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Creating Communities for a Lifetime:
Opportunities and Challenges for Georgia

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Project 2020: Georgia for a Lifetime was initiated by act of the Georgia General Assembly in April, 2008, (Senate Bill 341) when the Georgia Council on Aging was charged with reporting to statewide public policy makers about the impact of the burgeoning older adult population on all aspects of community life in our state.

The Council was authorized to research, identify, evaluate, and make recommendations on:

1) State policies regarding older adults and state agencies’ readiness for the expanding aging population;

2) The projected impact that this state’s increasing aging population will have on health, protection, safety, housing, transportation, employment, caregiving, education, the economy, access to services, volunteerism, legal and financial preparedness, and social and recreational resources;

3) The implementation of specific policies, procedures, and programs to respond to the needs and impact of the aging population relating to health, protection, safety, housing, transportation, employment, caregiving, education, the economy, access to services, volunteerism, legal and financial preparedness, and social and recreational resources;

4) Ways to increase public and governmental understanding of the current and future needs of the state’s aging population, to increase state government readiness, and to increase community preparedness for an aging Georgia;

5) Ways to facilitate the communication and coordination of public and private entities as they plan for the growing aging population;

6) The status and effectiveness of policies, procedures, and programs that engage the older population or that provide services to the aging population;

7) The policies, procedures, initiatives, and programs that other states have implemented to address the needs of their aging populations;

8) The policies, procedures, initiatives, and programs that other states have developed and implemented to engage older adults as volunteers and mentors;

9) Methods to provide a forum for public comment on planning issues relating to the aging population; and

10) Ways to encourage public and private entities to analyze, plan, and prepare for the impact of the aging population.

Finally, the Council was mandated to make an interim report available to the Governor and Legislature in December, 2009, and a final report in December, 2010.
The Georgia Council on Aging (GCoA) was created by the Georgia General Assembly in 1977 to advise state government about issues of concern to older Georgians, to educate, advise, inform and make recommendations concerning programs for Georgia's elderly and to advocate with and on behalf of older Georgians and their families. Council members are appointed by the Governor, the Lieutenant Governor, the Speaker of the House, and the Commissioner of the Department of Human Services.

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The Georgia Council on Aging would like to acknowledge the Atlanta Regional Commission for its extensive contributions to the research, writing, editing and design of this report.
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Introduction

For a Georgia woman born in 1900, it would not have been possible to drive a car, ride in an airplane, see a motion picture, work a crossword puzzle, use a washing machine or wear a bra when she was born. But she could have done all of this and more by the time she was 30. Within the next 40 years, this same woman would have witnessed the Civil Rights movement including the impact of landmark legislation and Supreme Court rulings, the women's movement and watched the first man walk on the moon. Cross-country and international travel, unheard of at the turn of the century, would have become a regular and frequent experience for thousands during her lifetime. Chances are that when she married, this woman would have lived on the same street as her own mother, but her own children and grandchildren probably lived hundreds of miles away. Thanks to penicillin, the wide use of antibiotics, the proliferation of the public health movement and pioneering work in surgery and medical technology, she would have been much more likely to reach the age of 80 or 90 than any of her ancestors. She very well could have watched as computers began to change every aspect of life on earth.

If you consider that the women who came before her were far more likely to live just like the women a century before them — heating their home by fire, growing almost all of their own food, walking or riding a horse to get around, communicating via postal mail at best-- the incredible advancements a woman born in 1900 would have witnessed were not only numerous, they occurred at an almost incomprehensible pace.

This tremendous creativity and innovation of the 20th century changed the lives of individuals and families, radically redefined how we live together in our neighborhoods, cities and counties and how we carve out a role in an increasingly international economy and culture. The 21st century promises to be no less transformative. The challenge leaders face at all levels – local, state and federal – and in all sectors – private, public and nonprofit--is how to keep the communities, the people and the jobs they represent at the forefront of innovation and prepared to maximize the benefits of all that the next 20, 30 and even 100 years might bring.

In 2008 the Georgia General Assembly took the first critical step to ensuring that Georgia will remain at the forefront of innovation by asking the Georgia Council on Aging to examine how the tremendous population shift already underway, will affect all aspects of community life in the state. The interim report is contained within these pages. The report examines five critical and wide ranging issues: housing, transportation, civic engagement, health and economic self-sufficiency. Each chapter reviews fundamental concerns, identifies current challenges and offers a series of recommendations. Many of the issues overlap and all of the recommendations can provide far-reaching and long-lasting benefits. The final report will be delivered to the legislature in December 2010.
Why Does Population Matter?

Georgia’s future will be determined by Georgia’s demographics. The population make up determines who works and who doesn’t, who needs education and what kind of training they need. The preferences and habits of the population determine where people live, which communities do and do not grow, what goods are bought and what goods are sold. It is residents that attract and build businesses. And it’s residents who hike in the mountains, swim on the coast and play everywhere in between.

Georgia like most other states in the nation is undergoing a tremendous change in its population. Not only is the older adult population growing at an unprecedented rate, the population structure is shifting. Increased longevity, combined with record low birth rates, is altering the ratio of young to old and workers to non-workers. The growing ethnic and racial diversity is changing the cultural make up of communities across the state. Understanding who lives in Georgia now and, more important, who will live in Georgia in the future, is the first step to creating a vision for Georgia in the 21st century.

Roadmap to a 21st Century Georgia

A future based in the promise and potential of the residents of Georgia must be a future that envisions Georgia as a place for all. By 2030, one in four people in Georgia will be over the age of 55. The growth in the older adult population poses significant challenges to communities, units of government, businesses and nonprofit organizations. But it also presents one of the greatest opportunities we have to change policy, programs, business models and community development patterns. Opportunities for change at this scale do not come along often. Our decision is whether to proactively envision and plan our future or to reactively address each challenge as it arises.

A Georgia for a Lifetime is a state in which people of all ages and all abilities can live with a high quality of life. To achieve this goal, the local and state governments must work with the private and nonprofit sectors to identify what parts of the community do not function for all people and in particular, which parts of the community are not prepared to accommodate the relatively new opportunity to grow old. Priorities and best practices must follow and, where necessary, programs, policies and incentives must change.

This interim report identifies key areas in which the state and its partners should focus their efforts. It draws together best practices from across the country and recommends a series of steps, big and small, that the state, local governments, businesses and other organizations can take to ensure that Georgia is a place for people of all ages and all abilities and that the state can maximize the power, potential and promise of its residents.

The housing chapter examines what defines housing that can meet the needs of older adults and, even more important, what kind of communities older adults need to live active and engaged lifestyles. Recommendations focus on what the state and local communities can do to retrofit the places older adults already live, changes to the development of housing designed for older adults to ensure that individuals have the choices they will need as they age and advances in supportive housing to bring assisted and skilled facilities in Georgia in line with best practices across the nation.

The transportation section confronts the difficult issue that most older adults drive themselves, despite the fact that changing physical and cognitive health make driving increasingly unsafe as one ages. Recommendations focus on how to make Georgia’s current transportation network support a wide range of modes, uses and users rather than just single car drivers, how to
provide choices to people and families so that individuals are not driving when it is no longer safe and families do not have as great a struggle when they have to take away the keys, and the importance of walkable communities than can eliminate the need for a car.

The civic engagement section looks at the importance and the tremendous benefit of keeping older adults active and engaged in their community. It is clear that Georgia can do much more to help organizations capitalize on the skills and talents of the older adult population, make volunteering easier and more accessible and encourage Georgians to get involved early and often.

The health section considers a wide range of health issues including healthcare spending, healthcare access, preventive care and long-term care. All four of these issues will need serious and immediate attention if Georgia is going to be able to take advantage of proven strategies that improve cost-effectiveness and individual health outcomes.

Finally the economic self-sufficiency section looks at ways state and local governments can prepare for the change in revenues and expenses associated with the shift in the population as well as steps government and the private sector can take to ensure individuals have the resources they need to age well.

All of these issues are complicated and will require some system wide change, but each is critical to Georgia’s future. It is easy to look at just the chapter headings of this report and feel overwhelmed. But with each issue, broken down and tackled in partnership with local governments and private and nonprofit organizations, Georgia is well positioned to take the first steps. Over the next five years, the changes recommended in this report will be the critical investments that ensure a healthy future and a high quality of life for Georgians today and tomorrow.

The Challenge Ahead

The great inventions and inventors of the 20th century were men and women who thought outside the box, who saw only opportunity when they looked into the future and who were willing to try completely new and often wild ideas to meet future needs. Living past 50 was a radical concept at the turn of the last century. The challenge of the 21st century is to invent what it means to grow old and the kind of communities in which growing old is possible. Our task is not to simply shuffle policies and programs and tweak funding here or there. Our challenge is to think big, embrace the possibility and the opportunity of change. We must look to the brilliant minds of the past 100 years – Steve Jobs, Thomas Edison, Amelia Earhart, Henry Ford, Rosa Parks, George Carver Washington, Jane Jacobs and all their colleagues and consider how we too can create new ways of working and living together that fundamentally change and improve the lives of the generations that follow.
Changing Demographics

Like most other states in the country, Georgia is facing unprecedented growth in its older adult population. The critical challenges and the tremendous opportunity before Georgia hinges on an ability to understand the nature of the population shift and the implications for communities across the state.

This growth is already underway. Four of Georgia’s counties had a pre-senior population that ranked in the top twenty nationally in terms of growth in a recent analysis by the Brookings Institution. The Atlanta Metropolitan Statistical Area (MSA) had the 8th fastest growing older adult population among large metropolitan areas from 1990-2005. The Warner Robbins MSA ranked 8th in small metropolitan areas during the same time period.¹

Looking to the future, Georgia and the entire Southeast will experience growth in the older adult population that exceeds national growth in this population group for several decades. By 2030, 3.9 million people with be over the age of 55 in Georgia, constituting 30 percent of the total population.

Average Annual Growth: 55+ Population by Area, 1971-2040

¹ Frey, William “Mapping the Growth of Older America” Brookings Institution May 2007
Not only will the older adult population change, but the entire population will shift. All age groups will experience growth, but the dependency ratio, the ratio of the number of persons aged under 18 or over 64 to the number aged between 18 and 64 will also increase. This has never happened before and certainly never occurred at the pace it will occur over the next three decades. For example, when Social Security was first introduced there were 12 workers for every 1 older adult. By 2050 it is projected that there will be 2 workers for every one older person receiving Social Security. This change is well underway in Georgia and will impact social and economic policy over the next 40 years.

**Population Pyramids of Georgia**

The median age has been rising in Georgia and will continue to rise over time. This next chart compares the median age of selected metropolitan statistical areas that include communities in Georgia.

