talking about the downtown redevelopment to build a few more places like Vantage House [continuing care retirement community] *would not be bad. But they need to be affordable."*

"I thought there was a whole area in Columbia, on the east side, where they built houses that had granny flats. Or a mother in law suite, they were called. I thought they built quasi-independent places for mothers in law. And that's not a bad idea."

"The over 55 communities are not equipped. I mean they don't tout that as a service because there's a whole lot of denial that you're ever going to need more. It wasn't an issue when my friend moved in five years ago or whatever. All of a sudden, something changes."

"I want co-housing. It's living in an intentional community that you buy into…well, not monetarily. But the philosophy is that you are living independently but the community is embracing. A sense of community. So there are communal eating-places and other communal activities in a small geographical place. And that's very appealing to me because then asking for help is not intimidating."

Knowledge of what was available to help facilitate aging in place from either public programs or private sources appeared limited.

"I don't know but I am assuming there would be some services. And I would think that this Aging in Place group [Opting for Independence] *would plan on making people available. In a way, this is sort of like…it's an assisted living plan without you leaving your home."*

Many indicated that the Office on Aging would be a highly regarded and primary source of information for future needs. Others would turn first to spouses, friends, or doctors.

"First I would call the Florence Bain Center [a senior center operated by the Office on Aging], *thinking that they would be able to refer us to someone. Then I'd call the Department of Aging, or whatever it's called."*

"The Office on Aging. Howard County Office on Aging. It's really quite an extraordinary county operation, accessing some of those things they have, information for you."

"I'd start at the Bain Center because that's the only thing I know."

"I know about the Office on Aging, and I know they offer a lot of services, and this MAP but I've never used it. But, I think I'm just too young. I'm a pretty good Google but whether I would be as technologically savvy in 20 years is questionable."

Some suggested the Office on Aging conduct more intensive, targeted information and education programs specifically addressing aging in place plans and programs.

" What I'm sensing is that they're doing a lot of wonderful things at the Office on Aging, and I think the more people know about it, obviously the better off we'd all be. So you have to figure out what are some good ways to get the information into the hands of those who need it at this stage?"

"So that would be good, if the Office on Aging could develop packets or packages where you could inform our demographic: If you face X-Y-Z, here are some services and some ideas about what you can do. And you don't have to overpay, you don't have to go into bankruptcy in order to make your home more livable because that would be horrible."

IMPLICATIONS AND IDEAS FOR HOWARD COUNTY

The team recognizes that many interviewees expressed a number of favorable aging in place supports. Because it was a volunteer interview, the fifty-five adults willing to be interviewed might have felt more confident about their plans or level of preparedness than those that did not step forward. However, the interviews contribute to a picture that transcends income or educational levels.

Local communities and the national aging services network, both public and private, can learn from older adults with different levels of financial and health security. The Case Study draws a picture of older adults as contributors to the community, helping keep neighborhoods intergenerational, preserving a sense of the history that drew people to Columbia in the first place, and providing leadership and energy to many community programs. While the public financing of services are rightly focused on persons with limited means, the community approach to aging in place can lead to systemic approaches for a broader income cohort.

Enablers of aging in place can be compared to the pillars holding up a building. Many older adults in Howard County have solid pillars of financial stability and health security, with excellent health coverage and active healthy life styles. The overarching desire of the OFI interviewees (and many other older adults in Howard County) to live out their lives in homes of their choice is supported by a strong third aging in place pillar which is the informal support network of family, friends, neighbors, faith and community organizations. Stated differently, neighborhoods with residents possessing stronger long-standing and deep social roots in the community have natural resources supporting aging in place prospects. Older adults with these three solid pillars have important resources to help them navigate change.

The fourth pillar of formal support services needed as health and mobility decline is the one that needs improvement. Many of the interviewees had a general idea about what the changes were might be ahead of them, but there were so many variables, many had not developed plans to help them plan for those challenges. As the late Steve Jobs commented, *"You can't connect the dots looking forward; you can only connect them looking backward. So you have to trust that the dots will somehow connect in your future."*

Organizations can do a better job of helping people "connect the dots", as their personal futures might look fuzzy. Simple and easy to understand Aging in Place "checklists" might break the planning process into smaller elements. A new "Options Counseling" program being piloted by the Howard County Office on Aging is an example of how individuals can plan for the future with guidance from the content experts in Maryland Access Point.

Even across reimbursement streams, service providers can serve as a door to Maryland Access Point, leading to information about other resources matching the priorities of the individual. This "no wrong door" helps a community keep focused on the person wanting to age in place, instead of looking primarily at what insurance or the government will pay for.

While most interviewees had not closely examined the formal support network, they were generally confident that the Office on Aging would be able to provide them with information to assist in future decisions about their options. The interviews reflect that Howard County, especially its Office on Aging, has a sound foundation and is well positioned to assist its older adults to age in place particularly if this assistance is well integrated with non government resources in the community.

The barriers identified in the Case Study are faced by older adults in many communities:

- Lack of ready and affordable transportation to destinations important to them
- Cost and practicality of modifications to multi-level homes
- Access to reliable services
- Lack of understanding regarding integrated formal services (medical and non medical, public and private), which will become more pronounced as health declines and the informal support system weakens
- Reduced value in some current homes, reducing assets available for moving to more accommodating residences or making it impossible to move at all

Potential barriers impacting the ability to age in place are beyond the scope of local communities, but are very much on the mind of older adults:

- Reductions to Social Security, federal retirement benefits and savings or investments
- Reductions to Medicare and long-term care
- Access to physicians, especially primary care providers

The Case Study Project is intended to be informative and was not designed to solicit specific recommendations concerning public policies or programs in Howard County. However, the open-ended interviews contained suggestions to facilitate aging in place in Howard County. Some of these ideas might already be implemented, but not widely known. Certainly, any effort to establish benchmarks for senior participation in programs supporting aging in place would help the community track the overall impact of strategies.

- Expand community education and outreach on aging in place strategies that are easy to understand and implement
- Promote access to health, wellness, and fitness programs with an emphasis on increased physical activity
- Increase understanding of the services of public programs and private programs
- Increase understanding of resources available to help older adults and their families navigate the formal support network when needed
- Conduct proactive aging in place assessments for those most at risk
- Promote existing financial incentives that exist for home modification; review potential for tax credits for Aging in Place home modifications
- Develop a seniors consumer clearinghouse of reliable home service providers
- Develop an aging in place guide or checklist
- Develop a senior transportation plan, incorporating public and private resources

APPENDIX A

OPTING FOR INDEPENDENCE INTERVIEW GUIDE QUESTIONS WITH SUMMARY RESPONSES

A. Living at Home

1. Where did you grow up? If not from here originally, why did you settle in Howard County?

SUMMARY: Most had grown up in a town in the Northeast or Midwest. Some had grown up in the South. None were from Howard County originally. Several had experienced harsh economic conditions. All, or nearly all, were college graduates, although educational attainment was not captured in the recruiting or interview process. Many had lived in Howard County over 35 years, having been attracted to Columbia's New Town village concept of family neighborhoods and schools, acceptance of racial diversity, housing affordability and central location. Some had moved back into Columbia after retirement or to be near their children and grandchildren.

2. What is important to you about remaining in this home?

SUMMARY: Nearly all are highly satisfied with their daily lives in Columbia and think they can continue it best from their current home. They saw no reason to change as long as their health remains good and they were physically able to maintain their home and continue with their normal activities.

Perhaps the strongest factor contributing to this satisfaction and desire is the informal support networks; nearby children, long-term friends, neighbors, faith organizations and community groups, which are the fabric of their lives. Nearly all interviewees are active on a daily basis with others close to them with whom they share their lives. These same networks also provide support such as transportation and meals when interviewees were incapacitated for short periods by surgeries, illnesses or accidents.

Many other supporting factors were cited; financial ability to pay for services, high satisfaction with personal medical care, long term care insurance to pay for home health care, familiarity and comfort with the home itself.

Nearly everyone had given a great deal of thought to the barriers to aging in place successfully in their current homes as health and mobility declined. Three major areas of concern predominated:

> <u>Transportation</u> –having adequate transportation when no longer able to drive. With one exception, all interviewees (or their spouses) were active drivers. Some had limited their driving routines such as driving only during the day or avoiding high traffic areas during rush hour. Most interviewed had a pervasive negative view of the public transportation system although it's not clear they had ever used it.

However, Neighbor Ride, a volunteer service for seniors, received positive remarks as a transportation option.

Accessibility – multi-level homes present challenges when mobility declines. While two interviewees lived in age qualified "senior fitted' rental units, the others live in single family homes, townhouses or condominiums. Of those, only one was visitable or accessible with the master bedroom and full bathroom on the main level.

Nearly everyone mentioned a primary concern was the ability to navigate stairs as mobility decreased. Most were aware of home modification features, especially chair lifts, but were not sure what was involved or had decided against it. Most did not think modifications were an immediate need as they believe they will remain in good health in the near future.

Trustworthy Services –having access to reliable home services is also essential. Most expressed the need for "trusted, vetted, or reliable" consumer home services to help them with home maintenance, modifications or health related tasks. Some recommended that the Office on Aging should have a role in providing this type of list.

3. How about moving to some other location as you grow older? Have you thought about it?

SUMMARY: Nearly everyone indicated that they were strongly committed to staying in their homes, but most had also considered that "there may be another step" when their health and mobility declined. Responses varied as what that might be. Some mentioned the need for more continuing Care Communities. Several mentioned that the revitalization of downtown Columbia should have a prime focus on senior homes; others mentioned a Senior Campus or Co-housing. Some had evaluated moving into an Age 55+ community but decided against it for cost reasons, preferring instead to spend funds on home modifications. Others felt age 55+ communities were not conducive to older, less mobile adults. Others mentioned that the practicality or high costs of renovating their current home could cause them to move, as would the death of a spouse. Several mentioned living with children as a last resort. Others strongly voiced their opposition to institutionalization.

B. Informal Networks and Support

4. Tell us about your family. Do you have regular contact? What do you do together?

SUMMARY: Most have strong ties with adult children living close by who are active in their daily lives or whom they see regularly. Many have close ties with adult children further away. The support is mutual and often equal with the interviewees providing financial help and support with the children providing support during short-term periods of illness

or surgery. In several families, adult children have moved back in because of divorce or separation and these arrangements have proved mutually beneficial.

While the relationships with family other than children were positive, strong relationships were not generally recounted. Some interviewees who live alone consulted with siblings on health or financial matters.

5. How about your friends? Are there some friends you see or depend on more than others? Probe if needed: What are some of the things you do together? In what ways do you help each other?

SUMMARY: Most have a significant and continuing deep network of long term friends established through the years with parents of their children's friends, work, faith organizations or neighbors. Many mentioned having a number of trusted friends they could rely on. While some couples relied primarily on their spouses, most also had trusted friends.

6. Are you close to any of your neighbors? Is there a sense of neighborhood where you live?

SUMMARY: Many long-term residents have an exceptionally strong network of neighbors with deep personal ties. Most had lived in their current home for long periods and continue to have solid relationships with their neighbors. Many have had neighbors actively assist without being asked in short term episodes of illness or accident. While there remains a solid sense of neighborhoods, there is also a sense of traditions in some neighborhoods.

7. Are you a member of a faith community (use church, synagogue, mosque or temple, if known)? If so, have you or other people you know ever "helped out" other members? Have you called on that group for any type of help?

SUMMARY: Most belong to faith organizations and view them as a central part of their lives and the source of their closest friends. Others feel affiliation is important but are less active now. Faith organizations have been a primary means of support in short-term illnesses, impairments, or treatments requiring home based care and transportation assistance.

8. We'd like to hear about any groups you are currently a part of. What do you like about belonging to them?

SUMMARY: Most were engaged in several organizations in addition to faith organizations or activities at the Bain Center. These ranged from volunteering at the library, neighborhood schools, Village Center, or with their fraternal organization. Many mentioned the satisfaction of helping others, especially children. Some emphasized the importance of staying active in general. No one indicated that they had recently stopped participation in any group.

9. Are there any groups you would like to join in the next year? What interests you about them? Are there any barriers to your joining?