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Population Pyramids of Georgia

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<tbody>
<tr>
<td>2010</td>
<td>55.35</td>
<td>35.54</td>
<td>40.57</td>
<td>34.81</td>
<td>37.88</td>
<td>34.18</td>
<td>39.07</td>
<td>42.17</td>
<td>35.71</td>
<td>32.67</td>
<td>33.16</td>
<td>37.31</td>
<td>35.71</td>
<td>37.31</td>
<td>36.86</td>
<td>34.81</td>
<td>42.17</td>
</tr>
<tr>
<td>2020</td>
<td>56.35</td>
<td>35.54</td>
<td>41.22</td>
<td>35.18</td>
<td>38.89</td>
<td>34.18</td>
<td>39.07</td>
<td>42.17</td>
<td>36.86</td>
<td>36.07</td>
<td>33.16</td>
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<td>37.86</td>
<td>34.81</td>
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<td>2030</td>
<td>57.35</td>
<td>35.54</td>
<td>42.17</td>
<td>35.18</td>
<td>39.89</td>
<td>34.18</td>
<td>39.07</td>
<td>42.17</td>
<td>37.86</td>
<td>36.07</td>
<td>33.16</td>
<td>39.89</td>
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<td>37.31</td>
<td>38.86</td>
<td>34.81</td>
<td>42.12</td>
</tr>
<tr>
<td>2040</td>
<td>58.35</td>
<td>35.54</td>
<td>43.12</td>
<td>35.18</td>
<td>40.89</td>
<td>34.18</td>
<td>39.07</td>
<td>42.17</td>
<td>38.86</td>
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<td>37.31</td>
<td>39.86</td>
<td>34.81</td>
<td>42.12</td>
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</table>

Source: Atlanta Regional Commission

Growth will vary across the state and will depend heavily on where older people live now. Places that have a high concentration of current or future older adults are likely to have high concentrations in the future.

Data from the 2000 US census demonstrate that mobility rates among older adults in Georgia were quite low and decreased with age. There is much speculation about the mobility rates of the baby boom population but even if the baby boom generation doubles or triples mobility rates of previous generations of older adults, this would mean 12-18 percent of older adults might move in the future but over 80 percent would not likely move. While there is tremendous market interest in meeting the future housing needs of older adults, serving older adults in the places they already live will be just if not more critical.
Population numbers at the census block group level demonstrate a tremendous diversity across the state. Comparing the 45-59 population and the 60+ population, communities that currently have a high concentration of older adults appear. Several places in Georgia already have a population in which older adults make up over 30 percent of the total population, the percentage that will characterize the entire state by 2030.

**Percentage of Residents Age 45 to 59 (2009 ESRI Data by 2000 Blockgroups)**

<table>
<thead>
<tr>
<th>Percent of Total Population</th>
<th>Ages 45 to 59</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% - 12.9%</td>
<td>Ages 45 to 59</td>
</tr>
<tr>
<td>13% - 18%</td>
<td>Percent of Total Population</td>
</tr>
<tr>
<td>18.1% - 21.6%</td>
<td>0% - 12.9%</td>
</tr>
<tr>
<td>21.7% - 25.5%</td>
<td>13% - 18%</td>
</tr>
<tr>
<td>25.6% - 41.6%</td>
<td>18.1% - 21.6%</td>
</tr>
</tbody>
</table>

Source: Atlanta Regional Commission, 2009
While the number and location of older adults is important, it’s also critical to understand what it means to grow older in Georgia. Specific health, housing, transportation, civic engagement and economic data are included in each section of this report. But the following charts fill out some of the details of the older adult population both now and in the future.

Source: Atlanta Regional Commission, 2009
Recent data from the American Community Survey in 2008 showed that the majority of older adults are married, but that the likelihood of widowhood and living alone increases with age. There is also a much higher percent of the 55+ population that is divorced compared with the 85+ population. This could mean that as the population ages, more people will be living without a spouse in the home to care for them.

**Marital Status of Older Georgians**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>55+</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Married</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Married</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Separated</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Divorced</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Widowed</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, 2008

While older adults in the future are less likely to have a spouse to care for them, they are also taking on increasing caregiving responsibilities. Of the grandparents who are living with their grandchildren, 46 percent have direct responsibility for their care.³

Income among Georgia’s older adult population varies widely. Income across all age ranges drops after age 65+ as most older adults are no longer in the workforce and assume a fixed income. In Georgia 11 percent of the 55+ population and 14 percent of the 75+ population are living below poverty.

**Income Distribution by Age, Georgia**

Source: American Community Survey, 2008

³ American Community Survey, 2008
Educational attainment also varies by age. Future or younger older adults (45-64) are better educated than older adults (65+). This trend is expected to continue in the coming decades.

**Educational Attainment by Age**

Source: American Community Survey, 2008

Georgia, when compared to other states in the nation, has relatively high rates of disability. Close to 30 percent of the 65-74 population has a disability and almost 60 percent of the 75+ population is living with a disability. Chronic disease and disability can be some of the biggest drivers of healthcare cost and largest determinants of quality of life.

**Disability Rates and Type by Age, Georgia**

Source: American Community Survey, 2008

Much more data is available by specific content area in each of the following chapters.
Housing plays a critical role in determining quality of life as people age. As is the case in most parts of the country, however, Georgia’s housing stock is not prepared to meet the needs of its growing older adult population. Most of the housing built in Georgia over the last 60 years has ignored the needs of older adults. The majority of older adults live in homes that are not able to accommodate disability, whether physical or cognitive, temporary or permanent. Too many older adults live in neighborhoods or subdivisions located far from services, trapping them when they are no longer able to drive. The lack of supportive housing options does not reflect the new reality that many people now live into their eighties and beyond. The supportive housing that has been built is almost always located on the fringes of existing communities, forcing older adults to leave the places they love to get the help they need.

Housing isn’t just about four walls and a roof over head. Where housing is located dramatically affects its long-term usefulness. Local regulations that govern housing development have made it difficult for Georgians to remain in their communities as they age. Single-use zoning separates retail services from homes. Most local codes separate housing types so that apartments, condos, single-family houses and townhouses are all located in distinct areas of town. Whenever life makes it necessary to change dwellings -- whether it’s expansion to accommodate a growing family or downsizing when there is no longer a need for four bedrooms and a large lawn -- the separation of housing types as regulated by local zoning codes requires individuals and families to leave their neighborhoods in order to find the next house they need.

Inappropriate housing is not just a matter of inconvenience or expense. Living in housing that doesn’t match one’s needs can compound health problems and lower property values. When older adults are unable to maintain their homes and property, the resultant blight decreases property values and creates problems for the larger community. Stairs can aggravate a problem hip or arthritic knee. Simply trying to change a light bulb can pose significant health risks to someone with impaired balance.

For all of these reasons and more, it is impossible for local cities and counties to plan for their future without considering how the aging of the baby boom population will affect their growth. What the baby boomers do with their houses will affect future demand for specific housing types. When the baby boomers decide to sell can affect the larger housing market in a community. Without housing options, many seniors will be forced to leave a community and take their disposable income and savings with them.

The private market is very eager to serve the current and future older adult populations, but they can not do it alone. Many counties and cities in Georgia have seen a significant increase in permit requests to build senior housing or active adult living over the past five years. Almost all development and construction-related trade associations have councils or committees focused on the senior housing market. During the recent downturn in the market, more and more developers were looking to senior housing as a solid investment.

Whether the market is up or down, however, private development alone can not meet the need, nor will it adequately pioneer the necessary innovations older Georgians will need. Without support and incentives, private developers will not be able to
provide enough housing options at a range of price points to meet the needs of all older adults. In addition, the market is generally risk averse. Even the most enthusiastic developer, ready to test new models in housing and supportive care, quickly finds that conservative lending institutions and extremely narrow licensing regulations create significant and often insurmountable barriers to creating new models.

Yet, it is clear that the new generation of older adults, the baby boomers, is like none before it. Their stated desires and preferences are very different from previous generations of older adults. An abundance of the wrong housing will not meet the need.

Several states, counties and individual communities have embarked on intentional campaigns to attract local retirees. Georgia has begun to consider the economic value of retirees and the potential benefits of becoming a retirement destination. Georgia Tech recently published a briefing report on how housing for retirees can provide economic benefit to areas of the state. (The issue of retiree migration to Georgia is discussed in more detail in the Economic Self-Sufficiency section of this report.)

There is no one solution that will meet the growing older adult populations’ housing needs. There are distinct issues for the population that will age in place and specific concerns for those who will need or want to move. Georgia’s challenge is to help direct the market and provide adequate support and incentives so that all people have the options they need to live in the communities they love.

**Housing Strategy to Meet the Demographic Needs**

Choice is essential to ensure that older adults can make the best decisions for themselves and their families. To truly provide choice, housing options must be affordable to a broad range of the population and located in the places older adults live. Because zoning and building codes are local but most affordable housing finance tools are administered by the state, an effective housing strategy must integrate both state and local policy change.

A comprehensive housing strategy should have multiple goals:

» Support those who wish to remain in their homes.

» Provide housing options for individuals who need or want to move, to remain in their communities.

» Attract new retirees to Georgia.

» Address potential blight and decreases in property values when homes are left unmaintained.

» Help older adults to access their home equity to fund modifications or long-term care expenses, delaying or eliminating the need to rely on Medicaid for coverage.

» Target housing strategies to areas with high concentrations of older adults.

» Create more livable places for people of all ages, particularly older adults.

This chapter reviews critical housing problems facing older Georgians and makes a series of recommendations which support these strategies. It begins with a discussion on senior housing and livable communities.

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What is Senior Housing?

Good senior housing is not simply age-segregated housing. Any developer can age restrict a development in accordance with the Fair Housing Act and call it “senior housing” or “active adult housing,” terms commonly used today. But age restriction is the bluntest instrument available and alone will do nothing to ensure that the housing that is built can really meet the needs of an aging population. Age restriction is a lifestyle choice that some older adults choose, but not one that all older adults will desire.

Far more important than age restriction to the creation of successful senior housing, are good design and strategic location. A house, apartment, townhouse or condo that is designed with accessibility features in place or with the appropriate accommodations so that it can be easily modified in the future is a house that is livable for a lifetime. But, location can be just as critical to livability as accessible design. A fully accessible house that is located far from services in an un-walkable community will not be adequate for individuals as they age.

Communities that place an emphasis on design and good planning will find that they remain flexible to demographic, lifestyle and market changes over time. Once a development is age-restricted by law, it is a lengthy process requiring approval of a majority of residents to remove the covenant on the title. The recent housing downturn provided a vivid example of how age restriction can limit the ability of individual homeowners and a development as a whole to adjust with market changes. Age-restricted communities found themselves with high rates of vacancies because the age restriction narrowed their potential market. Several began to re-think and even remove the age restriction on their communities.

Very simply, when policy relies heavily on age restriction to meet senior housing needs, it will not address the long-term needs of older adults or their families and could negatively affect a neighborhood or community.

Focusing on design and planning also allows development to capitalize on the symbiotic nature of two converging markets — the baby boom and millennial generations. Multiple studies have demonstrated that baby boomers have many of the same housing and lifestyle preferences to the younger, millennial generation (those born between 1983 and 1992). Both want active and engaged lives. They want to reduce the time spent in their cars. They want to be close to amenities like restaurants, theaters, health clubs and coffee shops. Of course, any general statement about an entire generation of people is likely to be inaccurate and there are certainly variations within these trends. But even baby boomers living in less urban or suburban areas express a desire to live in a more Main Street-like environment, where they are not completely dependent on their cars. In more rural communities, these preferences of baby boomers can fuel downtown redevelopment and Main Street revitalization programs.

Livable Communities for Older Adults

The recent AARP report “Beyond 50.05” identified older adults’ desire to live in vibrant, active communities. The report articulated what makes a community livable for older adults. It includes but is not limited to affordable and appropriate housing, supportive community features and adequate mobility options. It is clear that for most people, and older adults are

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7 Zimmerman, Volk and Associates “Residential Market Analysis for Smart Growth Development” researched for the Atlanta Regional Commission, Spring 2009

8 Palmetto LCI Study 2008??
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no different, that to live in a place over any length of time, much more than housing is required.

A livable community, or a Lifelong Community, fosters a high quality of life by offering options to all residents regardless of age. Family size, health status and supportive needs are likely to change over time. Likewise, tastes in entertainment, shopping and social activities, even the willingness or ability to mow the yard, change with age.9 In a Lifelong or livable community, individuals may change, but the community they call home can remain the same.

Connecting housing and land use planning with transportation planning and infrastructure construction is neither a new idea nor one that is exclusive to the needs of older adults. For at least two decades, the national Smart Growth movement has called for local and state governments to plan roads, houses, activity centers and commercial uses together — to think about the community as a whole rather than continuing to plan, spend and build transportation, housing, workplaces and retail centers in complete isolation from one another. Several Regional Commissions in Georgia have become advocates for this type of community planning. The Atlanta Regional Commission has received national recognition for its work in helping communities coordinate land use and transportation planning as well as its training programs for local officials, staff and citizens on the technical tools to implement these local policy and funding changes. Because Georgia requires all municipalities and counties to complete comprehensive plans on a regular cycle, there is tremendous opportunity to integrate planning for a lifelong community into every part of the state. This would not only benefit older adults, but improve the quality of life for people of all ages.

Housing Data

The vast majority of older Georgians are homeowners and this remains consistent as people age. The highest rental rates are among the pre-senior (45-54) and oldest-old (85+) populations.

Housing Tenure by Age

Many older Georgians have a difficult time paying for their housing. Unaffordable housing is defined as housing that exceeds 30 percent of an individual’s monthly income. 27 percent of older owners and 51 percent of older renters are paying more than they can afford for housing. Often times these older adults have to make choices between paying the utility bill and buying groceries.

**Cost of Housing by Type and Age**

![Chart showing the cost of housing by type and age for 65+ renters and 65+ owners.](chart)

*Source: 2008 American Community Survey*

Older Georgians have a rich and lengthy history with the communities where they live. Most have lived in their current homes at least 20 years and many older adults have lived in their communities for 30 and 40 years. They have long been contributors to the places where they live and most intend to stay where they are for as long as possible.

**Housing Tenure by Age**

![Chart showing housing tenure by age for 20+ years, 30+ years, and 40+ years.](chart)

*Source: 2000 US Census*
In many communities in the state there are not enough supportive housing options to meet the needs of the current or future older adult population. The following chart compares nursing homes, personal care homes (also called assisted living), subsidized independent retirement communities, non-subsidized independent retirement communities and continuing care retirement communities by availability in each of the twelve districts served by Georgia’s Area Agencies on Aging. Definitions for each of these housing types can be found at the end of this section.

**Specialized Housing in Georgia**

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<tr>
<th></th>
<th>Nursing Homes</th>
<th>Personal Care Homes</th>
<th>Subsidized Independent Retirement Communities</th>
<th>Non-subsidized Independent Retirement Communities</th>
<th>Continuing Care Retirement Communities</th>
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<td>41</td>
<td>4</td>
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</tbody>
</table>

Source: Elder Services Program Statewide Database, October 2009

**Analysis: Housing**

*Problem:* Development patterns and housing construction trends of the last 60 years have made it impossible for many Georgians to age in their current homes and neighborhoods.

While the majority of older adults report that they want to remain in their homes as long as possible (AARP 2005), the homes they live in are not equipped to accommodate the needs of an aging body. Stairs can make a house unusable after surgery. Homeowners may either be unable or unwilling to maintain their large yard. Simple home repairs can become major obstacles when getting up on a ladder is no longer possible or desirable. But as anyone who has engaged in a home improvement project knows, rehabbing or modifying a home is not a simple task. Without support and some protection, many older homeowners quickly become the victims of fraud. In addition, it is often difficult for individuals on a fixed income to get small, reasonably priced loans to cover the costs of a new roof ($7,000) or new HVAC system ($5,000) which almost always need replacement after 20-30 years of use.
Beyond the physical structures in which older adults live, the communities they've called home, some for many decades, are not able to support them as they age. The majority of older Georgians live in suburban communities (Matthews, Turnbull 2006), where sprawling development patterns have separated residents from services, leaving individuals regardless of their age completely dependent on the automobile. These un-walkable communities make it difficult for older adults to remain active and healthy. When diminished vision or hearing or other physical or cognitive changes make driving unsafe, older adults can quickly become isolated and a significant burden on family members, who are suddenly their only form of transportation. Older adults who are ready to downsize and recognize the need to move to a less auto-dependent neighborhood often cannot find the options they need or are forced to move outside the city or county.

**Recommendations**

Support older adults who choose to remain in their homes:

1) **Provide a range of services to guide home rehabilitation and construction.**

   Homeowners regardless of their income or the ability to pay, need to continue basic home maintenance and will very likely experience several major home repair projects during their tenure. Providing older adults with the support they need to complete this work will insure that the individuals themselves continue to live in a safe and healthy environment and that the home continues to contribute to the quality of the surrounding neighborhood. Depending on their income and physical and mental capabilities, different older adults will need different supports. The range of options includes:

   » Direct support from volunteer home repair and maintenance programs
   » Small low- to no-interest loans (e.g. $5,000 for a new roof, $7,000 for new HVAC system)
   » Assistance in locating and working with a reliable contractor
   » Professional assistance to identify modifications that might best meet their needs
   » Counseling and education to help protect older adults against fraud
   » Simplified permitting and development of building codes and guidelines to facilitate home modifications.

2) **Implement a statewide housing options education campaign.**

   An education and outreach campaign should help older homeowners and their adult children make the best decisions about their housing options including home modification and repair. It can include peer-to-peer counseling to assist older adults who do not have family close by or actively involved in their care.

3) **Expand reverse mortgage counseling.**

   Reverse mortgages (or Home Equity Conversion Mortgage) can be valuable financing tools for older adults who are “cash rich and house poor.” Reverse mortgages allow individuals over the age of 62 to access the equity of their house, making no payments until they either die or move. At that time their heirs are able to re-finance the loan or sell the house. Funds can be used to pay for any expenses, including home repair or modification or long-term care expenses. Reverse mortgages have never been extremely popular, and the recent subprime mortgage crisis has left many older adults and their children suspicious of this relatively unknown and often misunderstood financing product.
For seniors living in rural Georgia with few other housing options, reverse mortgages can make it possible for them to stay in their homes. While many older adults living in rural communities have lower housing costs than their urban counterparts, they are also more likely to be living in substandard conditions (Housing Assistance Council, 2004). Home repair and modification may be the only way for many rural seniors to remain in their communities. With proper counseling, families and individuals can decide if a reverse mortgage is the right tool for them.

4) Re-zone to allow neighborhood-based retail services.

When older Georgians decide to remain in their homes, the majority are also deciding to remain in un-walkable communities with no public transit and no access to basic services or amenities unless they are able to drive. Older adults who want to meet a friend for lunch, pick up a prescription, send a package to a grandchild or volunteer at a local school or community center must drive to do so. Those who can not drive remain stranded. Localities that re-zone to allow neighborhood-based retail to develop in existing communities can provide not only more economic development opportunities in older parts of their county or city, but can increase the quality of life and reduce isolation of older adults by providing local restaurants, coffee shops and corner stores. To ensure that these neighborhood-based retail options are viable, it may also be important to re-zone and allow higher densities of housing including condominiums, apartments or lofts above stores.

5) Expand support for NORC (naturally occurring retirement community) initiatives.

Georgia is one of a small group of states that has recognized the important role that NORCs play in meeting the needs of the growing older adult population. In the past, Georgia has funded projects across the state that provide service coordination, transportation assistance, in-home services, preventive healthcare, civic engagement and other critical programs in neighborhoods and housing complexes with high concentrations of older adults.

**Problem: Many older Georgians ready to downsize or seeking more supportive living conditions cannot find what they need within their existing communities.**

Older adults are often forced to remain in inappropriate housing, leave the communities they have lived in for several decades, severing important social and civic ties, or leave Georgia altogether to find more appropriate and often more affordable housing options elsewhere.

As previously described, senior housing is not synonymous with age-restricted housing. Housing options that can support people while they age are better achieved through accessible design and integrated planning. Housing that can be adapted to meet the needs of a changing body and housing that is located in a walkable community with access to services is true senior housing.

As individuals or couples require more care, they will need more than well designed units. They are likely to need support with medication management, food preparation, personal care services and some will need skilled nursing care. Georgia offers a limited range of supportive housing options compared with many other states. Currently the state licenses only two types of supportive living environments: nursing homes and personal care homes. Most assisted living facilities are licensed as personal care homes. Continuing Care Retirement Communities (CCRCs) must acquire both assisted living and nursing home licenses.
Recommendations

Provide supportive housing options within a community:

1) Change zoning policies to allow the integration of housing options in existing communities.

Older adults and families need supportive housing located within existing communities, neighborhoods and subdivisions, not on the outskirts of town or even worse several counties away. When older adults decide they are ready to downsize or recognize the need for additional supports, they very frequently have to leave their existing communities behind.

Too often, supportive housing, including skilled nursing care, is treated as office/medical or industrial use in local zoning regulations. This categorization removes older adults with needs from community life. It can strip them of valuable community supports and unnecessarily uproot them from the civic and social organizations of which they have been valuable members. At the same time, families who find they need to move their parents to be near them, quickly discover that while they can move their parents to an area, they are very unlikely to find appropriate housing close by. In fact they may have to re-locate their parents to another county or entirely different part of the region to find the care they need. This can become extremely difficult and unnecessarily burdensome for adult children who must provide increasing support as their parents age. Changing zoning law to allow supportive housing options within communities is therefore critical to both older adults and their children who provide care.

Zoning changes should also ensure that supportive housing is located within activity centers of communities, bringing older adults within walking distance of critical services. Zoning can incentivize supportive housing options in areas with access to recreational amenities, bike and walking paths and health clinics so that housing for older adults is also housing that promotes active, healthy lifestyles.

2) Permit Accessory Dwelling Units or “mother-in-law suites.”

Many communities across the country have adopted policies that allow the construction of accessory dwelling units. Accessory dwelling units are self-contained apartments in an owner-occupied single-family home or in a separate structure on the same property. These small units can be located above a garage, on the back of an existing home or even as a stand-alone unit on the same lot. They allow older adults to move into smaller units that require little to no maintenance and live closer to their family. Accessory dwelling units can also be occupied by professional caregivers who provide 24-hour or overnight care to an older adult.10

Unfortunately accessory dwelling units are illegal in many communities in Georgia. Local zoning regulations should be changed to allow families to build them as needed.

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10 For more information about zoning ordinances that support accessory dwelling units, see Rodney Cobb and Scott Dvorak, “Accessory Dwelling Units: Model State Act and Local Ordinance,” AARP Public Policy Institute, 2000.
3) **Address comprehensive accessibility in building code.**

To be fully accessible, from inside the dwelling, down the street and into the restaurant, theater or store, a development must be supported by zoning codes that address accessibility continuously across the entire urban environment. In the existing regulations, accessibility is monitored through a mix of standards that start and stop at the edges of each building or public space. The Atlanta Regional Commission is working with a team of experts from across the country to craft a comprehensive accessibility code. It will outline not only how an environment should be made accessible, but also where the most accessible spaces need to be located in the community. By correlating zoning code with building code, interventions can be tailored to the conditions of the site and ultimately measure the strategy's performance, not just the compliance of these codes.