SUMMARY: No one expressed an interest in joining another organization. One respondent replied "I'm at full capacity now."

10. What if you needed information on something to help you in your home, or with your house, or wanted assistance from a community organization? Think about your family, friends, neighbors, and members of the group you belong to, whom would you, ask for information?

SUMMARY: Spouses were the first source for general information followed by friends and close neighbors. Nearby adult children were also consulted. Many mentioned the Office on Aging as a source also.

11. With whom would you be comfortable talking with if you had a health concern, major problems with your house, or a major financial decision you wanted to make. Among the type of connections you've described, who would you talk to if you wanted to "talk things out"? Can you give me an example from the last year or so?

SUMMARY: The same general pattern held with general physicians or specialists being consulted on medical issues. Adult children were consulted but some indicated they would not seek information from them until they were more certain of a diagnosis. Some also mentioned clergy. Many would consult with their financial advisors on money matters. Some indicated that they would consult with a specific child on financial issues.

12. Tell me about a time when you had a somewhat short term health issue like an illness or injury (2 weeks or so) that prevented you from doing routine things like getting meals, driving a car, or getting your medication. Did a friend or family member help you out?

SUMMARY: Most had experienced short-term illnesses, impairments, or surgeries and received temporary assistance, including some help within the home as well as transportation to physical therapy and other medical appointments. Spouses, friends, members of faith organizations, neighbors, or nearby children helped. Even those who had not required such assistance indicated it would be available in the future if needed. The support was mutual; they would also help friends and family. Some recognized that help may fall off as neighbors and friends age and were less able to provide such assistance.

13. Some people live with long-term health conditions like diabetes or heart disease and might need some support in the home on a long-term basis. Do you have a chronic condition? How did you find support if there were daily things you needed help with over a long period of time?

SUMMARY: While some had long-term conditions such as diabetes or limitations from past serious surgeries or cancer treatments, no one reported a condition that currently required

daily in-home support from formal or informal sources. But all reported that a long-term chronic health condition would require a different level of support that would not be expected from, and was beyond the capability of, the same informal network. Many also indicated that they would not expect or accept this type of support from any of their children. Some had purchased long term care insurance to help provide this support and would also seek information from their medical providers and the Office on Aging.

C. Formal" Support Systems and Finding Community Services

14. Do you have any health conditions that interfere with your life style like diabetes, heart problems, etc? How do they affect your day to day life?

SUMMARY: Many reported conditions requiring medication, regular physician visits or a change in diet, leading to some minor limitations on daily activities. (See response to question 13.)

15. Have you ever had anyone outside your family help arrange support in your home because of your health conditions? How did you get this help? If you have not had this experience, do you have a friend or family member who did?

SUMMARY: Conditions that required someone else to arrange support was done be friends or a family member. (One interviewee's spouse does go to adult day care.). Several whose parents had received services at home described these experiences in negative terms.

16. Have you been in the hospital in the past year? Did anyone help arrange services for you in your home or in a community location when you were discharged?

SUMMARY: Although not recent, some had past periods of hospitalization which required temporary follow-up up services in the home. These services had been arranged by the hospital social worker.

17. Are you currently using any in home or community services? (Transportation, senior centers, home delivered meals can be examples of services provided by community organizations).

SUMMARY: Some participated regularly in activities at a Senior Center, mostly at the Bain Center which many had visited to receive information. The SHIP Program was singled out for its high quality. Public transportation was not widely used, with only several being regular users. Those using transportation were highly dissatisfied, especially about recent cuts in service. No one mentioned receiving any other service such as Meals on Wheels. One did mention the high costs of senior day trips conducted by the Department of Parks and Recreation.

18. Who would you talk to about finding support in your home or in the community if enough help is not available from your family and friends?

SUMMARY: Most would contact the Bain Center or the Office on Aging. Some mentioned clergy; others mentioned their personal physicians.

19. Have you ever used someone like a social worker, the Office on Aging, or a private case manager to find services for you? If not, how would you find out about available services?

SUMMARY: While most indicated that the Office on Aging was their preferred information source, only several had used it directly to find services. No other source was mentioned.

20. Do you remember how you found out about these services or programs? What did you pay for them and do you remember what organization provided them?
(See response to Question 18).

21. Sometimes, we need services connected to our homes like house cleaning, lawn care, gutter cleaning, etc. How have you found these services? Were you satisfied with them?

SUMMARY: Most relied on word of mouth from neighbors or friends, while some used Google. Several used neighborhood or community associations' service list to get this information. One person used Columbia Time Bank. Many mentioned that the Office on Aging could provide a list of trusted reliable providers. A prevalent problem was keeping reliable providers due to businesses folding, retirements, etc.

D. <u>Health Status</u>

22. How would you describe your health in comparison with others your age?

SUMMARY: Most described their health as above average for their age group, though most have had some type of surgery or serious illness including cancer and have had conditions that required medication.

23. How would you describe your emotional or mental health?

SUMMARY: Most described their emotional health in positive terms and being better than others their age. Several mentioned regular therapy or medication for depression.

24. How confident are you about managing your own health? Can you give me some examples of how you're managing your own health?

SUMMARY: All were confident in their ability to manage their health for many more years. Most mentioned exercise as their primary means of staying healthy. Some mentioned better nutrition and regular physician care**.**

25. How confident are you that you can manage your multiple doctors to make sure that one knows what the other is treating you for?

SUMMARY: One interviewee indicated this was a personal problem, while another indicated this was a problem with the medical system in general.

26. Do you have anyone help you with scheduling and getting you to doctors' visits? Does anyone help you with the paperwork related to your medical care?

SUMMARY: Several mentioned that their spouse assisted in making medical appointments or medical paperwork but none required active assistance in this or in getting to medical appointments. Some mentioned this could be a concern in the future, especially with the death of a spouse.

27. Do you take medications on a regular basis? How many? How do you manage your medication schedule?

SUMMARY: Many mentioned taking multiple medications daily. Some mentioned their pillbox system for keeping track. One mentioned that their health insurance provider sent online reminders and sometimes called. Medication management did not seem to be a difficult issue.

28. What would you like to have from the health care system that you have not yet experienced?

SUMMARY: On a personal basis most were highly satisfied with their medical providers, all had health insurance. But some were not satisfied with the medical system in general or on a more political basis. Some had concerns about the lack of general practitioners, the coordination of services and the inefficiency of the current medical records system. Some mentioned that their providers were older and finding a replacement would be problem, especially if more medical providers chose not to accept Medicare. Some were worried about abrupt changes or cuts in Medicare or Federal health coverage.

E. <u>Financial Issues</u>

29. Financial security is a concern to everyone. How confident are you about your financial security and your ability to pay for the services you may need as you age in place?

SUMMARY: Most were comfortable with their level of financial security and the ability to pay for services needed to age in place. Many had purchased long term care to assist with this, but some were worried about its specific features and the ability to continue to pay for coverage. Many added an important caveat –provided the economic situation doesn't unravel further and Social Security, Medicare and federal retirement pensions are maintained. Some were also concerned about the impact of assisting their children financially.

30. How would you find out who pays for the type of services that you might use to stay at home? Have you ever talked with anyone to determine what you could expect from your insurance, public government, and your own financial resources?

SUMMARY: Most replied that they would use the Bain Center or the Office on Aging for information and guidance. Some had consulted with SHIP counselors on Medicare coverage. Some had purchased long term care insurance to help pay for home health care. There seemed to be some confusion or lack of knowledge about what was available from public sources and what was provided by private services and how private services were paid for.

31. Do you know if there are public programs you could use to help pay for what you need? If not, how you would find out?

SUMMARY: See response to question 30. There was little knowledge or mention of public programs that might be available. One interviewee described an unsatisfactory experience with the federal home refinancing program.

32. Your home is as important to your ability to age in place as your health. How confident are you about your financial ability to pay for expenses related to your home; general maintenance, homeowners' fees, etc.?

SUMMARY: Most were confident in their ability to pay for household related expenses. Many mentioned the need for relatable services to militate against fraud or shoddy work when their ability and desire to do lawn work and other tasks lessened.

33. Would your family help you financially if you needed it? Would you ask them?

SUMMARY: Nearly all replied that financial help from their family was not likely; most would not ask.

34. Is there anything you like to tell us about yourself and your plans to stay in your home that we haven't touched on?

No Responses.

35. Would you like to receive a copy of the final report this fall?

SUMMARY: With one or two exceptions all looked forward to receiving the report.

APPENDIX B

CASE STUDY PROJECT PARTNERS AND RESOURCES

The Coordinating Center **http://www.coordinatingcenter.org** Karen-Ann Lichtenstein, Executive Director Carol Marsiglia, Director, Access Group Consultative Services Phyllis Madachy, Project Director, Opting for Independence Louis (Rusty) Toler, Project Manager, Case Study Project Elena Hopkins, Administrative Assistant, Opting for Independence **Leadership Howard County Team** **http://www.leadershiphc.org** Richard Butt Hugh Cameron Cassandra Compton-Butts Melissa Helicke Cindy Jones Steven Porter Mimi O'Donnell, Consultant Staci Hunt, Executive Director **PATH (People Acting Together in Howard)** **http://www.path-iaf.org** Cynthia Marshall **Community Innovations for Aging in Place, U.S. Administration on Aging.** **http://www.ciaip.org**	**Case Study Interviewers** Roy Appletree Sue Appletree Richard Butt Hugh Cameron Rita Chelton Cassandra Compton-Butts Carol Dana Janet Eveland Jennifer Hayashi Melissa Helicke Stephen Huza Cindy Jones Jenna Jones Deanna Lintz James Madachy Phyllis Madachy Dorothy Marder Joseph Murphy Phyllis Myerson Steven Porter Ann Rochford Duane St. Claire Scott Steele **National Active and Retired Federal Employees, Howard County Chapter** **http://www.narfe.org/field/chapter1734/default.aspx** Paul Verchinski **Howard County, Maryland, Office on Aging** **http://www.co.ho.md.us/Departments.aspx?ID=4294967715** Sue Vaeth, Former Administrator Peggy Rightnour, Manager, Client Services Division Barbara Scher, Manager, Senior Center Division **Transcripts4 North America** **http://t4na.com/company.html**

Community Innovations for Aging in Place Technical Advisory Group (CIAIP – TAG) **http://www.ciaip.org/index.php?id=org15** Mia Oberlink, CIAIP TAG Team Project Director **New York Academy of Medicine, Center for Evaluation and Applied Research** **http://www.nyam.org/professional-services/evaluation/** Linda Weiss, Ph.D., Director James Egan, MPH, Deputy Director	**Coding Consultant** Claudia Trezza, MPH, ctrezza@hotmail.com **Howard Community College, Department of Planning, Research, and Organizational Development** **http://www.howardcc.edu/about_hcc/organizational_leadership/presidents_team/irvin.html** Zoe Irvin, MS, Executive Director

APPENDIX C

Detailed Summary and Analysis of Themes and Subthemes

Personal History
- Life Histories
- Reasons for Coming to Columbia
- Current Perceptions of Life in Columbia

Theme 1 - Living (Aging In Place) At Home
- Staying in Current Home is Strongly Preferred
- Other Options and Factors Impact the Decision Process
- Transportation is a Major Issue
- Neighbor Ride
- Multi Level Homes Present Challenges
- Reliable, Trusted Services Would Facilitate

Theme 2 - Informal Networks
- Support Provided by Spouse
- Relationships with Adult Children
- Relationships with Other Family Members
- Relationships with Friends
- Neighborhoods and Relationships with Neighbors
- Faith Organizations
- Community Engagement and Memberships

Theme 3 - Formal Support Systems and Finding Community Services
- Perceptions of Formal Support Systems
- Bain Center/Office on Aging
- Observations on Current Services

Theme 4 - Health Status
- Perception of Health Compared to Others
- Diseases, Conditions, and Surgeries
- Meeting Personal Care Needs
- Finding Medical Sources
- Support for Short Term Impairments or Illnesses
- Support for Long Term Chronic Conditions
- Perception of Emotional/Mental Health
- Health and Exercise

Theme 5 - Financial Issues
- Current Status

Concern over Personal Finances in the Future
Concern over Children's Financial Stability
Concern over Housing or Home Maintenance Costs
Family as a Source of Financial Help

PERSONAL

LIFE HISTORIES

Most had grown up in a town or city in the Northeast or Midwest. Some had grown up in the South. None were from Howard County originally. Several had experienced harsh economic conditions. All or nearly all were college graduates, although educational attainment was not captured in the recruiting or interview process.