The Easy Living Home Program was started in Georgia, and it has been replicated across the country. Easy Living incorporates three simple modifications into new home construction: at least one zero-step entry, wider hallways and doorways and a bathroom on the first floor with a five-foot turning radius. This voluntary certification program has been successful in increasing the number of accessible units in Georgia but was unfortunately ended in the fall of 2009. The lessons and critical components of the Easy Living Home program are still important to ensuring that people of all ages and abilities can live in a community as long as they'd like.\(^\text{11}\)

4) **Provide non-segregated housing options.**

While several counties and cities\(^\text{12}\) in the state have adopted senior housing ordinances to promote the development of housing for older adults, all of these ordinances have followed the dominant development trend of the past two decades: They segregate older adults by age. These new zoning ordinances require senior housing developments to restrict occupancy to the 55+ population in accordance with the Fair Housing Act.

While some older adults will choose to live only with other older adults, this is not universally preferable. As previously discussed, age-segregated housing does not ensure that the housing built under these ordinances will meet the needs of the older adult population. Age-integrated housing that focuses on design and planning is more flexible and can respond to local market and demographic shifts. Future zoning changes to promote the development of senior housing should not rely on age restrictions to guarantee the supports, design and location that older adults will need.

5) **Work with developers to educate them about new models of housing for the older population.**

Housing for older adults continues to change as the older adult population itself changes. Georgia must work with development and financing professionals to educate them about the latest models. No community in Georgia wants to overbuild yesterday's fad. It is important that local communities balance today's needs with tomorrow's demands and build housing that is flexible to shift with market changes.

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\(^{11}\) For more information about the Easy Living Home program and communities across the country that have adopted its guidelines into local policy, see [www.easylivinghome.org](http://www.easylivinghome.org).

\(^{12}\) Cobb, Fulton and Gwinnett counties and the cities of Snellville, Hampton and Woodstock have all adopted ordinances related to the development of senior housing.
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6) **To expand the range of supportive housing options in Georgia:**

   a) **Expand the Green House model.**

       Green Houses are considered the most innovative model in nursing home care. Integrated into neighborhoods, they are small homes that focus on patient-centered care. The Green House provides a home for 6 to 10 elders who require skilled nursing care and want to live a fulfilling life. They are a radical departure from traditional skilled nursing homes and assisted living facilities, altering size, design and organization to create a warm community. Their innovative architecture and services offer privacy, autonomy, support, enjoyment and a place to call home. They have proven to improve the health and abilities of their residents. There is only one Green House in Columbus, Georgia. As this model spreads rapidly across the country, the state should expand access to this progressive model of care to Georgians throughout the state.¹³

   b) **Provide incentives for culture change within nursing homes.**

       In addition to the Green House model, there is a national Culture Change movement working to help nursing homes adapt their practices and policies to meet 21st century demands. Culture change stresses patient-centered care and respect for privacy, dignity and independence of nursing home residents. In “Culture Change in Nursing Homes: How Far Have We Come?” authors Michelle Doty, Mary Jane Koren and Elizabeth L. Sturla observe:

       In the culture change model, which has gained momentum over the past decade, seniors enjoy much of the privacy and choice they would experience if they were still living in their own homes. Residents’ needs and preferences come first; facilities operations’ are shaped by this awareness. To this end, nursing home residents are given greater control over their daily lives — for instance, in terms of meal times or bed times, and frontline workers — the nursing aides responsible for day-to-day care — are given greater autonomy to care for residents. In addition, the physical and organizational structure of facilities is made less institutional. Large, hospital-like units with long, wide corridors are transformed into smaller facilities where small groups of residents are cared for by a consistent team.¹⁴

       The Culture Change movement in Georgia is led by a small coalition of active, passionate advocates. The state has the opportunity now to encourage culture change through grants, increased daily payments, technical assistance and no-interest loans to nursing homes.

   c) **Increase flexibility of Medicaid to support affordable assisted living options.**

       Very little assisted living is affordable to the average resident of Georgia. The average annual cost in Georgia of an assisted living facility is $34,866 per resident.¹⁵ Under current policy Medicaid dollars can not be used to fund

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¹³ For more information about the Green House model, see www.ncbcapitalimpact.org/default.aspx?id=146.


¹⁵ www.aarp.org/families/caregiving/state_ltc_costs.html#g-1.
supportive services in assisted living facilities. It is very difficult to use federal housing subsidies to fund the housing costs of assisted living.

d) **Encourage development of affordable, supportive housing through the state tax credit program.**

The Department of Community Affairs administers Georgia’s Low Income Housing Tax Credit Program. This program has helped build thousands of affordable units by awarding tax credits to developers who commit to building a certain number of units at rents available to a specific percent of the area median income (can vary between 30 percent and 80 percent). The tax credits are then sold to an investor providing equity for the project. DCA should consider targeting a percentage of the annual allotment for tax credits to meet the needs of Georgia’s growing older adult population.

**Problem:** Too many older Georgians live in unaffordable housing.

Affordability is the predominant housing issue for many older adults. Retired individuals living on fixed incomes often struggle to pay rising rents and property taxes, particularly in areas of the state that have experienced significant redevelopment over the last 20 years. Just under a third of older homeowners in Georgia and 62 percent of older renters pay more than they can afford for housing. High housing costs can force older adults to cut back on essentials, like groceries, medicine and medical care. To expand affordable housing options for older Georgians the state should consider the following actions:

1) **Increase subsidies targeted to the development of affordable senior housing in Georgia.**

   Funding sources can include state low-income housing tax credits, HOME and CDBG funds.

2) **Lobby for additional Section 202 units for the state of Georgia.**

   The Section 202 program is considered by many to be one of the most successful federal affordable housing programs in the country. Yet, its funding remains flat or has even declined despite the fact that every state in the nation is facing unprecedented growth in its older adult population. Georgia receives only between 50 and 75 new units of Section 202 housing each year, an amount that can in no way keep pace with the population’s need.

3) **Use land banking techniques to set aside land within communities for supportive housing options.**

   Land costs can quickly drive up the cost of housing. Local communities can use land banks to purchase and hold property to be used later for the construction of neighborhood-based affordable supportive housing. Typically parcels of land desirable for “Land Banking” are those that lie directly in the growth path of rapidly developing communities. The initial goal is to buy undeveloped land that is or will become ideal for a particular use (like affordable or supportive housing) and hold it until the market is prepared to deliver what’s needed.

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16 Several times with considerable co-operation from both the Department of Housing and Urban Development and the Centers for Medicare and Medicaid, HUD funding has been combined with Medicaid dollars to create affordable assisted living. Case studies of Neville Place in Cambridge, Massachusetts and Helen Sawyer Plaza in Miami, Florida have appeared in numerous publications. The example of their success has fueled the assisted living conversion grant program through HUD.

16 As defined by the federal government, housing is affordable when total housing cost does not exceed 30 percent of a household’s income. Housing costs include rental expenditures, mortgage and utility costs.

4) **Consider property tax exemptions or deferrals.**

Counties may legislate their own property taxes, giving them jurisdiction over county property tax exemptions and property assessments. Providing senior homestead exemptions and limiting the rate at which property assessments can increase are popular and effective legal channels to keep senior housing affordable. Counties can add additional property tax exemptions to state exemptions to better preserve the affordability of senior housing. The state property tax exemptions provide an important backdrop to county or municipal plans for additional property tax exemptions. Lastly, many states and municipalities have instituted tax exemptions, caps, or deferment options to protect older homeowners.

**Tax Deferrals.** Property tax deferrals allow certain homeowners to pay all of their accumulated property taxes in one lump sum, usually at the time they sell their property. The state of Georgia has in place a property tax deferral that allows homeowners over the age of 62 to defer a portion of their county and state property taxes. This has not proven a popular program, and to date very few Georgians have exercised the option to defer their property taxes.

**Tax Postponement.** Property tax postponements allow the state to pay all or part of the annual property tax bill. This deferred payment is a lien on the property and becomes due upon sale, change of residence or death. A lien secures the right to take and hold or sell the property of a debtor as security or payment for debt or duty.

**Property Tax Assistance.** Rather than change the tax code itself, some localities have simply developed tax assistance programs to provide grants to low-income households who cannot pay their property taxes. In a property tax assistance program, the state provides cash reimbursement to pay the property taxes for an individual whose annual income falls below a set limit. Filing for the program does not reduce the amount of taxes owed, nor does it place a lien on a homeowner’s property.

**Property Tax Caps.** Property tax caps limit or freeze the growth of the assessed value of a person’s property, thus preventing increases in the amount the owner must pay in the future. They also protect homeowners from escalating taxes due to such circumstances as gentrification, when increases in the value of a person’s property result from the property’s location and not improvements in its condition. Seven states have adopted property tax caps that may offer model legislation: Maryland, California, Iowa, Arizona, Florida, Washington and Texas.

**Homestead Exemptions.** Property tax exemptions free homeowners who fit certain criteria from having to pay some or all of their property taxes. Elderly homestead exemptions may be added to standard homestead exemptions, providing further aid to low-income senior homeowners. A locality has the option to exempt all or part of the assessed value of a senior homeowner’s property from school taxes and or exempt all or part of the assessed value of a senior homeowner’s property from state and county taxes.

**Limiting Assessed Values.** Local governments can also adopt limitations on growth in assessed value, but those limitations apply to only local taxes. There are limitations in New York City and in Nassau County, New York. In Georgia there are freezes on assessments on homesteaded property in several counties, including Cobb, Gwinnett, Muscogee and Forsyth. The assessed value of such property can increase only if the property changes hands, the property is renovated or expanded or if a previous assessment was incorrect.
Property Tax Credits. Property tax credits reduce an individual’s property tax liability dollar-for-dollar. Additional tax credits to senior homeowners may be added to standard Homeowner’s Tax Relief Credits. Procedures for obtaining tax credits should be easy for builders and homeowners to navigate, and the process for granting tax credits should be quick and efficient.

Georgia enacted two statewide tax exemptions for older adults in 2004:

Senior Homestead Exemption. Older adults must be age 62 on or before January 1 and a resident occupying their home on or before January 1. Their federal adjusted income can not exceed $30,000 for the preceding taxable year. The exemption only applies to the first five acres of land and replaces all other state and local exemptions. It does not apply to city, school or bond levies.

School Tax Exemption. To be eligible, an older adult must be age 62 on or before January 1 and have a net income not exceeding $10,000.

As is discussed in the Economic Self-Sufficiency section of this report, there are also significant costs to providing tax benefits to the growing older adult population. The state, counties and cities must consider the long-term fiscal implications of providing specific population groups tax benefits.

Housing Definitions

Affordable Housing: As defined by the federal government, housing is affordable when total housing costs do not exceed 30 percent of a household’s income. Housing costs include or mortgage payments and utility expenses.

Assisted Living: Assisted living is another term for personal care homes. In Georgia homes are not licensed as assisted living facilities, rather assisted living is licensed and regulated as a personal care home. Assisted living can offer a package of services to residents or services can be ordered “a la carte.” Almost all assisted living includes a common dining facility serving at least one meal each day.

Continuing Care Retirement Communities: Continuing care retirement communities (CCRCs) are different from the other housing and care options because they offer a continuum of housing, services and nursing care, usually on one site, to meet residents’ needs in a familiar setting. The three most common levels of accommodation are independent lifestyle, assisted living/personal care and skilled/intermediate nursing care.

CCRCs provide a comprehensive array of services tailored to individual residents’ needs, abilities and preferences. Typical services and amenities may include nursing and other health services, meals and special diets, housekeeping, transportation, emergency and personal assistance, recreational and educational activities, dining services and wellness programs.