"My dad was a music teacher in the public schools. My mom did not have a job. We moved to a larger area when I went to high school and then college. I was recruited from college to work for the federal government."

"I grew up in Pennsylvania and I was born-no kidding- in my Uncle Tom's cabin with no electricity, no running water, a pump outside. And I moved, as a baby, into an even lesser home. So that's my original place."

"I was born in New York, just before World war II. My father was in the Army Air Corps and we trucked around the country for a while as he moved from one place to another. In 1948 we moved to California. My real memory starts in 1948."

"I was born and raised in Chicago. When I was four, my mother took me to a ballet program and said would you like to do that. I said yes and the one thing my mother would say if I started something I had to finish it. I couldn't start an activity and two weeks later say I didn't want to do that. Ballet has been my love and I opened my first school when I was 24."

"I grew up in Boston and lived in the Chinatown community. Cantonese was my first language. I got my bachelors degree and spent four years in the military one year in Vietnam. I joined the federal government in Boston and then transferred to Washington DC about 1972."

REASONS FOR COMING TO COLUMBIA

Most had moved into the Baltimore-Washington area for federal civil service or military careers and had lived elsewhere in the area before moving to Columbia. Most had lived in Columbia 30 years or more. They had been attracted to Howard County by Columbia's New town concept of family oriented villages, neighborhood schools, racial and economic diversity, affordable homes and the central location convenient to both Baltimore and Washington, D.C.

"I kind of worked my way up to Howard County. I had moved in from Baltimore, I wanted to come

because of the better school system and everything like that."

"We lived in Laurel for about a year. We were driving to a company picnic in Patapsco State Park and we were coming up 29 and saw a square blue sign with the People Tree located on it and it said Columbia. We went to the visitor's center and fell in love with it and said this is where we have to live."

"We chose Columbia because that's where we wanted to be-we wanted to live in an area that was not going to be one culture, one race, one economic situation. I guess we bought the Columbia dream and moved there. I've lived here since 1970."

"I was in law school and a fellow classmate told me about Columbia because her fiancée' owned a men's clothing store in the mall. I came out and fell in love with the concept. I married my wife and decided we would move to Columbia. The concept I like about Columbia was the original concept-the diversity, the almost communal/community based "all for own and one for all-we're all going west on this train building the next America."

"We went to Laurel first; my mother and I went looking for an apartment. This was the 60s we were talking about, and believe it or not, the KKK was on the corner of Main Street and Route 1. I thought I didn't particularly want to be settling there-not to disparage Laurel, but I didn't want to do that. As far as the decision to come to Columbia, it was an opportunity for me to buy into a condo. That would have been my first ownership of a home. I was renting up until then."

"Well, we couldn't find a house we could afford in Washington. And we heard about this concept of a planned community that was not going to discriminate against you because of race. And that was a very significant thing back in the 60s. So the idea of moving to a community and not having to pay a premium because you were black… to live in a nice neighborhood was a very significant thing."

"I started out in Town and Country apartments on route 40 and then in 1982 because I was a poor person I was able to buy a house and so I live in Long Reach."

"I like the location. I like the proximity to places we go and activities we engage in. Location, location, location is one thing. It is quiet but it is proximate to the highways and getting out. I was splitting time between Woodlawn and Washington a good bit when I was still working for the government."

"I was in Wheaton and we had a beautiful condo, brand new. But it was right on University Boulevard, with heavy traffic going both ways. We missed Columbia and the quiet of Columbia is always pleasing. I liked it and that is why we had stayed there so long. I'll never forget when we returned here because it was August 29th, 2005 and that was the day Katrina hit New Orleans. It was 90 or more degrees and I remember those poor moving guys going up all those flights of stairs bringing all his stuff up here."

Some moved into Columbia later in life to be near adult children and grandchildren.

"It wasn't until 1977 that I had my spine totally put together with titanium. We knew we had to do something. We talked about some possibilities and about moving to Columbia partly because we had watched it grow up from the time they dug the first shovelful. We were fascinated by it. Columbia just seemed to be what we wanted because it was halfway toward the kids and we knew Columbia was a very nice place to live."

"I was already 65 and thinking about retiring, I had lived in Columbia to help my youngest daughter with her second baby. I was living in Boston and thought that I would be coming to a cultural wasteland but was amazed at the cultural opportunities. Washington is not that far away and Baltimore is even closer and there's still part of it in Howard County. And I thought what more could a girl ask for. This is it. So I went to the Bain Center and they gave me a list of places. We drove to the address and the fact that it was within walking distance of shopping center, I just thought this is a really good place for me because I don't have a car."

CURRENT PERCEPTIONS OF LIFE IN COLUMBIA

Most continue to have a high level of satisfaction with living in Columbia.

"The school is in my back yard. I walk out the field and the kids go to the school. The middle school is at the end of this street right here and the high school is on the other side of it so they could walk. This is my home for 40 years more than half my life I've lived here. The things around us, we're so familiar with."

"I am retired and that has been for seven years now. We have lived in this house, which is our second house in Columbia since 1981. We are happy with our area, we like our house and our neighborhood."

"We love Columbia. It's ideal for people our age. We are pretty up in age, and we don't have enough time, there aren't enough hours in the day to take advantage of everything that's available in Columbia, and a lot of it can be free."

Some expressed their concerns about the cost of living in Columbia or a general decline in the viability of the Columbia Concept.

"As far as Howard County goes, this county has a government mentality, everybody works for the government. Yes, I know, I see my friends, they're telling me a $70 grand retirement is nothing; they're doing better in retirement-the county has forgotten about everybody else."

"With all the razzmatazz, I think Columbia used to be-people used to be so much closer to each other in the beginning, and now it's beginning to act more like a big city. We had the block things, the little stickers we put in our windows so the kids could walk home from school. I know I dread going past the elementary school; when it's getting out because there's no kids walking home from school. I'm like, gee, this is Columbia?"

"The reality of life is the village centers no longer serve a purpose, unfortunately. You know, and that's a tragedy because if you look at the way they planned Columbia, there was a lot of wisdom."

THEME 1 LIVING (AGING IN PLACE) AT HOME

AGING IN PLACE IN CURRENT HOME STRONGLY PREFFERED

Nearly all remain highly satisfied with their daily lives in Columbia and think they can continue it best from their current home. They saw no reason to change as long as their health remains good and they were physically able to maintain their home and continue with their normal activities.

"I can stay here financially as long as I am able to stay here physically."

"I think we'll be able to manage. Certainly, over the short term, three to five, something like that, three to four, two to four. It's much harder to look beyond-say five to seven years. That's a little more difficult. I don't know I can't anticipate exactly how that's going to go. We obviously hope we're going to be fine, but we really can't anticipate. But over the short term we'll be OK. I think we'll still be able to drive, we'll still be mobile; I think we'll still be able to reasonably maintain the property, and I think we're going to be able to navigate the stairs. I think we're going to be all right up and down. So I think certainly over the short term we'll be OK. But you should come back in five years or so and do a follow up. You may get a whole different set of answers at that point."

"This is a wonderful home and I feel fortunate to have found it. I feel I can age comfortably here, barring any major catastrophe. But I feel pretty good."

"We'll stay here as long as we can manage it. We never want to clean out. That is our legacy. They (the children) will have to clean the basement and garage."

"We don't want to move for various reasons. You can see. What would it be like to pack all these things up? And then the location is just wonderful… wonderful neighbors…"

"I'm not looking to leave unless I win the lottery. I'm satisfied. We're satisfied with what we've got. I'm satisfied with what we have."

"We'll stay as long as we're able to comfortably and safely maintain our life. I have no thoughts of moving unless health requires it really. I don't see that happening in the very near future."

"I don't see any reason for the two of us, as long as we are physically capable of living here, why we would want to into a long term facility or move into a smaller house or anything. I just don't see it."

"We don't want to move for various reasons. You can see. What would it be like to pack all these things up? And then the location is just wonderful… wonderful neighbors…"

OTHER OPTIONS AND FACTORS IMPACT THE DECISION PROCESS

While the desire was to stay in the current home, many also mentioned, "There still may be another step". Responses were mixed to what that step might be and if it would require moving out of Howard County. Some recommended additional aging in place choices. Suggestions included more Continuing Care Communities, a focus on senior housing in the revitalization of downtown Columbia, Co-Housing, and a Senior Campus.

"It would be, not financial, but having to move away from where I lived for so long I guess would have some psychological effect. I might want to move to some place. One of the places like Riderwood or Vantage House. Something like that."

"I would like to stay in my own home as long as I could. Now, I would not have a problem moving out of this house into an apartment independently."

"I personally, think Charlestown looks great, but it may be way too expensive. I understand there is a new place being built by the library. It's a Lutheran Place by the way. And apparently Memorial Stadium is being made into a Presbyterian type place."

"Now when they're talking about the downtown redevelopment to build a few more places like Vantage House would not be bad. But they need to be affordable."

"I thought there was a whole area in Columbia, on the east side, where they built houses that had granny flats. Or a mother in law suite, they were called. I thought they built quasi-independent places for mothers in law. And that's not a bad idea."

"I want co-housing. It's living in an intentional community that you buy into…well, not monetarily. But the philosophy is that you are living independently but the community is embracing. A sense of community. So there are communal eating-places and other communal activities in a small geographical place. And that's very appealing to me because then asking for help is not intimidating."

"We have sort of done a little research on places like Oak Crest, where they have the gradation of service from independent to assisted and it's tiered. I think it would be great if we could stay in Columbia if we were going to opt for that sort of thing. If we were going to say, we'd try to get service that would be in home but by the same token we would want some sense of a community center or some where we would have access to community because we would need affiliation in community."

"I call it the hyperkinetic overactive 55 communities. Ideally if it were all sort of in one area on a small campus or something that would be good-organizations, affiliations with communities, church. All of that."

Couples recognized that the death of a spouse would trigger an aging in place decision. Some thought they would be unable or unwilling to remain in their home after their spouse died.

"If the children were somewhere else and my husband was gone, I'd probably go into a senior community somewhere in the south because of the winter weather, which I don't like. Not Florida. Maybe California where my daughter is."

"It's just more house than one person would need, more upkeep and I could see myself going into something like Vantage House because I have a friend there."

"If she's gone or I'm gone before her, then the whole picture changes and we don't have a full time person that could really help. I'd have to be institutionalized somehow."

"If something ever happened to her, that is when I would start thinking about divesting, getting out of this house into a long term care facility and that is when I would physically move. This house, it's a nice house and nice location for your family, and I think I might be doing someone a favor."

Many have considered moving but decided at the present time instead to spend funds to age in place where they were.

"We made the decision that instead of buying a house, that when the time came we would just have people…when we couldn't do it anymore, you know I mean this house is paid for, and we thought to buy another house and go into mortgage debt, we would just take that money and use it to have people maintain the house."

"And what are the new places where we'd want to go? I think we've looked sometimes to see a senior citizens situation that has a townhouse five levels and lots of stairs. I would think right here would be more accessible than some of the places I see."

"We talk about that. My wife and I have a difference of opinion. She sees the burden of the house. And I see this as our home. They're going to have to carry me out of here feet first unless I can't live here and then I'll go someplace else. But I'm hoping to die before that happens. My wife would move if we had a place to move to."

"I would say that the places they've built near the mall, for the over 55 housing, look excellent, I have not gone to look to see if I wanted to move there. I guess I don't see myself as moving from here, to move someplace else that's not going to be where I can just walk down the hall into the next part of the place which is why if I'm looking at moving it's going to where I think I'm going to die."

"I don't want to buy into one of those age 55 plus communities where you have to give them $350,000 and pay $2500 a month for meals. I don't want to do that. You don't get a tax benefit for that. I just don't want to tie up my money like that."

"The over 55 communities are not equipped. I mean they don't tout that as a service because there's a whole lot of denial that you're ever going to need more. It wasn't an issue when my friend moved in five years ago or whatever. All of a sudden, something changes."

"The only place we considered was a high rise condo and I don't know when we considered all the expenses, the condo fees and all the rest, it didn't seem to make sense to us. And so we 're here as long as we can manage it."

"For myself, I just live with what I've got. I mean if I had to leave this place, the only kind of place I would like to live is a small cabin in the woods. I can't imagine living in apartment, or God forbid an assisted living. Assisted living to me is not living."

TRANSPORTATION IS A MAJOR ISSUE

All expressed awareness that losing the ability to drive, to function freely outside the home, will severely limit ability to age in place in their current home.

With one exception, all interviewees (or their spouses) were active drivers. Some had limited their driving routines such as driving only during the day or avoiding high traffic areas during rush hour.

There were several occasional or regular users of the public transportation system and all were highly dissatisfied, especially about recent cuts in service. Most interviewed had a pervasive negative view of the public transportation system although it's not clear they had ever used it.

"The only thing I fear about aging and illness is driving. I want to be self-sustaining; I want to do my own thing. The only hazard I've got for my mind is that doggone driving. As long as I'm safe, I'm home free."

"The only thing I fear about aging and illness is driving. As you can see, we're pretty isolated here, and the only thing that could hold me back is if I lose the ability to drive."

"What would be a problem would be transportation. At some time, I'm going to have to stop driving and, unfortunately, Columbia is a drive-required community. I'm hoping I can drive much longer than anybody would expect."

"The one service I would see us needing that I would like to see is… well and I know there is some so maybe I haven't looked into it because we're Ok so far, but that's transportation. The day is going to come, and it could come at any time, when we can't drive."

"And one I am paying a lot of attention. I mean, because I see that maybe I won't be able to drive, or maybe I won't want to drive, and not having mobility is huge."

"But don't they have a ride on bus or something you can get to come get you? They have the bus at the bottom of the hill. But I would definitely, if we couldn't drive and we weren't mobile, I would consider that as a precipitating event."

"But then we get into the transportation issue, so if we get into a situation where we can't drive or our eyesight isn't that good or we're not as sure of ourselves on driving, that brings up the whole

transportation issue. Public transportation or transportation support or something along that line, because here in Columbia, as you know, our public transportation system is just okay, it's not super. But certainly grocery shopping, the standard stuff, access to a nice grocery store, those would be some concerns."

"So that transportation element would be of major concern. For example, if we can't drive, and here in Columbia if you can't drive, you're not as mobile you'd like to be. Ideally you'd be able to walk to all this stuff but we can't walk to all of this stuff in Columbia because of the design of the city. So public transportation or some sort of transportation support would be of concern, because otherwise then with the lack of mobility, we would have to think about moving into a campus-like setting or something like that where we could walk or have much easier access to all these things we love."

"I mean I talk about transportation, but I am within walking distance of the mall. But, if I have to pay for a cab to get to the community college, it wouldn't be a big deal and if that happens I can see myself more likely to stay here. And, if things don't improve with transportation and such, then I can perhaps seeing myself moving to a more urban area."

"This being a community of automobiles, the only store I can walk to is Safeway, but I'd rather shop at Trader Joe's which is eight miles away. I drive close to 100 miles a week. Figure it out. Operating a car is a very big expense."

"I don't want to drive until I crash like my aunt did. I'll be 70 in October. Maybe ten more years driving I don't know. But, to me, once you hit 80, its touch and go as to whether you should be behind the wheel."

"Probably, at some point, I'm going to willingly give up driving. I already self limit. I don't drive I-95 or I-83. I don't drive 175 at rush hour."

"I'm one of the few guys that drive at night. And if I were to develop to the stage of those individuals, then I could see changing things. But we have fun during the day so everyone can get home before dark. Most people hate old folks when they're driving, they get in the way. So I'm trying to get away from all those things. Now I know that I'm old and I don't have a problem with that, but I don't want to be a hazard, nor do I want to get in anybody else's way."

"I may not be able to see anymore, but I can still talk. I think transportation really is an issue. And I certainly think transportation for, not only older people but poorer people is just not being addressed. I was just outraged when they doubled the price that elderly people had to pay."

Some suggested that seniors have free public bus service during non-peak periods and that bus routes be more frequent. One person suggested Columbia Time Bank as a transportation option.

"Probably some kind of magic transportation, I don't know."

"In Montgomery County, when I first moved to Germantown, seniors rode on the buses free from 9:00 until 3:00. And I had not been there very long when they changed that. Seniors rode on the buses free, period. They've gone back to free from 9:00 to 3:00 because of the increase in the cost of fuel. I look round on the bus and I don't think their primary ridership is senior citizens. So I don't think it would cost them a huge amount of money to let seniors ride."

"Buses and all the rest. I'm not asking for every seven minutes. But you know it would be nice if I missed the bus, to know that another one would come at least 30 minutes. Two hours? It's just really a slap in the face to people who need it most."

"More rides should be available for people. I know all the stuff politically and how much it costs and every time our government says to us. "We have a love affair with cars, we've got to give up our cars. I've taken the bus a number of times. I would use the bus a lot more if there was an easy way to the Bain Center but it involves two buses and two hours."

"Now, Time Bank, which I am a member of, you can call them and then maybe they have someone drive for you."

NEIGHBOR RIDE

Neighbor Ride a volunteer service for seniors and persons with disabilities was the preferred choice for transportation when driving an automobile was no longer feasible. Some felt its services were too limited.

"I have used them and I really, really like the service. I used them more the first time that I was here. And I think what happened is that they had some kinks and they ironed out those kinks."

"On the driving, we would go to Neighbor Ride for the driving. It's available to any Howard County Citizen. It's $6.00 a ride and it will take you anywhere and bring you back for that $6.00."

"Neighbor Ride. We haven't used it yet but, I, in the drop of a hat, would."

"I would have Neighbor ride take me wherever I want to go. There's a limit. I think you can only do ten times a month."

"I know there's Neighbor Ride here. I've not had to use anything because I have a retired husband."

"Neighbor Ride. If I weren't paying maintenance and upkeep on a car, and car insurance, and gasoline, I could probably afford Neighbor Ride."

"I would cheerfully use them if I had a time of day and location that fit within their guidelines. They're really nice people and I would use them just to show my support to keep it going."

"She calls Neighbor Ride but it's troublesome to some extent. You have to get to an appointment at a certain time and you want to get home after the appointment and it wasn't always possible to do that."

"I would think that Neighbor Ride would be someplace to call. But I think in Neighbor ride, you can ask them week ahead. You have to make an appointment."

MULTI LEVEL HOMES PRESENT CHALLENGES

While two interviewees lived in age qualified "senior fitted" units, only one home featured single floor living; one other was being enhanced to provide a main floor master bedroom. All recognized that the dominant feature of their homes, multiple levels with several flights of stairs, equals or surpasses transportation as a potential barrier to aging in place successfully in their current home. Most mentioned navigating stairs and steps as their primary aging in place concern.

"So the whole mobility thing. I'm real conscious of that."

"The steps. Yes, that's probably the only thing."

"We need to think seriously about maybe being on a lower level because I don't know how much longer I can pull those steps. I don't have any heart problems or anything like that yet."

"And the only thing that concerns me are the steps. But from what I'm hearing, split foyer houses, and this is one of those are very very important. People like them because there are less steps."

"The only thing is the physical obstacle of the stairs. Although my condo is on one level, which is wonderful, there are stairs. When I broke my ankle, I was on crutches and a cast and the stairs were such an obstacle."

"As you can tell, this is three levels so one immediate concern is the stairs. We also have steps in the entryway, and costs and services to make that more accommodating, and the availability of those services would be of concern to us."

Many mentioned installing stair lifts as a solution but few had researched it.

"I recall when my wife was on her last days, she couldn't go up and down the stairs. I investigated getting a chair lift, stair lift, and it would have cost me about $5000 and if you wanted to sell it back, they wouldn't give you anything for it. My wife said no, we'd make do without, so she would crawl up the steps and she would lean on me coming down one leg at a time."

"I guess the biggest obstacle would be the stairs. We have seven steps, the landing, and then six steps and I don't know if you could get a lift that will bend or not."

"I know that there are devices that you can get to help you-and I don't know how they would fit. I guess they could to go up the steps as well as those that could go down. That's the only other thing that I would want to do if I stay here."

"You know the thing you sit on that goes up the stairs? Let's say I can't go up the stairs and we can't afford the chair thing that goes up there. For a while I would live in the family room but that's not going to work long term. And I don't know what-well we'd have to move but I don't know what we would do."

"Well I think that one of those elevators that attaches to the banister would work very well up here. And fortunately, we're able to do steps quite well. And probably will before some time we'll be 80 in November, both of us."

Many were aware of, but not sure of the feasibility of other home modifications.

"I know the types of things you're talking about. Sort of senior fit it. Maybe eventually a shower grip or something like that in the bathroom. If you had a walker or a wheel chair or something, I think the doors are wide enough."

"If I'm wheelchair bound, obviously, we'd have to retrofit all the cabinets, bring them lower, the island would have to come down, and we'd have to have more space. This would not work or a wheel chair, you'd need ramps and that would have to be wider. All kinds of things would have to be done if we were to stay here, I don't know that we could do it. I know that sometimes there are grants for this type of thing, access to grants, or if there is some kind of tax break or something. It would be nice to know about all those things, and it would be nice to know about the types of retrofitting that are available out there-new ideas, new ways of doing things."

"Retrofitting the kitchen so that it's more manageable in terms of meal preparation and appliances that are more friendly for reaching things, that would be of some concern."

"It will be very hard for my husband to hire somebody to do this, but we have discussed that. If I wanted to put a ton of money in my house, our rooms upstairs aren't big, the bathrooms are small. But I don't want it enough, you know we talked about adding on a master bedroom and all, but then the house is paid for, we don't want to do it."

"I thought about putting one of those step-in tubs in, and then I said no. You prepare for the positive not the negative. And you can always put a temporary bar in or seat in the tub or something like that."

"I'd like a railing on the outside. I went in there to say I want a railing, a metal railing. He said, "We don't sell them. In Columbia the covenants don't allow them."

"And I don't think with all the money in China you could get an elevator up those split foyers because I looked at it when we were thinking of getting an elderly aunt to come live with us a while back. That kind of bothers me what's going to happen if we lose our mobility."

"As much as I love this house, if we can't live comfortably in it and if we need something to go up and down the stairs or something, I probably would prefer to be some place that's more convenient because this is a lot of house for two people anyway."

Several have taken actions to modify their homes primarily by enhancing or creating first (main) floor bedrooms and accessible bathrooms.

"Right now we're retrofitting the house to make that work. We've just done a lot of remodeling here and we put a laundry room at the end of the kitchen, we'll enclose the rest and make a bedroom there. We've just done all of that looking at what happens when we want to live on one floor, and then using that as an apartment for a caregiver."

"We have done some things like bars in the bathrooms and the grab bars we put the banisters-we have banisters now on both sides which worked out fairly well. The guy who did it claimed to be an expert but wasn't that great. But it's good enough."

RELIABLE, TRUSTED SERVICES WOULD FACILITATE AGING IN PLACE

Most expressed the need for "trusted, vetted, or reliable" consumer home services to help them with home upkeep or health related tasks. Some recommended that the Office on Aging should have a role in providing information related to this.

"You know what I would like? I would like someone to clear people for me so I don't have to worry about getting scammed."

"You know, that, I think it would be so nice to have a group of-we belong to a group who might be able to have plumbers or carpenters-someone we can contact. Trustworthy who went through the process of hiring. And with this kind of trusting community, we might be able to have-we might be able to call someone instead of each calling a different person."

"Actually no I don't know of any sources for that (universal design, bathrooms accessible) but again if that was an issue I think I would research it through one of the agencies. I mean I know the county has agencies and the state has agencies, so I mean, I know they exist, I just don't know specifically."