CCRCs often require a one-time entrance fee and monthly payments thereafter. Fees vary from one community to another, depending on the type of housing and services each offers and the extent to which long-term care is covered. In Georgia, most CCRCs are licensed by the Department of Insurance. They may seek voluntary accreditation from the Continuing Care Accreditation Commission, at American Association of Homes and Services for the Aging, in Washington, D.C. The commission reviews CCRCs and accredits those facilities that meet its standards.
**Independent Living.** Independent living is housing that includes accessibility features and, often, amenities like fitness rooms and programs, but does not offer any additional supportive or medical services.

**Naturally Occurring Retirement Communities:** Naturally Occurring Retirement Communities (NORCS) were first identified as a demographic descriptor for communities where large numbers of older adults lived. These communities were not intended to be retirement communities, but because a significant percentage of older adults had “aged in place” their residential make up became significantly older than surrounding neighborhoods or communities. New York was the first state to pass legislation to support NORCs, and this legislation defines NORCs as areas where at least 50 percent of residents are over the age of 60.

**Nursing Home:** A nursing home is a long-term care facility that offers skilled or intermediate nursing care. Skilled nursing is an intense level of nursing care as authorized by the resident’s physician on a 24-hour basis. Intermediate care is physician-authorized, 24-hour care on a less intensive level. All homes offer a full array of personal, dietary, therapeutic, social, spiritual, recreational and nursing services. Meals, laundry and housekeeping are provided. Nursing homes are one of two types of housing licensed in the state of Georgia, personal care homes being the other.

**Personal Care Homes:** A personal care home is any dwelling that provides or arranges for the provision of housing, food service and one or more personal services for two or more adults who are not related to the owners or administrator by blood or marriage. Personal services include but are not limited to individual assistance with and supervision of self-administered medications and essential activities or daily living such as eating, bathing, grooming, dressing and toileting.
The transportation system affects the way people live at all different stages of life. Much more than simply getting from point A to point B, transportation access determines where and when individuals work, how and where they spend their money and which educational, recreation and vacation opportunities they can access.

Transportation for older adults in particular is about mobility, but more important, it determines connections to the community, quality of life, health and independence. Most older adults plan to age in their communities. Access to transportation gives them the freedom to do so. However, this goal is impossible without an adequate range of transportation options.

Unfortunately, Georgia has invested very little in transportation infrastructure and services that reflect the realities of an aging population. Instead, driving is the only option in the vast majority of communities where current and future older adults live.

In 2002, the AARP commissioned *Understanding Senior Transportation*, a national telephone survey of people over 50 years of age. Results of the survey indicate that 86 percent of Americans, 4 out of 5 adults ages 50 and older, rely on driving as their usual mode of transportation (Evans, Stonewall, Straight, 2002). Without other choices, many older drivers are forced to stay on the road much longer than they are comfortable or safe. When they are forced to give up the keys, older adults must rely on friends and family to get them where they need to go.

Furthermore, older adults are more likely to experience increased isolation and deteriorating mental health when they can no longer drive. Some are unable to get to the doctor, pharmacy or meet other critical needs. *Aging Americans: Stranded Without Options* (Bailey 2004) identified the Southeast as having the highest percentage of older adult non-drivers who are unable to access basic services.

The transportation needs and concerns of older adults vary by the type of community in which they live — urban, suburban and rural. The opportunities and choices available vary by the concentration of older adults in these communities and the capacity to coordinate among different services.

With the rapid increase in Georgia’s aging population, the need to accommodate older drivers and pedestrians in transportation infrastructure design is becoming a traffic safety imperative. Because the ability to drive safely changes as people grow older, and because older drivers with out options continue to drive, the time has come to improve road design standards. Doing so will increase driving safety for all drivers, not simply older ones. Additionally, providing transportation alternatives to the automobile and promoting walkable communities will provide a fuller range of options to meet the diverse needs of the state’s changing population.

This chapter lays out three transportation planning areas that need targeted attention to address the very real issues raised by a population that’s growing older and living longer:

» Developing walkable communities;

» Creating safe roads and safe drivers; and

» Providing a range of alternative modes of transportation for Georgia’s older adults.
Analysis: Walkable Communities

**Problem:** Too few older Georgians live in places where they can walk safely.

Walking not only provides a sense of freedom for older adults, but also plays a key role in maintaining a healthy lifestyle. Walkable communities can foster social interaction, prevent isolation, improve balance and movement and reduce the incidence of chronic disease. Roadways that accommodate transportation options such as walking and bicycling also help to improve physical fitness and serve as a civic, social and community space (Bell, Cohen: PolicyLink). *(A more detailed discussion of the health effects of walking and physical activity is included in the health section of this report).*

Unfortunately, it is unsafe to walk along most of Georgia’s streets, from local roads to state highways. Clearly, not every road is suitable for pedestrians. However, transportation planning at the state, regional and local levels must continue to advance the planning, program and project implementation needed to create connected and complete streets.

**Recommendations**

1) **Integrate the seven principles of Lifelong Communities in statewide planning and programmatic services for transportation, aging and planning.**

   Lifelong Communities are places where people of all ages can live throughout their lifetimes. For a community to be a lifelong community, it must be well planned, well designed and programming and services must be targeted to maximize impact. The Atlanta Regional Commission has pioneered the concept of Lifelong Communities in Georgia and across the United States in partnership with the Robert Wood Johnson Foundation, the US Environmental Protection Agency and AARP. There are seven key planning principles that can create a lifelong community, or retrofit existing development. The following Lifelong Community principles can and should be integrated into comprehensive planning efforts if neighborhoods are going to be prepared to support an aging population:

   » Connectivity
   » Pedestrian access and readily available transit
   » Neighborhood-based retail
   » Social interaction
   » Healthy living
   » Diversity of dwelling type
   » Consideration for existing residents

2) **Incorporate connectivity in local, regional and state comprehensive community plans.**

   Limited connectivity to community health and supportive services and transportation is one of the biggest challenges facing older adults throughout the State of Georgia. Georgia’s significant suburban cul-de-sac development has created isolated and segregated communities that offer limited transportation alternatives to the car. These development patterns restrict mobility and force older adults to rely almost exclusively on their personal automobile for transportation.
Connectivity is a key component in developing a Lifelong Community and fostering walkable neighborhoods. Connectivity ensures that a community is designed in such a way that there are many ways to get from point A to point B. Well-connected communities often rely on a grid pattern that slows down traffic and creates more pedestrian-friendly streets. Finding opportunities to weave streets together can improve neighborhood safety, vitality and social health. Suburban, cul-de-sac development patterns and regulations put in place over the last 50 years have impeded connectivity in communities across the state.

The issue of connectivity has taken on increased prominence in transportation planning across the country. Recently the state of Virginia outlawed all new cul-de-sac development because of the high cost of maintenance and the impact on the health of residents.19

3) **Integrate “Complete Street” policies in state and local road construction and maintenance projects.**

Complete streets are designed for all users – pedestrians, cyclists, drivers, transit users -- with well planned and easy to read signage. Building “Complete Streets” can help restore and revitalize a community. The *Guide to Smart Growth and Active Aging* recently published by the US Environmental Protection Agency advocates that building places and streets that benefit the youngest and oldest populations will ultimately provide benefits to the entire community (US EPA Report, 2009). Recognizing that transportation infrastructure should support all residents, not just those who can drive, states across the country are beginning to integrate Complete Street design standards into their transportation design and engineering guidelines.20

Not every road should become a Complete Street, but where appropriate, accommodating pedestrians, transit riders and bicyclists will not only create more walkable communities but will expand options for all Georgians, no matter how they get around.

4) **Adopt zoning and design guidelines to create pedestrian-friendly streets.**

Like many things, walkable communities do not operate on a “If you build it, they will come” principle. Sidewalks are critical, but by themselves, they do not increase the walkability of a community. In addition to sidewalks, local communities should adopt design criteria to widen sidewalks, pull storefronts to the street, allow off street parking, provide adequate shade and resting areas and include curb cuts, count-down signals and well marked cross walks — all of which are important to creating a walkable environment for older adults.

5) **Emphasize the needs of pedestrians and bicyclists of all ages in the Statewide Strategic Highway Transportation Plan.**

Georgia’s State Department of Transportation is required to develop a Statewide Strategic Highway Transportation Plan that includes a bicycle and pedestrian element and details any statewide regionally significant bicycle and pedestrian projects. The state’s plan takes into account the bicycle and pedestrian plans adopted by the Metropolitan Planning Organizations and Regional Commissions throughout the state (Georgia Dept. of Transportation, 2006). A serious concern recognized in the state plan was the lack of regard for design and pedestrian access along the state’s roadway network. The growth in the older adult population makes these issues more important than ever before. The state, local and regional planning processes should be required to focus specifically on the needs of older pedestrians and bicyclists in the next revisions of these plans.

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20 More than 100 jurisdictions have adopted Complete Street Standards, including several states. See www.completestreets.org/complete-streets-fundamentals/complete-streets-atlas/.
Analysis: Safe Roads and Safe Drivers

Problem: An increase in older drivers is likely to increase healthcare expenses, injuries and deaths.

In 2007, Georgia’s population aged 65 and over represented 12.1 percent of the state’s total number of licensed drivers and 10 percent of the total population.\(^{21}\) The growth in the older adult population, particularly the growth in the 85+ segment of the population, will dramatically increase the number and percentage of older drivers on Georgia’s roads. Nationally, one out of every four licensed drivers will be aged 65 and older\(^{22}\) by 2030. The personal vehicle is the dominant mode of transportation for older adults. When faced with the prospect of no longer being able to drive, many older drivers are reluctant to give up the keys, fearing loss of mobility and independence.

### Georgia Licensed Drivers by Age Group and Year

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 - 24</td>
<td>781,923</td>
<td>828,749</td>
<td>854,185</td>
<td>771,214</td>
<td>756,088</td>
<td>779,807</td>
<td>804,719</td>
</tr>
<tr>
<td>25 - 64</td>
<td>4,183,294</td>
<td>4,358,168</td>
<td>4,491,925</td>
<td>4,348,865</td>
<td>4,334,018</td>
<td>4,440,196</td>
<td>4,563,416</td>
</tr>
<tr>
<td>65 - 74</td>
<td>360,530</td>
<td>396,925</td>
<td>409,106</td>
<td>388,742</td>
<td>424,771</td>
<td>440,547</td>
<td>470,385</td>
</tr>
<tr>
<td>Over 74</td>
<td>224,428</td>
<td>249,960</td>
<td>257,631</td>
<td>249,132</td>
<td>278,266</td>
<td>278,963</td>
<td>295,778</td>
</tr>
</tbody>
</table>


The natural process of aging leads to a decline in physical, cognitive and sensory capabilities affecting a person’s ability to drive. Older individuals tend to be relatively safe drivers, with lower crash rates per licensed driver. They are less inclined to engage in risky behavior while driving. They have lower rates of driving while under the influence of alcohol and nationally have higher rates of seat belt use. They are more willing to self-regulate their driving habits based on their physical limitations.\(^{23}\)

Statistically, however, older drivers have an excessively high rate of motor vehicle fatalities, on a per vehicle mile traveled (VMT) basis, compared to other adult age groups.\(^{24}\) Drivers 74 years and older are at greater risk of suffering a fatal injury in the event

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21. 2007 Injury Prevention Section, Environmental Health and Injury Prevention Branch, Georgia Division of Public Health, Georgia Department of Human Resources.
of a crash than their younger counterparts.\textsuperscript{25} In Georgia the fatal crash rate is almost double for drivers aged 65-74 who live in rural counties compared to the same age group in the urban core counties of metropolitan Atlanta. One contributing factor is that older drivers in more rural areas of the state must drive longer distances on two lane or other high-risk roads to access health care, shopping and other services.\textsuperscript{26} A 2002 AARP study reported that traffic congestion, interaction with other drivers and long trips can cause older drivers to experience frustration and anxiety over their situation, which can lead to unsafe conditions.