"Whenever we have, for example, individuals who will come in and do roofing or prune trees, we share that information. Now that would be helpful, names, an address, telephone numbers, emails of reliable contractors, reliable people who aren't going to come in and rip you of. If the Office on Aging folks can help with that, I think it would be good if they can help us with referrals for whatever jobs, big or small. To have reliable lists of folks, that would be very helpful. We don't mind paying, it's just that we don't want to overpay and when the job is done we want to feel that it's done right and that we were treated properly."

"I went to the networking conference on Office on Aging. And that's where I was introduced to Partners in Care. And then I started meeting some of the people here in Howard County. I was looking for an office in which we could operate in Howard County. After I surveyed some of these

things, I ran into my friend who was doing Time Bank of the Columbia Association. So I'm very happy with what we're doing so far. But I'm still interested in this."

"We're getting to the point where grass cutting is getting a little iffy and other things and the cleaning up. If the County could service some program like hiring teenagers to help the senior citizens do a little yard work or stuff like that. Give a chance for the kids to do something and maybe earn a little money."

"Our minds are healthy now, that we can still do it, But when it comes to the time that your mind is not level-forgetful and "where did I put my checkbook. Do I have a checkbook? Or do I have anything in the bank?" I need someone who could do those things."

"I don't mind paying an annual fee if we get services. But when you get older, you may not be able to return the favor. You can ask them to do something for you but you cannot return . But while I can do things for people, I would like to do it. And then it always seemed to us, when we read about the Beacon Hill project that "Gosh, this is an ideal community for that sort of thing. I don't mind paying an annual fee if we get services."

"I need a support system that's going to alert me to-that I won't have to run around town trying to find it. That they can come and take me if necessary. Pickup and delivery is what I'm going to need and somebody who comes in very day to help me."

"I would say the home health aides would be- I mean, I seriously could never see leaving here if I had somebody to come in like a home health aide and take care of… I don't know that the home health aide stuff is as good as it could be."

"Somebody trustworthy to come in and help you bathe and fix your meals. Perhaps the same things with even just basic housekeeping because these things are just so expensive on a private basis. If there was some way that there was a service."

THEME 2- INFORMAL NETWORKS

"That's so important, a support system. Sometimes, I think that's the first need, whether it's a spouse or children or friends or church or social worker, whatever, whoever, you need to feel like you're not alone."

"I think people need social networks and I find that getting more and more important the older I get."

SUPPORT PROVIDED BY SPOUSES

Couples viewed the aging experience as a shared partnership and felt that the support they gave to each other would enable them to continue living in their homes for the foreseeable future. Most mentioned providing mutual support in periods of short-term illness, surgery,

or medical treatments. Each seemed fully informed and aware of the health status and treatment of the other.

"So the key to aging in place is to have a partner with you?" "Yes, indeed, one who can drive."

"We've both had some surgeries for skeletal problems. I had some of my work friends who came over and did what they could. But mostly he and I have been able to take care of each other when we've had any sort of health concerns. I'm sure we've been very fortunate in that everything's been temporary and fixable."

"The things where I've been incapacitated for a significant amount of time-there's been a couple of them - my wife helped me. She's a wonderful partner in this life we live."

"Generally we help each other but there's very little that I know that she does not know. Between my wife and I there's no problem. Now where I probably wouldn't be OK, would be in truly understanding what they're (doctors) are telling me."

"He's able to handle all the paperwork. You know, I'm beginning to feel … I think it's probably from all the years on those various drugs and anesthetics, but I feel overwhelmed when I get those dozens, I mean copies of the Medicare things."

"But that's what makes life good when we can work together, then we can do things better. We both get from that. We give, but we've got to get. That's my view of life."

"I try not to think about it but I know it's a reality. I'm going to be totally dependent upon her for support. She's going to be totally dependent on me."

RELATIONSHIPS WITH ADULT CHILDREN

Most have strong ties with adult children living close by who are active in their daily lives or whom they see regularly. Many have close ties with some children further away.

"They're good kids. Really good kids."

"I think our daughter has a good relationship with both of us. We talk to each other."

"We're a nice little family here. We get together all the time. We just had a birthday bash for the two that live in Olney."

"Yes, we had all six when we came to this house. Four of the children are more or less in this area and that's a big drawing card. And they even talk to each other."

"We have three grown daughters and a grandchild who is 3 years old. We text a lot, we email a lot. And we Skype with our daughter who is in California."

The support is mutual and often equal with the interviewees providing financial help and other support. Some have adult children living at the home temporarily as a result of separation or divorce.

"But so far they really haven't had to help us, but I could see that time coming. I wanted to put in a new shower curtain and our granddaughter is the one who hops on the ladder to help me do that. That's the first thing I thought about is the worm's getting ready to turn."

"Ironically, the only one of the three who is in a position to help us is the one who lives 2000 miles away. He came in ten days ago because the one who lives close by had a brain tumor and he can't really do a lot physically."

"We have a son. He's living with us now; he and his wife separated. At the time he didn't have a place to go so he came home. And so he's been having a rough time-like a year and a half. But he's OK now. And we are okay with that-living here. We made the room for him."

"Another one lives here and he helps a lot. He moved back in after a tragic accident and that was a temporary basis, maybe 15 years ago and somehow it seems to have worked out as a better permanent arrangement."

"The grandchildren are older now. We see them at sporting events. We socialize with our children in that form. The boys also mow the lawn for us and they make a salary. How else do they help us? That's a good question. It really works the other way. It really works the other way."

RELATIONSHIP WITH OTHER FAMILY MEMBERS

Relationships with other family members were positive but strong relationships were not generally recounted. Some interviewees who live alone consulted with siblings on health or financial matters.

"My sister and brother –in –law are in Chevy Chase, and the only thing is that they're just two years older than us, but they're active and so we have that connection."

"My wife's brother lives in Annapolis but he's widowed. We don't have an immediate need to pick up the phone and say such and such thing has happened. We haven't faced that yet so that's probably a good thing to think about though."

RELATIONSHIPS WITH FRIENDS

Most have significant and continuing deep networks of long-term friends established over the years through relationships with parents of their children's friends, work, neighbors or faith organizations.

"I mean having lived here for some 40 odd years and we have friends that we made when we first moved here and we've become friendly with them. You know, we all moved in when we were

young, most of us were not from here, so we all became what we call our Columbia family. And we all had our children together, we went through all life cycles together and we're just so close."

"I do because not having family right here. I have what I think about as two sets of friends, my couple friends and my single friends. So, I've been very fortunate, because I know that sometimes when you lose your husband your couple friends drop off."

"I have friends in three categories. I have friends from church. I have friends from a couple of social groups. I have friends from my professional practice. I have friends who are a cross section-church, professionally and socially."

"I worked for the government for 34 years and built up a really nice friendship base from that, so some of them have been right there for me, a second family, because I felt I was getting too isolated living alone."

"I have something between a great friend and a big pest."

NEIGHBORHOODS AND RELATIONS WITH NEIGHBORS

Many long-term residents have an exceptionally strong network of neighbors with deep personal ties. Most had lived in their current home for long periods and continue to have solid relationships with their neighbors.

"I've established some friends in the area, we count on each other and that sort of thing. I think now since my wife passed it's too much house. I started thinking maybe a rancher and I still haven't given that up. But still the neighbors, we know each other; I can call them in the middle of the night and say I need help. I've got a neighbor across the street who's been hanging onto life for at least 12 years; he depends on me. I can't move until he passes on because I'm sort of the backup. He has someone to live with him and take care of him but they go out shopping or whatever and something will happen and he calls me. So I've got to stay here."

"I love this block. I absolutely love this block. It's a diverse block in that almost every ethnic group is on the block. Many of the people have been here 20 plus years. They raised their children here which is nice because that means you have a base."

"I love the neighborhood. The people who are here are just great and it's a community. It's really a community."

"On our de sac here we have wonderful people. I think all of us are that kind of people that if somebody called and said they needed something or whatever."

"Let me give you one example. Two years ago a family was just moving in here. They had a big truck come in, and it got stuck because there were still lots of snow around. I went out and said what can I do. People from over there came out and we had a whole party getting them out."

"Also, the neighborhood has a variety of ages which helps us. I like seeing the young kids. I like seeing the neighbor; they came in 'bout a year ago."

"It's also important for us to live in a mixed community. It's very important not to live with just middle class white people, and Columbia is a very mixed community.' The street is nice too!"

"Of all the houses on this street, we've all lived here since the houses were built. The one not directly across the street, the son and grandson are living in the house his parents built. So there's no little kids-this is not a little kids community."

"There are so many single women here. I'm probably on the younger end and so you all have the same issues. You're all looking for something to do and so in way it's homogeneous, and you know while diversity is wonderful in concept, homogenous works sometimes."

Some neighborhoods have turned over and close relationships are dwindling.

"A lot of the people are-one of them died last October. Another one is a recent widow and she's falling apart so it's difficult to get her engaged in things. So we're transitioning now and that's problematic for a lot of people."

"This is the Fourth of July picnic house. We used to have 30- 40 people. It's down to 10-15 because people have gone other places. So I have acquaintances here and friends but not with a capital F. "

"We have a wonderful neighbor next to us. Well, they just built a home in Delaware and will be moving as soon as they sell their house. And in those things you just can't count on. "

"The house next door has gone through four changes since we moved in in the mid 70s and the couple now, they've been down now for less than a year. I think up and down the street it's not a close knit neighborhood."

"We're getting more rentals than we had, which people don't really want to integrate into a neighborhood."

FAITH ORGANIZATIONS

Most belong to faith organizations. For many, faith organizations are a central part of their lives and are the source for their closest friends. Others feel affiliation is important but are less active now. Faith organizations have been a primary means of support in short-term illnesses, impairments, or treatments requiring home based care and transportation assistance.

"We're both very active in the Parish. We've been members for over 30 years and have a lot of friends there."

"Most of our friends are from church. We've been there longer than we've been in this house. He's been a deacon. And I've been just about everything-Sunday school teacher, active in the women's association, all that stuff."

"We're very active. We're founding members of the temple, actually. We call it an empty nesters congregation."

"We belong to a faith community and collectively, on an average year, we've done our share-top to bottom."

"Well, my real support system is my belief system. And it's all-good. I you get to the bottom line and the basics, they're all good. I read inspirational books; that one right there was written by a Buddhist lady."

"We're not terribly religious but affiliation is very important to us."

"I belong to a temple. And I'm not actively involved but they were a huge support system when my husband was sick. It's not my choice now to be involved but I think that it's support of a congregation, and something that perhaps in another time of my life would be a support."

"I'm not overly religious. I belong to a congregation and I go to church her but my congregation is in Alabama where I was born."

COMMUNITY ENGAGEMENT AND MEMBERSHIPS

Most were active in several organizations in addition to faith organizations or activities at the Bain Center. Activities included volunteering at the library, neighborhood schools, Village Center, personal enrichment activities at Life Long learning Centers, and with Hiking Clubs.

"I think when one gets involved in the community, you begin to find people who also want to be involved and when you get two or three people really involved, then you begin to get the community stirred up and getting people to cooperate and all."

"I volunteer at the school. It's full time. I have my own classroom. I have a research lab I have taught kindergarten through sixth grade. I enjoy helping children, I love it when I see them learning."

"I coordinate English as a second language at the Bain Center. And then I'm also in the Woodcutter's Guild."

"I volunteer at the Day Resource Center. I've cooked for Grass Roots. I go down to Our Daily Bread four times a year."

"I'm working at the library as a volunteer. My second home is the East Columbia Library up here. And it's just a marvelous group people to work with."

"I have a subscription series to the BSO in Baltimore so I drive there. I also belong to the Mountain Club of Maryland."

"I've done all kinds of stuff you wouldn't imagine. I play in two bands. These are all people who stopped for a career and then the family went, and they said OK, I want to play music again."

"I completed my first semester at the Osher Lifelong Learning program at Towson University."

"I work with the Village Board on one of the committees and I also do Pets on Wheels." I enjoy it, I enjoy it."

THEME 3 –FORMAL SUPPORT SYSTEMS AND FINDING COMMUNITY SERVICES

PERCEPTIONS OF FORMAL SUPPORT SERVICES

In contrast to informal support systems, uses of formal support systems were very limited. While many had experienced serious illness or impairments, none had relied on ongoing professional support such as case managers or home health care.

"I don't know but I am assuming there would be some services. And I would think that this Aging in place group would plan on making people available. In a way, this is sort of like –it's an assisted living plan without you leaving your home."

"There are some things the County could do better –mostly in the area of homelessness and affordable housing. But in terms of aging and medical care they're really trying. This is not to say things couldn't be better. Meals on Wheels maybe could be bigger and one could say I could get my little butt in the car and drive around and do some Meals on Wheels deliveries."

BAIN CENTER AND OFFICE ON AGING WIDELY RECOGNIZED AS GATEWAY TO SERVICES

Nearly all cited the Bain Center and Office on Aging as an excellent source for information related to Aging programs and services, although many have not yet sought information.

"I'd call the Office on Aging. We've been to the expo."

"In fact, I have a book upstairs, county resources. I have a book but I don't look in it but I know where to find it."

"First I would call Florence Bain, thinking that they would be able to refer us to someone. Then I'd call the Department of Aging, or whatever it's called."

"The Office on Aging, Howard County Office on Aging. It's really quite and extraordinary county operation, accessing some of those things they have, information for you."

"I'd start at the Bain Center because that's the only thing I know."

"I mean I know there's an Office on Aging and I would probably call them, but that's all I know."

"I refer people to the Office on Aging all the time. And I would add that, as far as organizations go, I think they're one of the best that our county has in terms of stepping up."

"I would go the Office on Aging probably. I would look them up and talk to somebody, only because I'm familiar with their resources and I know Howard County has a gazillion kinds of resources."

"I'd probably get my information by calling the Howard County Department of Aging. Because I know they put out quite a bit of literature, I'd probably start with them."

"I know about the Office on Aging, and I know they offer a lot of services, and this MAP but I've never used it. But, I think I'm just too young. I'm a pretty good Googler but whether I would be as technologically savvy in 20 years is questionable."

OBSERVATIONS ON CURRENT SERVICES

While few were active participants or visitors, all spoke highly of the Bain Center.

"I go over to the Bain Center. I've been over there many times. I go see movies, some programs they have that I like. And I go over for that I go see documentary movies. I've been over to the Bain Center quite a few times."

"I've gone to a few activities and I've taken a couple of classes at some senior centers. I'm very aware of what they do and I know they have some terrific programs. I probably should and could do more with them but we just haven't to date."

"I have gone to the Bain Center. On days I have doctor's appointments I'll go see some friends there for lunch and computer class and Bollywood introduction."

"I did have a document done that says "What do you want to happen to you if you're very ill? I did have that done at the Bain Center and these were new people who had just passed the bar and getting experience and the young man did a very nice job I thought."

"The SHIP program was a huge amount of help with an insurance company. Two of the women there just made it their mission to get this straightened out. And by the time they got it sorted out, they owed me $200."

Some recommended that the Office on Aging have a more intensive targeted outreach and community presence directed to persons who need aging in place information and services.

"I know the Office on Aging has a lot of information that I'm not fully aware of either."

"What I'm sensing is that they're doing a lot of wonderful things at the Office on Aging, and I think the more people know about it, obviously the better off we'd all be. So you have to figure out what are some good ways to get the information into the hands of those who need it at this stage?"

"So that would be good, if the Office on Aging could develop packets or packages where you could inform our demographic: If you face X-Y-Z, here are some services and some ideas about what you can do. And you don't have to overpay, you don't have to go into bankruptcy in order to make your home more livable because that would be horrible."

However, some had not been satisfied with the services and information provided by the Office on Aging.

"I found someone who came from Baltimore City and did row homes, and he wanted $3000 a step. That's when I called the Department of Aging. I said, "Who do you use?" They said, "We don't know."

"I have to say the senior citizen activities are plentiful. The only criticism is that their day trips, bus trips are prohibitively expensive. It's $68 and you have the choice of chicken or tuna salad. If there was a negative criticism, there is kind of like different little groups of the haves and have not's. I said to the head of Bain "I know you want to make a profit, but you know, there's profit and then there's profit."

Some indicated they don't have time or were not interested in being involved in senior center activities.

"We don't have time (to go to a senior center), but maybe later on when you drive less or something. But I know they have a wonderful senior center here, we just haven't taken advantage of it-there not enough hours."

"I don't even like to go to the Bain Center unless I have a car and have to go pick them up. There's energy at the Bain Center, that's nice, that's good, but the tendency is, I had this operation and that's what they talk about all the time."

THEME 4 –HEALTH STATUS

PERCEPTION OF HEALTH COMPARED TO OTHERS

"I've been told that I'm doing way better than most. I'm 85 and still functioning nicely."

"I feel like I'm on bonus days or something. I'm 83 years old and to look t other people 83 years old and they're all bent over and I say "hey, I feel like I'm 45, 50, you know?"

"I would say of people my age, I'm probably somewhere less than in the middle of the pack because of the accident. It slows me down."

"I'm in pretty good health overall except perhaps skeletally. I think I'm better off physically than a lot of people my age that I know. "I think my general health is good. I'm overweight; I should lose more weight." My husband has problems with his knee. I have cholesterol problems but the medicine has side effects and I don't know what to do about that."

"About four weeks ago, I went in for my annual as I call it, 5000 miles checkup, and my geriatrician said, "You're the healthiest 77 year old woman I know. You don't have high blood pressure. You don't take any medicine except for glaucoma. You are just in wonderful health. The following week, I had a nasal hemorrhage on my birthday."

"I mean, when I list all the medications I take and everything, sometimes I feel like there's lots of medications, but I feel fine, everything is being managed."

DISEASES, CONDITIONS, AND SURGERIES

Many have had multiple surgeries, some serious, yet consider themselves to be in good health.

"I have two artificial knees; one has never been good, the other is fine. I had a broken neck so I have a plate and screws in my neck and my back. I have fibromyalgia and hypothyroidism. I have good days and bad days. It could be much worse, you know."

"I'm a diabetic. I come from a long line of diabetics. My diabetes is totally under control. I had a heart attack at 49 but it was very minor and I haven't had any issue at all since then." I have a bad knee and that affects me going up and down steps sometimes."

"I am a cancer survivor. I had colon cancer and was fortunate that it was discovered early. I had 45 straight days of radiation and an infusion pump. But I slowly got better. I have what I call the residual of it but it's better than having cancer."

"I have cancer. I've had three operations and one round of chemo. That's why I was limping; my leg has been significantly damaged. I'll survive the cancer. I'm in reasonably good shape."

"I'm having a little trouble. My knees are swollen but this knee is giving me a big problem. And I've lost sight pretty much in my left eye. , So, if anything happens to my right eye, I'm in big big trouble. So that's sort of hanging over me."

While in good health and practicing healthy lifestyles, most are cognizant of the aging process and some of its accompanying limitations.

"Doing three times a week fitness activities, cardio, stability and this kind of stuff and I don't see it getting any better and this is something we're aware of. That's always in the back of my mind that it's sort of narrowing my ability to do a lot of things. I'm very independent and it really ticks me off sometimes that I can't do what I want to do. It is what it is."

“Once you hit a certain age, you feel-get older much faster. Because I felt-until last year I felt 25, But now, sometimes I feel age. I think we should prepare for those things.”

“I see it partly in terms of just learning not to. The fact that I’m losing my hearing. It’s very poor and I have no intentions of getting a hearing aid. For one thing we can’t afford it and the cost is outrageous to me. And it’s OK, if I’m going deaf, fine.”

“I have arthritis in my neck. If I don’t move my neck in strange position, I’m OK. Otherwise, my hands get numb and tingly and don’t write and do what they’re supposed to do. So that’s the kind of accommodation you make.”

“I had a fractured vertebra in my lower back and I put up with a lot of pain but I measure my life in a way that I can deal with it. So, I can’t walk all the way around the lake any more –and my husband loves to walk around the lake. And I miss ballroom dancing.”

MEETING PERSONAL CARE NEEDS

Most were highly satisfied with their medical care.

“We have wonderful doctors here. So far as health is concerned, we feel we can rely on these people who we’ve been going to, what, 20 something years. Our doctors are getting old but they are younger than we are.”

“I can’t imagine being in a place where the medical care is better than it is right here.”

“I’m just so happy with my health care. I think as things stand now, we’re pretty happy. In five years, I don’t know.”

“The cardiologist and internist say I’m doing very well and that I’m a typical Howard County resident. So I said ‘’what does that mean”? And he said ‘think about that for a minute.’ So I said, "so Howard County has a lot of college graduates and maybe they listen to what their doctor says. He said, “Yes, most of my patients listen to what I say.”

“I’m retired military. Tri-Care for life. They’ll take care of me.”

Many felt taking personal responsibility was primary, but that assistance from the Office on Aging was necessary.

“We’re in good shape. In fact, that’s a mission of mine, to help my colleagues understand what their responsibilities to themselves is, and not to rely so completely on even the best of physicians, because in today’s world and whatever happens to the national health care system and whatever, we have to take more responsibility for ourselves and to know more about what you do. So I talk to about that with people.”

“I planned my surgeries and I planned everything. I could have planned D-Day just as well as Eisenhower.”

"The way I see it, I'm going to have to do it myself. I'm going to have to be really hard core and do some research, actually go to where they presently live to see what they are really about, a surprise go." They come here to interview and I say, "We're going to where you live. " That's going to be part of my interview to see how they really live. Is this somebody I want in my house?"

"Well, naturally, the first place I would go would be my daughter and her family. I know there are senior groups and the Bain Center. Howard County Hospital is right around the corner. They always have information there. Churches often have that information. The library. There are a lot of resources out there."

"That's something that I'm thinking about now, that I should have someone local that knows what's available. I would go the Bain Center and talk to my doctor whom I think I can trust to have good judgment, although she's quite young."

"When our oldest son was here, we filled him in what was going on, what our plans were, what our thoughts are on medical care in case something happens. You know, no extreme process or anything like that. If you're going to go, we're going to go and they all know that."

FINDING MEDICAL SOURCES

Concerns over future access to knowledgeable or appropriate care for seniors were surfacing.

"We looked for this when we moved down here. I called Howard County Hospital and they sent me a list. We also went by age. Our doctors, one retired and we went to another one and two years later he retired. We said enough of this. I think our doctor is 60 or 61."

"I don't feel inadequate in doing a lot of things myself. I need someone to bounce things off of who can guide me, and a visit to the doctor in 15 minutes is not that type of place. I don't know what that person would be called, a collaborator in the medical area."

" But, for example, you take navigating through healthcare services, charges, the legal side of it, that goes along with hospitalization, I met two from the Office on Aging health care section and they were very good in terms of Medicare services, what's provided, what's not and what decisions to make."

"I have had trouble finding-I haven't found anybody yet. Those who are supposed to be GPs when I walk in are looking at me trying to figure out who I am. I think a doctor should at least act as if they know you. But my specialist is a superstar who goes way beyond her field and sees to it I get what I need."

"I thought I could negotiate any system in the world. But the VA wins the prize of being the worst. I jumped through every hoop. It took me almost six months to do all the things I had to do including a physical and an orientation having my husband declared catastrophically disabled. So now the VA picks up half the costs of daycare."

"Practioners who understand our demographic are something else and we're very happy with our physician. Whether there are physicians along that line who kind of understand what we're going through at this stage in our life, in Columbia they can probably be found. But again that's a matter of research and access to that kind of information."

SUPPORT FOR SHORT TERM IMPAIRMENTS OR ILLNESSES

When experiencing temporary impairments and loss of mobility, all had received help, often unsolicited, from their spouses, children, neighbors, friends, and faith organizations in tasks such as driving to medical appointments or shopping.

"I've done this for people and I think it's a reciprocal kind of thing. I could probably have different people in almost every day for whatever I need and just call."

"I had an automobile accident that put me out of commission for awhile and I had a hospital bed right there. My neighbor fixed breakfast and then came to check on me in the middle of the afternoon when he got back from work. That was over and beyond the call of friendship."

"What comes to mind when I was sick, at least initially when I got the apartment I was using a walker and couldn't drive, so I did rely on friends, very good friends to came in every day to make sure I was alright."

"After the chemo, I had to have more surgery. People from the church brought a couple or three meals. We had so many people bringing us food that we didn't even have to ask the church as much as much as they thought we could have."