**Georgia Motor-Vehicle Driver Hospitalization Rate by Age Group: 2000-2005**

![Graph showing hospitalization rates by age group]


In Georgia motor vehicle crashes account for the leading cause of deaths from unintentional injuries and the second leading cause of such deaths among older adults, age 65 and older. In 2005, Georgia spent approximately $45 million to treat individuals over the age of 64 who were hospitalized for motor vehicle-related injuries. The growth in the older adult population is likely to mean that Georgia faces significantly increased highway safety and healthcare costs if older driver crashes and fatality rates go unaddressed.


## Motor Vehicle Crashes, Injuries and Fatalities

<table>
<thead>
<tr>
<th>Number and Rate per 10,000 Licensed Drivers</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Crashes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - 24</td>
<td>Drivers</td>
<td>143,554</td>
<td>147,252</td>
<td>152,757</td>
<td>151,513</td>
<td>154,799</td>
<td>153,497</td>
</tr>
<tr>
<td>Rate</td>
<td>1,835.9</td>
<td>1,776.8</td>
<td>1,778.3</td>
<td>1,964.6</td>
<td>2,047.4</td>
<td>1,968.4</td>
<td>1,850.6</td>
</tr>
<tr>
<td>25 - 64</td>
<td>Drivers</td>
<td>376,695</td>
<td>387,137</td>
<td>398,348</td>
<td>404,103</td>
<td>417,592</td>
<td>425,621</td>
</tr>
<tr>
<td>Rate</td>
<td>900.5</td>
<td>888.3</td>
<td>886.8</td>
<td>929.2</td>
<td>963.5</td>
<td>958.6</td>
<td>917.8</td>
</tr>
<tr>
<td>65 - 74</td>
<td>Drivers</td>
<td>21,156</td>
<td>22,054</td>
<td>22,418</td>
<td>22,554</td>
<td>23,261</td>
<td>23,568</td>
</tr>
<tr>
<td>Rate</td>
<td>586.8</td>
<td>555.6</td>
<td>548.0</td>
<td>580.2</td>
<td>547.6</td>
<td>535.0</td>
<td>504.8</td>
</tr>
<tr>
<td>Over 74</td>
<td>Drivers</td>
<td>12,397</td>
<td>13,084</td>
<td>12,791</td>
<td>13,107</td>
<td>13,434</td>
<td>13,436</td>
</tr>
<tr>
<td>Rate</td>
<td>552.4</td>
<td>523.4</td>
<td>496.5</td>
<td>526.1</td>
<td>482.8</td>
<td>481.6</td>
<td>437.8</td>
</tr>
<tr>
<td><strong>Injury Crashes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate</td>
<td>293.0</td>
<td>276.4</td>
<td>275.6</td>
<td>302.5</td>
<td>320.5</td>
<td>311.1</td>
<td>290.6</td>
</tr>
<tr>
<td>25 - 64</td>
<td>Drivers</td>
<td>56,322</td>
<td>57,759</td>
<td>57,978</td>
<td>58,743</td>
<td>61,611</td>
<td>62,850</td>
</tr>
<tr>
<td>Rate</td>
<td>134.6</td>
<td>132.5</td>
<td>129.1</td>
<td>135.1</td>
<td>142.2</td>
<td>141.5</td>
<td>131.9</td>
</tr>
<tr>
<td>65 - 74</td>
<td>Drivers</td>
<td>3,265</td>
<td>3,491</td>
<td>3,335</td>
<td>3,342</td>
<td>3,596</td>
<td>3,588</td>
</tr>
<tr>
<td>Rate</td>
<td>90.6</td>
<td>88.0</td>
<td>81.5</td>
<td>86.0</td>
<td>84.7</td>
<td>81.4</td>
<td>74.4</td>
</tr>
<tr>
<td>Over 74</td>
<td>Drivers</td>
<td>2,071</td>
<td>2,111</td>
<td>2,079</td>
<td>2,198</td>
<td>2,095</td>
<td>2,201</td>
</tr>
<tr>
<td>Rate</td>
<td>92.3</td>
<td>84.5</td>
<td>80.7</td>
<td>88.2</td>
<td>75.3</td>
<td>78.9</td>
<td>67.9</td>
</tr>
<tr>
<td><strong>Fatal crashes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - 24</td>
<td>Drivers</td>
<td>224</td>
<td>259</td>
<td>207</td>
<td>242</td>
<td>239</td>
<td>253</td>
</tr>
<tr>
<td>Rate</td>
<td>2.86</td>
<td>3.13</td>
<td>2.42</td>
<td>3.14</td>
<td>3.16</td>
<td>3.24</td>
<td>3.32</td>
</tr>
<tr>
<td>25 - 64</td>
<td>Drivers</td>
<td>594</td>
<td>633</td>
<td>597</td>
<td>637</td>
<td>658</td>
<td>740</td>
</tr>
<tr>
<td>Rate</td>
<td>1.42</td>
<td>1.45</td>
<td>1.33</td>
<td>1.46</td>
<td>1.52</td>
<td>1.67</td>
<td>1.54</td>
</tr>
<tr>
<td>65 - 74</td>
<td>Drivers</td>
<td>81</td>
<td>71</td>
<td>74</td>
<td>73</td>
<td>82</td>
<td>86</td>
</tr>
<tr>
<td>Rate</td>
<td>2.25</td>
<td>1.79</td>
<td>1.81</td>
<td>1.88</td>
<td>1.93</td>
<td>1.95</td>
<td>2.02</td>
</tr>
<tr>
<td>Over 74</td>
<td>Drivers</td>
<td>89</td>
<td>90</td>
<td>81</td>
<td>77</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>Rate</td>
<td>3.97</td>
<td>3.60</td>
<td>3.14</td>
<td>3.09</td>
<td>3.31</td>
<td>3.30</td>
<td>2.81</td>
</tr>
</tbody>
</table>

Pedestrian fatalities and injuries related to pedestrian-vehicle crashes remain significant in Georgia, especially among older adults aged 65+ years who live in urban areas. In 2007 60 percent of pedestrian fatalities among older adults in the U.S. occurred at non-intersection locations.

Georgia has embarked on a number of efforts to address safety concerns for older drivers and pedestrians. The Georgia Department of Transportation and the Governor’s Office of Highway Safety have included older adult driver and pedestrian safety recommendations in their Statewide Transportation Plans and Strategic Highway Safety Plans. The Georgia Department
of Community Health’s “Strategic Plan for Georgia’s Statewide Injury Prevention” includes the Older Driver Safety Program, the goal of which is to maintain the mobility of older adults while keeping them safe.

However, as previously mentioned, older adults, particularly those in suburban or rural areas, are subject to driving longer distances on higher-risk road conditions to access health and community services (University of Georgia Institute of Gerontology, 2005). The lack of public transportation throughout the state limits the transportation options for older adults. State and local transportation agencies should consider how to better coordinate land use and transportation planning to promote more age-friendly communities and provide transportation options, including transit services, for Georgia's diverse population.

**Recommendations**

1) **Continue to support the Georgia Older Driver Safety Program.**

The Department of Community Health's Older Driver Safety Program (ODSP) focuses on enhancing mobility options for older adults and reducing the number of injuries and fatalities experienced by older adult drivers. The initial activities of the Older Driver Safety project will involve assessing the potential for policy and environmental changes to support safe mobility for older adults. Working with the Department of Human Services, Division of Aging Services and other stakeholders, the ODSP will provide technical assistance and resource development for health and safety professionals and the general public.

2) **Integrate the Federal Highway Administration's guidelines for older driver road design into state standards.**

The Federal Highway Administration has developed a set of road design guidelines to address the changes in vision, hearing and reaction times that occur as individuals age. These guidelines should be adopted as state standards and included in local guidelines, especially in areas with high concentrations of older adults.

3) **Support the recommendations of the Georgia Older Driver Task Force (ODTF).**

The Georgia Older Driver Task Force (ODTF), comprised of a broad range of state agencies and community organizations, is actively addressing older driver issues that are relevant to Georgia. The task force “is charged with recommending evidence-based approaches for reducing motor-vehicle injuries and fatalities sustained by older drivers in Georgia,” and recognizes the importance of maintaining mobility of older adults who cease driving or do not drive by offering “sustainable transportation options.” The Georgia ODTF is focusing its initial efforts on three major areas impacting older drivers and older adult mobility in Georgia: education, engineering and alternative transportation. Two priority recommendations submitted by the ODTF are:

- Increase physician knowledge and awareness of older drivers, and
- Increase transportation options and access to older adults in Georgia.

The ODTF has received funding to launch its priority initiatives, including a Physician Awareness Program and Transportation Coordinating Council, over a three-year period. The Georgia ODTF continues to develop a statewide action plan to address older driver safety and it is a major component of the Strategic Highway Safety Plan for Georgia.
4) **Enforce the integration of ADA standards into the pedestrian environment.**

The Americans with Disabilities Act requires that communities integrate a range of accessibility accommodations into the construction of sidewalks, intersections and other public places. Too often these guidelines are overlooked or are not constructed to standards. Adequate curb cuts, signage, crosswalks and other elements are critical to protecting the lives of older and disabled pedestrians.

**Analysis: Alternative Modes of Transportation**

*Problem:* The lack of transportation options increases isolation, overburdens caregivers, often prevents older adults from accessing basic needs and can cause injury and death.

The vast majority of transportation dollars in Georgia are dedicated to residents who drive. Infrastructure investments and fuel subsidies support those who have the ability and the funds to use an automobile as their primary mode of transportation. As a state Georgia has very few options for those who are unable or unwilling to drive. Rural areas in particular lack the options non-drivers need.

Older adults need transportation options to access daily needs, medical appointments, visit with friends and engage in the community. Taking a more comprehensive approach to transportation in Georgia will benefit people of all ages who do not drive, either through choice or inability. It can reduce fuel consumption and improve air quality. Investing in transportation options now will better prepare the state to manage an increasingly diverse population with increasingly diverse needs. Many other states and regions are investing significant dollars into transportation alternatives. There is greater interest at the federal level in transportation options than there has been for several decades. Continuing to plan and build to support one transportation mode in light of the projected demographic shifts in Georgia, simply doesn’t make sense.

**Recommendations**

To create a more comprehensive approach to the planning and delivery of transportation services in Georgia that meets the needs of people of all ages and abilities, the state should:

1) **Enhance public transit to better serve older adults.**

The presence of public transit alone does not guarantee mobility for older adults. Most public transit systems are designed to help people get to work. They operate with the greatest frequency during the morning and evening rush hours. The primary destinations of most public transit systems are employment centers. While this type of workforce travel is essential and helps alleviate congestion on many local streets where older adults travel, it does not necessarily meet the needs of the growing older adult population. Older adults need systems for local trips and occasional cross-county or cross-region medical trips. They need a reliable system with amenities that protect them from the rain or hot sun. They need well-published schedules, easily navigable route and drivers who are trained to address the particular needs of an older population. Changes could include flexing routes during off-peak hours, providing enhanced transportation amenities, large print schedules, expanding local retail destinations, providing discounts to older adult riders, integrating technology to alert riders to approximate arrival times for trains and buses and driver training.
2) Expand funding for public transit options.

The existing funding mechanisms for transportation in Georgia are almost exclusively restricted to supporting the automobile. Without other funding sources, local communities will not be able to provide the options their residents need. The state legislature should allow local communities to decide to tax themselves in order to improve and more adequately fund local transportation options.

3) Teach older adults to use the public transit system.

The City of Denver piloted a nationally recognized program that taught older adults how to ride the local transit system. As a result, older adults had the transportation options they needed, ridership on local transit routes increased and supportive transportation providers were able to assist other more frail older adults. This program should be replicated in all parts of Georgia with public transit systems, targeting first those with areas of high concentrations of older adults.

4) Consider transportation options when locating senior centers, housing for older adults and other critical services.

Local communities should provide incentives for the development of facilities and housing designed to meet the needs of older adults on existing transit lines. Doing so will provide an option for those who need it now and those who might need it in the future. All too often in Georgia, when a new senior center first opens their doors, the lack of adequate transportation emerges as the biggest challenge.

5) Create a “transportation bank” where developers of senior housing that is not located close to transportation options contribute to a transportation trust fund to provide choices.

When a local government approves the development of senior-specific or age-segregated housing far from services or shopping, it buys a long-term problem if residents lack transportation options. Eventually, those residents will age and require alternatives to the car. A local government that has not prepared in advance will quickly find itself with high demands and increasing expenses. A transportation bank is a way local communities can endow their local transportation network, asking developers for contributions now that will grow over time to meet future demands.

6) Support a Coordinated Human Services Transportation Network.

Communities throughout Georgia have human service transportation programs that help older and disabled adults get to medical appointments, grocery stores and other critical destinations. These programs are funded through a range of sources, including Medicaid, the Department of Human Services, paratransit programs and local government contributions. For the most part, these systems are overburdened, face tremendous waiting lists and are uncoordinated. The National Governors Association Center for Best Practices indicates that coordination among providers and agencies can increase transportation availability, access to jobs and services, improve the quality of the transportation services, eliminate duplications and improve cost-effectiveness for the state and user (National Governors Association 2002). The currently adopted federal transportation funding bill requires that all states and metropolitan planning agencies have a coordinated Human Services Transportation (HST) Plan to access assistance provided under the Federal Transit Administration Program: Section 5310, Elderly and Disabled, Section 5316 Job Access Reverse Commute, and Section 5317, New Freedom. The State of Georgia’s HST is prepared by the Georgia Department of Human Services Office.
of Facilities and Support Services Transportation Services Section and the Georgia Department of Human Services Office of Intermodal Programs. (For a comprehensive table of all transportation programs that are required by law to participate in the coordinated system, see TABLE: Major Human Services Transportation Systems in Georgia Participating in a Coordinated Plan)

Transportation services coordination is an opportunity to address needs with limited resources and help establish cost effective service delivery. However, limited funds statewide will continue to make services delivery a challenge.

**Human Services Transportation Systems in Georgia Participating in a Coordinated Plan**

<table>
<thead>
<tr>
<th>System</th>
<th>Human Service System/Public System</th>
<th>Funding</th>
<th>Population Served</th>
<th>Operating Agency</th>
<th>Cost for Ridership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia Department of Community Health Non-Emergency Transportation System (NET)</td>
<td>Human Service system. Not open to the general public.</td>
<td>Medicaid and state funds.</td>
<td>Serves Medicaid clients for Medically Necessary Trips</td>
<td>Department of Community Health</td>
<td>None for Medicaid clients</td>
</tr>
<tr>
<td>Georgia Department of Transportation Rural Transit (FTA 5311 Program)</td>
<td>Public</td>
<td>FTA 5311 funds with a small state match. Counties fund 50% of the operating and 5% of capital equipment costs.</td>
<td>General public in rural counties.</td>
<td>Department of Transportation provides grants to counties, which operate the systems.</td>
<td>Varies from county to county (ranges from $1 to $5 depending on distance).</td>
</tr>
<tr>
<td>Georgia Department of Transportation Small Urban Transit Program (FTA 5307 Program) Small Urban &lt;50,000</td>
<td>Public</td>
<td>FTA 5307 funds with a small state match. Cities fund operating and a small percentage of the capital costs.</td>
<td>General Public in small urban areas throughout the state.</td>
<td>Department of Transportation provides grants to cities, which operate the systems.</td>
<td>Varies across the State (ranges from $1 to over $3).</td>
</tr>
<tr>
<td>Georgia Department of Transportation Large Urban Transit Program (FTA 5307) Large Urban &gt; 50,000 (MARTA) Federal Transit Administration provides grant assistance.</td>
<td>Public</td>
<td>FTA 5307 funds with a small state match. Cities fund operating and a small percentage of the capital costs. One percent sales tax in Fulton and DeKalb Counties.</td>
<td>Public in large urban areas (Atlanta only).</td>
<td>Fulton and DeKalb counties, through a transit authority. Federal Transit Administration provides grant assistance.</td>
<td>$2.00 general ridership and $3.50 for paratransit</td>
</tr>
</tbody>
</table>

7) **Increase funding for Human Services Transportation.**

Funding for general transportation services and system improvements is severely limited in the State of Georgia and has reached crisis levels, which means funding for Human Services Transportation is a low priority for the state. Furthermore, funding for HST services is not comprised of a single funding source and is allocated to the state depart-
ments of Education, Labor, Community Health, Human Services and Transportation to provide services to their individual clients. Limited funding and the rising costs of operating currently disjointed HST programs and services throughout the state are creating extensive waiting lists, especially for services directed to two of the state’s most vulnerable populations: Medicaid recipients and older adults. The state can lead efforts to improve the efficiency, cost-effectiveness, reliability and quality of transportation services to older adults by mandating the coordination of Human Services Transportation by all state agencies that provide these services.

**Best Practice**

In addition to the state’s HST Plan, both the Atlanta Regional Commission’s (ARC) Coordinated Human Services Transportation Draft Plan and the Coastal Georgia Regional Commission’s (CGRC) HST Plan offer good templates for inventorying existing services and identifying issues and opportunities. The Atlanta region has a long history of delivering transportation services for individuals considered to be transportation disadvantaged. For transit operators, this includes older adults, persons with disabilities, and the general public. The region also includes many human service agencies and private providers that offer transportation to access their services. The Atlanta region’s HST has helped coordinate the efforts of county, regional, state and private providers. The Coastal Georgia Regional Commission’s HST has created a partnership with the Georgia Department of Human Services (DHS) that is allowing the CGRC to help individuals in need of medical transportation to reach services in Glynn and McIntosh Counties. The DHS administrative oversight ensures that timely and appropriate services are provided to eligible DHS consumers.

**Best Practice**

**North Carolina’s Coordinated Human Services Transportation Plan and Process**

The State of North Carolina mandated the coordination of Human Services Transportation in 1978 and is a leader in Human Services Transportation coordination. Fifty-five human service transportation providers operate within a framework of three service arrangements: coordinated systems, consolidated systems that provide their own services and consolidated systems contracting for transportation services. The long-term coordinated planning efforts led by the North Carolina Department of Transportation have produced cost-effective and more reliable services for residents of the state (TRB 2004).
Civic Engagement

The desire of older adults to remain active and involved in their communities is well documented, with between 60 to 70 percent of older adults volunteering in formal or informal capacities. Nearly two thirds of adults not currently volunteering said they would be interested in donating their time in the future. The aging of the population will challenge both community and government resources. It is critical for the state not only to put in place policies that help ensure older adults remain healthy and active as they age, but also engage this population in meaningful volunteer activities that promote wellness and result in benefits for the communities and businesses.

State and local governments, private and nonprofit organizations can play a vital role in lowering barriers that make it difficult for older adults to find opportunities that fit their skills, interests and lifestyles. By modernizing traditional concepts of volunteerism within organizations, rethinking how volunteers and their skills are used and matching adults to available opportunities, public and private agencies can tap into the myriad talents of the older adult population.

Older adults have enormous skills and resources to address community issues through civic engagement, which promotes the quality of life in a community, through both political and non-political processes. An individual who is engaged civically recognizes himself or herself as a member of a larger social fabric and therefore considers social issues to be at least partly his or her own responsibility to address. Such an individual is willing to see the moral and civic dimensions of issues, to make and justify informed moral and civic judgments and to take action when appropriate.

Volunteerism Data: Georgia & Nationwide

In 2008, 1.8 million adults volunteered in Georgia, providing 216.8 million hours of service. This is 25.1 percent of Georgia's adult population (16 years of age and older). The average national volunteer rate is 26.4 percent. When compared to the other states, Georgia ranks 41st.

Out of Georgia's 1.8 million volunteers, 26.4 percent were baby boomers and 21.8 percent were older adults, ranking 40th and 38th respectively. In Georgia, boomers served on average 60 hours annually, and older adults served 36 hours annually, both lower than the national average.

Volunteer rates among Georgians tend to be highest in suburban settings (26.5 percent) and urban areas (24.4 percent) and run lowest in rural areas (19.9 percent). Nationwide, there has been a trend toward increased volunteerism through neighborhood engagement to address community issues and participate in community meetings. Georgia volunteer rates follow this trend.

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26 Volunteer Match, “Great Expectations: Boomers and the Future of Volunteering” (San Francisco, California: Volunteer Match, 2007.)
29 Ibid.
The top four activities in Georgia for which individuals volunteer include fundraising, collection and distribution of food, tutoring or teaching activities and general labor. Over the past 20 years, the types of agencies volunteers choose to serve have shifted. Educational and social services-related organizations have seen significant increases in volunteer involvement, while religious, health, civic and arts organizations have seen declines in volunteer participation with their organizations.

In addition to volunteers who participate in structured volunteer service through an organization, more than 230,000 individuals worked with neighbors or in the community in an informal service capacity and did not serve through an organization.\(^3\)

When looking specifically at baby boomers and volunteering, studies found that one-third of boomers volunteer and have the highest volunteer rate of any age group. Women in this age group volunteer at higher rates than men in the same demographic, and those that are college educated volunteer at higher rates than those without a college education. Approximately 23 percent have assumed leadership roles such as providing professional and managerial services to various volunteer agencies.\(^3\)

Additionally, this demographic group has strong community ties and often plays active roles in community development and school reform. Boomers who are business owners and homeowners have higher rates of volunteering – 45 percent and 34 percent respectively – than do non-business owners and non-homeowners, who have average volunteering rates of 30 percent and 20 percent respectively.\(^3\)

### The Benefits of Civic Engagement

Adults 55 and older are a highly talented and motivated group of individuals who have the capacity to help solve some of our most challenging social problems, including helping seniors live independently.

### Personal Benefits

Findings show that the very act of their civic engagement has unique personal benefits and may allow individuals to maintain their independence as they grow older. Research demonstrates that volunteering leads to better health, and older volunteers are the most likely to receive physical and mental health benefits from their volunteer activities.

Older volunteers experience fewer health issues with advancing age and report diminishing symptoms for existing health conditions. The mental health benefits of volunteering are also well documented. Research suggests that volunteer activities offer those who serve more than just a social network to provide support and alleviate stress. Volunteering also provides individuals with a sense of purpose and life satisfaction. Volunteering is also shown to reduce feelings of depression among older adults. Some findings indicate volunteers who devote about 100 hours of service per year are most likely to exhibit positive health outcomes.\(^3\)

Engaging individuals 55 years of age and older in substantial volunteer experiences helps address community problems while simultaneously enhancing the health of the 55 and older population in Georgia. A state level analysis of the relationship between volunteering and the indicators of health, mortality and heart disease found that states with high volunteer rates also have

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\(^3\) Ibid.

lower rates of mortality and incidences of hearts disease. These correlations suggest that a state policy designed to increase volunteering may serve to enhance the mental and physical well-being of the Georgia’s residents.\textsuperscript{10}

**Georgia Volunteerism Data**

<table>
<thead>
<tr>
<th>Georgia Volunteering by Age Group</th>
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<tbody>
<tr>
<td>Age</td>
<td>Median Hours</td>
<td>State Rate</td>
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<tr>
<td>16-19</td>
<td>*</td>
<td>19.8 %</td>
</tr>
<tr>
<td>20-24</td>
<td>36</td>
<td>15.8 %</td>
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<tr>
<td>25-34</td>
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<td>35-44</td>
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<td>26.9 %</td>
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<td>45-54</td>
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<td>55-64</td>
<td>40</td>
<td>24.8 %</td>
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<tr>
<td>65-74</td>
<td>*</td>
<td>26.0 %</td>
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<tr>
<td>75+</td>
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<th>Georgia Volunteering by Race &amp; Ethnicity</th>
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<tr>
<td>Race</td>
<td>Median Hours</td>
<td>State Rate</td>
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<tr>
<td>White</td>
<td>50</td>
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<tr>
<td>Black</td>
<td>56</td>
<td>19.4 %</td>
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<tr>
<td>Native American/Alaskan</td>
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<td>*</td>
</tr>
<tr>
<td>Asian</td>
<td>*</td>
<td>28.0 %</td>
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<tr>
<td>Hawaiian/Pacific Islander</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>More than one</td>
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<th>Ethnicity</th>
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<tbody>
<tr>
<td>Latino</td>
<td>*</td>
<td>10.4 %</td>
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<tr>
<td>Non-Latino</td>
<td>52</td>
<td>24.9 %</td>
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<tr>
<th>Georgia Volunteering by Special Population and Gender</th>
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<tbody>
<tr>
<td>Population</td>
<td>Median Hours</td>
<td>State Rate</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>60</td>
<td>26.4 %</td>
</tr>
<tr>
<td>College Students</td>
<td>*</td>
<td>23.1 %</td>
</tr>
<tr>
<td>Older Adult</td>
<td>36</td>
<td>21.8 %</td>
</tr>
<tr>
<td>Teenagers</td>
<td>*</td>
<td>19.8 %</td>
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<tr>
<td>Young Adults (ages 16-24)</td>
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<td>17.7 %</td>
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<table>
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<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>48</td>
<td>19.9 %</td>
</tr>
<tr>
<td>Female</td>
<td>62</td>
<td>27.6 %</td>
</tr>
</tbody>
</table>

![Volunteer Rate by Geographic Area](image1)

*Not reported due to the sample size for this estimate.

Source: Corporation for National and Community Service, “Volunteering in America.”, www.volunteeringinamerica.com

\textsuperscript{10} Ibid.
Public Benefits

Engaging volunteers in civic life can result in significant public and economic benefits for states. By encouraging and supporting opportunities for individuals to be involved in volunteer activities in public, private and nonprofit organizations, Georgia can better capitalize on the skills and productivity of older adults.

Volunteers who manage or deliver social services allow nonprofits to save money and get more done, extending the reach of their staff and stabilizing their resources.\(^3\) Nonprofits increasingly rely on volunteers, a significant portion of whom are older adults. More than six in 10 nonprofits report working with volunteers between the ages of 65 and 74.\(^4\) More than 90 percent of organizations that use volunteers report that these individuals increase the quality of services or programs. Nearly 70 percent of these organizations also report cost savings as a result of the volunteerism. Other commonly cited benefits are more comprehensive attention for outreach services, increased public support for programs and access to specialized skills.\(^5\)

Increased volunteerism has the potential to reduce health care costs and benefits those receiving the services older adults provide. Older adults provide substantial public benefits by serving as informal caregivers and assisting family members who need assistance. Volunteers are especially important to health and education organizations, two sectors currently facing significant labor shortages. For example, older volunteers help reduce hospitalization rates and improve family well-being as a result of their involvement in home visitation programs for the disabled and chronically ill.\(^6\)

Involvement of older adult volunteers with school age children provides benefits for the older adult as well as the child. The older adults report high satisfaction levels from their volunteer activities, and children respond positively to the relationships forged with the older adults. Intergenerational programs of this type can provide an alternative source of values, culture and history in situations where positive adult role models are lacking.\(^7\)

The issues that prevent Georgians from volunteering are not unique to the state. By working together with public, private and nonprofit organizations and by utilizing best practices from existing model programs, Georgia can develop responses to overcome these challenges and achieve greater rates of civic engagement in older adults.

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38 Ibid.
39 Sehila Zedlewiski and Barbara Butrica, “Are We Taking Full Advantage of Older Adults’ Potential?” (Washington, D.C: The Urban Institute, May 2007.)
Analysis: Civic Engagement

Problem: Time, Transportation and Cost Constraints

Lack of time due to increased care giving responsibilities for grandchildren and parents, additional options for leisure, a busier world and the economic downturn are all reasons that many individuals give for not volunteering. Right after family commitments and busy schedules, the lack of transportation and cost are two other frequently mentioned barriers to civic engagement.41

The availability, or lack of time, is still cited as the main reason most people do not volunteer.42 As a result many volunteers are looking for opportunities that provide a meaningful contribution, but with more flexibility or a short time commitment. In order to accommodate potential volunteers’ limited availability volunteer agencies will have to become more creative about the opportunities they offer, looking to strategies such as remote, skill based, workplace and family friendly opportunities.

Corporate volunteer programs, where employees are given paid leave or other incentives to participate in company-sponsored opportunities, also serve as a potential resource for connecting mature adults to civic engagement opportunities. It is a popular alternative for busy employees and provides companies with opportunities to build teamwork skills, strengthen morale and improve public image.43 These programs encourage volunteerism during the career of an employee and this commitment to volunteerism is very likely to continue into retirement.44

As discussed in more detail in the Transportation section, over 50 percent of individuals 55 and older live in the Atlanta region, with the remainder living in more rural areas. Over 50 percent of this population has inadequate access to existing transit service and must rely on state and/or county funded services.45 Lack of access to transportation makes it more difficult for individuals to volunteer, putting them at higher risk for isolation which could impact their mental and physical well being. This risk is even more prominent in rural communities without a public transportation infrastructure.

Among older adults who are interested in volunteering, but do not do so, one-fifth cite cost as one of the major barriers that prevents them from donating their time.46 Although volunteers donate their time without expectation of reimbursement, they also expect that they will not incur substantial costs from their volunteer service. Travel expenses and small purchases associated with volunteering can become costly for some and often serve as an impediment, specifically for individuals who have low or fixed incomes.47

Recommendations

1) Provide safe and reliable transportation to volunteer sites wherever possible.

2) Encourage the creation of programs that offer free or low-cost transportation for older adults, specifically those with lower incomes.

41 Ibid.
43 Ibid.
44 NGA Center for Best Practices, "Increasing Volunteerism Among Older Adults."
45 US Census Bureau 2000
46 Volunteer Match, www.volunteermatch.org
47 NGA Center for Best Practices, "Increasing Volunteerism Among Older Adults."
3) Provide incentives for corporations to develop and implement employee volunteer programs.

4) Institute policies that make volunteering easier for public employees.

**Best Practice**

Maine’s Independent Transportation Network (ITN) was founded to enhance transportation choices for older adults and provide them with safe alternatives to driving themselves. ITN is based on the belief that safe transportation is necessary for older adults to remain active and engaged, especially in rural areas.⁴⁸

Illinois’ Seniors Ride Free program offers free public transportation to all senior citizens in the state. The program applies to all main-line and fixed-route public transit services. These services operate in communities with approximately 1.3 million seniors.⁴⁹

Massachusetts’ State Employees Responding as Volunteers Program (SERV) is an employee benefit available to eligible employees in the executive branch who have at least six months of state service. With supervisor approval, an employee may volunteer during their regular work schedule up to one day per month at an approved Massachusetts nonprofit organization (7.5 or 8 hours/month; pro-rated for part-time employees.).⁵⁰

Wachovia Bank’s “Time Away from Work for Community Service” program allows employees to use four hours of paid time each month to participate in community service volunteerism, educational volunteerism and parental involvement in education.⁵¹

**Problem: Outdated volunteer models, opportunities and management**

The greatest potential obstacle to civic engagement for the 55+ population is that the articulation of a new vision for later life in America is outpacing the development of programs and institutions needed to realize this vision. Government, corporations, nonprofits, foundations and other groups need to build infrastructure to support this vision by spurring local innovation, replicating effective practices and model programs and growing the recruitment, training, and support of mature volunteers.

If community-based organizations are unable to reassess how they use volunteers, boomers may find themselves ready and willing with nowhere to go. Federal and local governments, foundations, and corporations must quickly direct resources toward model programs and initiatives that support the civic engagement of the changing older adult population.⁵²

Although most nonprofit and faith-based organizations use volunteers, many still have outdated volunteer programs that do not meet the needs of recently retired older adults who want to continue using their skills and expertise in a professional setting. Older adults often report feeling underutilized and unproductive in these types of settings. Since, along with wanting

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⁵⁰ State of Massachusetts website, State Employees Responding as Volunteers Program, (Accessed, September 24, 2009) http://www.mass.gov/?pageID=aafsubtopic&L=4&L0=Home&L1=Employment%2C+Equal+Access%2C+Disability&L2=Employee+Programs+%26+Training&L3=SERV%3A+State+Employees+Responding+as+Volunteers+Program&sid=Eoaf
⁵¹ Johnson, “The Strength of the Infrastructure of Volunteer Agencies.”
⁵² Ibid.
to stay active, one of the major motivators of volunteering is to “feel valued and needed,” volunteers who have negative experiences are much less likely to develop strong ties to volunteer activities and remain engaged in their community.53

Organizations should strive to update the types of activities they offer volunteers to better meet expectations and allow older adults to contribute their knowledge and skills. Older adult volunteers on average possess greater professional skills than their younger colleagues. Yet, in nearly every skill area, they report being underutilized.54

The challenge of tapping the potential of this enormous pool of volunteers successfully must be approached from two directions. First, the quality, quantity and scope of volunteer opportunities available to older adults must be increased. Second, new and expanded channels for the engagement of the baby boomers must be constructed, including informal, workplace, singles, family and team volunteering.

Though the potential impact of this group is impressive, positive outcomes for their engagement hinge on whether or not institutions and organizations currently working with older volunteers have the capacity and receptivity to adjust their volunteer management practices to take into account the unique needs and desires of 79 million baby boomers.

Strong management skills are critical to creating effective volunteer programs. A trained volunteer coordinator can benefit both the organization and the individual. However, less than two-thirds of organizations typically employ volunteer coordinators.

Volunteer training is also another opportunity to create a positive experience for older adult volunteers, but more than 60 percent of nonprofit and faith based organizations report they have insufficient resources to train volunteers. Currently, little more than one-quarter of organizations offer formal training or professional development opportunities for their volunteers.55

**Recommendations**

1) Develop cross-agency as well as public-private partnerships to improve organizational management practices and develop appropriate engagement opportunities for older