"My wife helped me. The things I've been incapacitated for a significant amount of time, she took care of. If she died before me and one of those things happened, I'd be in real trouble."

SUPPORT FOR LONG TERM CHRONIC CONDITIONS

Most felt this level of support would not be available in a longer, chronic episode. Some had purchased long term care to help provide this support.

"I don't have any confidence in anybody going through that in this community. I don't know whether it's any different from anyplace else, but for the long term-and I've known a lot of people, long term care, and the trend these days, including in this community, is to put them in some kind of institution and use everything you have, and that's a problem. And I actually see that all the time."

"We'd have to turn to our friends or our daughters or our neighbors, or maybe our church group. We'd probably call the Office on Aging and see what kind of services they offer."

"If, for example, either of us faced a long term hospitalization situation, we would like to know and we would like to think that such support would be available out of the Office on Aging,"

"First, I'd turn to my family so they would do what they could but that's not a solution. My husband would be the first solution. My sister may be able to come for a week or so. Then I don't know, I'd probably have to go away to live with one of the girls."

"If we were in Boston, part of the Beacon Hill community, that's where we would call for help. Here, other than friends, I don't know. We have long term care insurance, but other than that, I don't …"

"If I needed something on a long term basis, I guess I'd have to move to some facility, I wouldn't spend time having my children take care of me."

"Well, if I needed extended care, I'd have to get a professional. I might rely on my children to help me find someone. But they both have lives to live."

"I try not to think about it but I know it's a reality. I'm going to be totally dependent on my wife and she's going to be totally dependent on me."

"I'm assuming that I could get some type of person to come in. But who's going to pay for that? I'm 69 years old. Medicare isn't going to pay for that."

"We have long term care insurance. My husband and I have different ones, different companies but there are things within the policy that let you age in place. Things like if I can't walk the steps, they will put in a chair, little elevator or whatever. , Things like that. So we were very aware of those kinds of things," which includes home health care which we started years ago."

"I got long term care insurance. The problem with that is they raised it. I may have to let it go, which is a shame. I would lose what I put into it."

"We have long term insurance, that's when things get serious, and we've had that for quite awhile."

PERCEPTION OF EMOTIONAL/MENTAL HEALTH

Most described their emotional health in positive terms and as better than others their age. Several had regular therapy sessions or took anti depressant medication.

"Live. Don't just exist, live."

"If you've been lucky enough to have good health for years, that's when it starts to catch up with you, a lot of people get depressed and that's all they can think or talk about. But while you're around, you may as well keep going, keep moving."

"I think mine is as good or better than most. One thing, the older I get, sort of the sillier I get, which I think is (laughter). No, I look at cranky old folks and think, "My, that must be hard to live inside that being. I think I have a very positive- I shouldn't say very positive, but generally positive attitude and can usually see the funny and upbeat side of things."

"Do something that keeps you physically and mentally alert. You don't have to sit down and wither just because you're getting old, and I see too many people who do that."

"I'm real sure that I've become more and more stable emotionally. The process has been through religious and spiritual study, more spiritual, because I'm not a religious person in that this has to be here and this has to be here, because that's the problem. Nothing is here and here and here. Things change all the time. So to learn to know that and not damn the world because it's not going the way we want it, that's damaging to me and to everyone around me. I guess it's called "go with the flow."

"I would say it's very good. I see a counselor weekly and have for years. This isn't new."

"It's good but I do take a tranquilizer. And was told I will have to be on that the rest of my life. And as much as I hate to take the pills, that's what I have to do. And it works."

EMPHASIS ON HEALTH AND EXERCISE

Most practiced healthy life styles with active exercise and fitness routines.

"I think exercise is good for everybody. I don't care how old you are. I have taught basic exercise classes and it's good for your heart. I don't care if you 're in a wheelchair, there are things you can do."

"I have a membership at the Athletic Club and I go three days a week. On Tuesdays and Thursdays I lift weights at Howard High. We are over 60 and it's like a family thing. In fact we lost one member a couple of days ago. The coach asked everyone to gather in one little spot and she kind of walked away and she came back and she was full of tears".

"I believe in being physically active. I lift weights, do calisthenics, chin ups, push-ups and all that stuff. I just took a swimming class at Howard Community College."

"Well, I'm 72 and I've just seen the inside of a hospital for the first time. I'm getting older and being a runner so you get on the treadmill and I've found that my maximum heart rate is 171. "

"I do water aerobics a couple of times a week and things, but he's still doing triathlons."

"I'm a vegetarian and I'm careful about what I eat and where it comes from."

"I have a dog and she likes to walk. She's been a godsend. It's a calming influence most of the time. I participated in a study on blood pressure issues with pets where I was hooked upon a monitor and everything. I don't know what the final results were but I could have told them before it started what it was going to be. I think being involved, caring about other people, I think these are all positive things."

"I really think I walk the dogs because I like to be walked. I walk a lot. I walk a lot. Another nice thing about being here in Columbia is that you can walk because you have the trails. Whoever

thought of the trails was wonderful, so the walks are not just good for your health but they're beautiful."

"I think the stairs are really a benefit to me because, even though I have arthritis, I can still get up and down those steps, and if I didn't have the steps that I had to go up and down, I think the arthritis would be worse."

"I had read some elderly people stop eating very well because the thought of going down the stairs to where the deep freeze is, is going to slow them down. So we keep trying to be mobile and push ourselves to keep moving."

THEME 5- FINANCIAL ISSUES

CURRENT STATUS

Most are financially comfortable with federal, state or private pensions, Medicare and other health insurance, as well as financial advisors.

"We've lived modestly all our lives, we've stashed away whatever we can. If the rug doesn't get pulled out from under us, we can live on my husband's income. We've never lived to our money and we paid our mortgage off a while ago."

"We're good. We've saved a lot. We were not as extravagant growing up. We both come from families who were obsessed with saving, so that's what we've done and I think we're pretty secure."

"We live comfortably now. My federal retirement is approximately half of my salary when I was working but when you take out commute expenses and things like that, it's probably more like three quarters. And that, as long as the federal government still exists, that will continue."

"I cannot see it, that our money would run out, because we can do what we have to do within limitations. I don't mean to sound boastful, but if our income –and our income has gone down, but it hasn't gone down enough that we are eating beans every night. But we have an apartment downstairs, which is rented and that is a very nice, wonderful source of income."

"My husband is working now. Westinghouse pared down and he lost his job and then he had several jobs and then he was out of work for maybe two years. I do have a pension and we both have Social Security and that has basically been sufficient. So if things keep as they are, we would be able perhaps to be okay."

CONCERN OVER PERSONAL FINANCES IN THE FUTURE

Many express concern about the adverse impact of the continuing uncertain economic conditions and possible cuts to Social Security and Medicare.

"It takes two people to really be in a home of your own or condo. I mean they're talking about cutting back on Social Security and all those programs that could help seniors and by cutting back what's a senior to do? They need help and I cringe when I look at the President and the Congress wanting to cut our benefits and I mean you can't make it on your own."

"We are comfortable now. We have a decent pension coming in; Social Security is a nice help. As soon as they start cutting a lot of this stuff out of this thing, we're going to be in trouble, I'm concerned. Eventually if that goes far enough we'll dip into our resources but there's a limit to that."

"All this fuss about taking away Social Security and Medicare and what's going to happen with government workers. My husband says " if they get radical down there, we're in big trouble because this would be the main part of our living."

"I do know that if the Tea Party has the opportunity, they're going to privatize Medicare. So that's why I'm nervous about that. If the system is going to stay basically the same-between my savings-I'm a saver. I got that from my parents. So my fear is that all of a sudden, the system is going to change and you're not going to be able to get all the things. When I had spinal surgery at Hopkins, the doctor who was recommended did not take Medicare or Blue Cross/ Blue Shield. So I ended up getting someone who did."

"I have a fear of unknown health issues and my financial situation in light of the politics and the craziness that is going on in the US today. Because I own my own house it would be cheaper to stay at home and have the in –house care. I know it's going to cost more and more. And that's what's fearful of me. My fear of going into an institution."

"I think we're fairly confident. Well, given the economic situation of this country, at this particular point in time, if you just ignore that and think of what it's always been, the we feel pretty confident because we've got good health insurance. And I don't know if that will continue. I don't have a crystal ball."

"We each have about the same amount from Social Security and what I need to do is to conserve some money for myself to live on when my husband's income goes with him. I can't live on just half of our combined income."

"Now we have a very good, wonderful financial advisor. Unfortunately, she has not been able to stop the recession. So our portfolio has gone down, of course, along with the stock market. But she-the firm-has been wonderful in handling our money."

CONCERN OVER CHILDREN'S FINANCIAL STABILITY

Some express more concern about the financial stability of their adult children than with themselves.

"I feel like the country's a train that's going down the tracks with its bridge washed out. Our son who worked in Wisconsin, his boss couldn't afford to pay his Worker's Comp premium so now he's

a subcontractor if there's work. His wife's a teacher. I don't know if you've followed things about teachers in Wisconsin. I feel that's part of the whole new ballgame business. I mean I could see our whole life savings getting dribbled out but we shall see what happens."

"We're making sure that the daughter and granddaughter are left in the best shape as they can be. I think both of us had the sense to plan better than a lot of people and they hit 65 and don't know where they're going to be in six months. And I think that's more true now of younger people, they haven't' saved or haven't planned enough to save."

"We're not getting our house ready to sell necessarily, except we are. The overall long-term plan is we want to make sure that when the time comes this is decent and so we've been putting money into projects that we normally wouldn't have to do. I think of it in terms of our getting these things ready for when the kids have to sell the house."

CONCERN OVER HOUSING OR HOME MAINTENANCE COSTS

Some had anxiety about the costs related to home maintenance, their mortgage or rent.

"We don't talk about that. It probably would take a lot of money to do the things I'm thinking about taking down trees, taking care of the lawn, the roof. Reverse mortgage has not come up into thought with us, although we do know about it. That's one of those things out there but I don't know where to go with that."

"Just the maintenance of a home, putting up a roof -$ 5000-7000; or take down a tree $800-1000. So, when these costs come up on a fixed income that can sometimes be problematic in terms of financial planning. In the Office on Aging, I don't know if you have access to financial planning in terms of troubleshooting the various items that would be helpful. So a comprehensive financial package and access to a financial planner for our demographic based on our fixed income situation would be very helpful."

"I think one of the things that might be a problem for us in the future has to do with the meltdown in the real estate in the country. We bought this place for $305,000 and I don't think we could sell it for $250,000 and I owe $280,000. What I had planned to do was move to a townhouse, something like that. But then the bottom fell out and I'm sort of stuck here, but I don't like it. I really don't."

"It was a 30-year mortgage and I did drop the rate from 10% to 7.5. They want me to drop it to 6.5 and save $150 a month. But I don't have any income so there's no advantage to this because they're going to lengthen the term. I know I can borrow again and get an equity loan or reverse mortgage. And I haven't thought seriously about hat yet, but I might."

"Well, rent is not cheap, and rent does go up. Mine has really not gone up that much in five years. I don't have any other association fess or anything since it is a rental. I feel pretty good about that. I get a good pension from the government, so long as that doesn't go away, I'm okay."

FAMILY AS A SOURCE OF FINANCIAL HELP
Family members were not viewed as a source of financial help.

"We'd prefer not to, because they have their own lives, they have their own families and they have their own debts. Our goal would be to be as independent as possible, financially independent and not burden our kids with expenses."

"I would not ask my family to help me. I'm more likely to help them."

"For the most part, they've been a drain on me financially; I've had to help them and my parents. So, I don't think there are any other relatives I could depend on for financial support."
"Let's say I had no alternative. They would help in some way. I would envision them pooling their resources to have someone come in here."

APPENDIX D

FORMS AND DOCUMENTS FOR REPLICATION

INTERVIEW CONSENT FORM

As part of the Opting for Independence (OFI) project, you are being interviewed to describe your experiences and expectations about "Aging in Place" in Howard County.

Here are some things you should know:

Your participation is completely voluntary. You may pause or end the interview at anytime. You can choose to not answer any question you do not want to answer.

We intend to prepare a report based on all the interviews that will be used to help Howard County and other Maryland communities understand ways to help older adults meet their goals to age in place. The interviewers are not compensated nor will the report be sold commercially.

It is possible that you might feel uncomfortable in discussing your experiences or answering some questions. Any information you provide will remain confidential. No names or identifying information will be included in the report.

An interviewer will take notes during the interview. The interview will be audio-taped and transcribed by a professional service, which has also signed a confidentiality agreement. The interviewer's notes and the audio tape will be destroyed once the report is written.

The interviewer will answer any question you may have about the interview or the report. If you have additional questions later, please contact:

Phyllis B. Madachy, MAS
Project Director, Opting for Independence
The Coordinating Center
8258 Veterans Highway, Brightview Business Center, Suite 13
Millersville, MD 21108
pmadachy@coordinatingcenter.org; ph. 410-987-1048

I have read this form or it has been read to me. I have had a chance to ask questions about this interview, and my questions have been answered. I agree to be interviewed and for that interview to be recorded and used in a report as described above. I will be given a copy of this consent form.

_____	_____
Participants' Signature	Date
_____	_____
Interviewers Signature(S)	Date
_____	_____

OPTING FOR INDEPENDENCE
CASE STUDY PROJECT: BUDGET – JANUARY, 2011 TO NOVEMBER, 2011

Project Coordinator ($30/hr, est. 260 hrs)	$7,800
Equipment (4 recorders @ $59.99/ea)	255
Thank you gifts for interviewees (Contributed by TCC)	0
Thank you gifts for interviewers (Contributed by TCC)	0
Interview transcription (30 interviews)	3,000
Preparing and coding interviews (30 interviews)	3,125
Advertisements for interviewers or interviewees	0
Materials (office supplies, interviewer materials, etc)	100
Production, dissemination of final report	720
Total:	$15,000

OPTING FOR INDEPENDENCE CASE STUDY INTERVIEW GUIDE

Participant(s): _____ Zip Code_____

Date: _____ Time: _____ Interviewers: _____

LEARNING FROM OLDER ADULTS IN HOWARD COUNTY MARYLAND
(Interviewer Guide for In-Person, In-Residence Interviews)

A. Introduction/Overview

Thank you for letting us into your home today for this interview. You have volunteered to talk with us about your thoughts on remaining in your home as you grow older. These interviews will shed an important light on how people just like you are looking at remaining in their homes.

There are several things we'd like to hear from you:

- Your connections with others who are important to you
- Your view of your health status and changes that may affect you
- Your ideas on using services in the home and in the community
- Your view of you financial security and how services you want might be paid for. **We will not be asking about any details of your finances.** Our interest is the link between professional and community services and the payment sources.

Your interview will last about an hour:

- The questions are open ended there are no "right or wrong" answers.
- You don't have to answer any question you don't want to
- We can pause whenever you want
- Your interview will be kept confidential. We may quote your remarks but won't use your name.
- The transcript will be destroyed and the audio recording will be erased once we've written the report

Any questions so far? **Let's take a few minutes and confirm basic information about yourself**.

We have a release form for you to sign which includes our confidentially pledge. **(If necessary, review the form to ensure it is fully understood.)** Once you and our team members sign it, we're ready to start your interview.

{Note: After the form is signed, turn on the recorder and test to make sure all voices are clearly heard. Note the name(s) of persons being interviewed, interviewer's names, date and time, and location. Do not include the actual home address.}

A. <u>Living at Home</u>

Let's begin with you telling us about yourself, your home, and your family.

1. Where did you grow up? If not from here originally, why did you settle in Howard County?
   Prompt after response if needed:
   - Where were you born?
   - Did your family move around?

2. What is important to you about remaining in this home?
   Prompt after response, if needed:
   - What do you like about where you are living now?
   - Are you considering changing anything to make it easier to stay here?

3. How about moving to some other location as you grow older? Have you thought about it?

This is a great start for our discussion. Now let's shift to your family, friends and neighbors and talk about some specifics of your connections with them.

B. <u>Informal Networks and Support</u>

4. Tell us about your family. Do you have regular contact? What do you do together?
   Probe, if needed:
   - Is there one in contact with you more than others?
   - In what ways do you help each other out?
   - If your family relationships were different, what would you like to see?

5. How about your friends? Are there some friends you see or depend on more than others?
   Probe, if needed:
   - What are some of the things you do together?
   - In what ways do you help each other out?

6. Are you close to any of your neighbors? Is there a sense of neighborhood where you live?
   Probe, if needed:
   - See them often?
   - In what way do you help each other out?
   - Would you depend on him/her if you needed help – say after an accident, illness or injury?

7. Are you a member of a faith community (use church, synagogue, mosque or temple, if known)? If so, have you or other people you know, ever "helped out" other members? Have you called on that group for any type of help?

8. We'd like to hear about any groups you are currently a part of. What do you like about belonging to them?
   Probe if needed:
   - Names of some groups
   - Are there groups you used to belong to but are no longer involved? Why?

9. Are there any groups you would like to join in the next year? What interests you about them? Are there any barriers to your joining?

You've told us about your home, family, friends, and community connections. Now let's talk more about what kinds of support these connections provide for you. If you have not experienced needing assistance from others, you can describe the experience of someone you know, if you wish.

10. What if you needed information on something to help you in your home, or with your house, or wanted assistance from a community organization? Think about your family, friends, neighbors, and members of the group you belong to – who would you ask for information?

11. With whom would you be comfortable talking with if you had a health concern, major problems with your house, or a major financial decision you wanted to make. Among the type of connections you've described, who would you talk to if you wanted to "talk things out"? Can you give me an example from the last year or so?

12. Tell me about a time when you had a somewhat short term health issue like an illness or injury (2 weeks or so) that prevented you from doing the routine things like getting meals, driving a car, or getting your medication. Did a friend or family help you out?
    Probe if needed:
    - What did they do?
    - Would you depend on him/her if you needed help again?
    - Have you ever "helped someone out" in a similar way?

13. Some people live with long term health conditions like diabetes or heart disease and might need some support in the home on a long term basis. Do you have a chronic condition? How did you find support if there were daily things you needed help with over a long period of time?
    Probe, if needed:
    - Would it be the same people as you talked about before for a short-term issue?
    - How hard/easy do you feel it would be to have the same people help for an extended period of time?
    - How long do you think they could help?

I appreciate you talking about the support you get from your family, friends, faith and social groups. Now we're moving to the kind of help you may have had from outside sources like a home health agency or through community programs and services like those offered by the Office on Aging. We're also going to be talking about the role of professionals that help us find and pay for health or community services when we need them.

C. <u>"Formal" Support Systems and Finding Community Services</u>

Between ongoing health conditions like diabetes or arthritis we can also have something that requires hospitalization like a stroke or hip fracture and family support may not be enough.

If we need help over a long period of time, formal services may be needed. These could include a nurse coming to your home, someone to clean or prepare meals, a person that drives you to doctor appointments, or modifies your home to make it easier to get around. We also need to know how these services are paid for.

That is when some people use trained professionals to locate what we need and find out how to pay. If that professional puts the services in place, that help is called case management.

In the following questions, if you have not experienced what we ask about, maybe a friend or relative of yours has. You can tell us about their experience if you like.

14. Do you have any health conditions that interfere with your life style like diabetes, heart problems, etc.? How do they affect your day to day life?

15. Have you ever had anyone outside of your family help arrange support in your home because of your health conditions? How did you get this help? If you have not had this experience, do you have a friend or family member who did?

16. Have you been in the hospital in the past year? Did anyone help arrange services for you in your home or in a community location when you were discharged?

17. Are you currently using any in-home or community services? (Transportation, senior centers, home delivered meals can be examples of services provided by community organizations).
    Probe, if needed:
    - Are you satisfied with what you are receiving?

18. Who would you talk to about finding support in your home or in the community if enough help is not available from your family and friends?

19. Have you ever used someone like a social worker, the Office on Aging, or a private case manager to find services for you? If not, how would you find out about available services?

20. Do you remember how you found out about these services or programs? What did you pay for them and do you remember what organization provided them?

21. Sometimes we need services connected to our homes like house cleaning, lawn care, gutter cleaning, etc. How have you found these services? Were you satisfied with them?

We're moving into the final two sections now. You're doing a great job!

Health Status

Good Health is important to all of us. We've spent a lot of time having you describe what might happen if your health changes. We have a few more health related items we'd like you to talk about.

22. How would you describe your health in comparison with others your age?

23. How would you describe your emotional or mental health?

24. How confident are you about managing your own health? Can you give me some examples of what you are doing for your health?

25. How confident are you that you can manage your multiple doctors to make sure that one knows what the other is treating you for?

26. Do you have anyone help you with scheduling and getting you to doctors' visits? Does anyone help you with the paperwork related to your medical care?

27. Do you take medications on a regular basis? How many? How do you manage your medication schedule?

28. What would you like to have from the health care system that you have not yet experienced?

Financial Issues

While your ability to remain living at home usually relates to your health, financial considerations are important even if you are in excellent health.

29. Financial security is a concern to everyone. How confident are you about your financial security and your ability to pay for the services you may need as you age in place?

30. How would you find out who pays for the type of services that you might use to stay at home? Have you ever talked with anyone to determine what you could expect from your insurance, public government, and your own financial resources?

31. Do you know if there are public programs you could use to help pay for what you need? If not, how you would find out?

32. Your home is as important to your ability to age in place as is your health. How confident are you about your financial ability to pay for expenses related to your home – general maintenance, homeowners' fees, etc.?

33. Would your family help you financially if you needed it? Would you ask them?

One last question and then we're all done!

34. Is there anything you would like to tell us about yourself and your plans to stay in your home that we haven't touched on?

THANK YOU! The Coordinating Center and Leadership Howard County appreciate your time and willingness to share your experiences with us. Would you like to receive a copy of the final report this fall? (Yes/ No) (We have contact information.)

{Note the time the interview ended and turn off the recorder}

Opting for Independence
To live where your heart has always been

ARE YOU OVER AGE 65 AND WANT TO TELL YOUR STORY?

The Opting for Independence program in Howard County is looking for 25-30 adults over age 65 to interview as part of an "Aging in Place" report. Participants will describe, in their own words, their experiences with the aging process and the challenges faced in staying in their homes. The report will paint a picture of older adults that have chosen to remain at home and the supports they draw on to maintain the quality of life important to them. These stories will help Howard County and other Maryland communities understand ways to help older adult meet their goals to age in place.

This activity is part of a larger project, *Opting for Independence*, offered by The Coordinating Center and the Howard County Office on Aging.

The interview will be:

- Done with adults over age 65 living in zip codes of 21044 or 21045
- Confidential – all names or identifying information will be omitted in the final report
- Done in the person's home, taking about 75 minutes
- Conducted by a trained volunteer team of two people recruited by Leadership Howard County, a local nonprofit organization educating community leaders on Howard County issues
- Scheduled in May (Older Americans Month) at the convenience of the participant

In order to help older adults to remain living at home, we need to better understand "real stories" and "real situations"…. from people like you.

To find out more, contact:
Rusty Toler at 443-285-1460 and rusty.toler@gmail.com
or
Elena Hopkins at 410-987-1048 and ehopkins@coordinatingcenter.org

Phyllis Madachy, Project Director
The Coordinating Center
410-987-1048 x103
pmadachy@coordinatingcenter.org

Opting for Independence
To live where your heart has always been

OFI – Potential Interview Participant Characteristics

First Name:	**Last Name:**
Street Address:	**Zip Code:**
Columbia Village:	
Home Phone:	**Cell Phone:**
Email:	

Gender
- Female
- Male

Age Group
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85+

Interview Location
- In-home
- Other

Race
- African-American
- Asian and Pacific Islander
- Caucasian Non-Hispanic
- Hispanic-American
- Other

Annual Household Income
- Less than $60,000
- $60,000 or More

Housing Type
- Single Family Home
- Apartment
- Condominium

Home Ownership Status
- Rent
- Own
- Other

Lives With
- Alone
- Spouse
- Child
- Other Relative
- Other Non-Relative

Best Days for Interview:

Dates Not Available:

Recruited By:

Recruited Through: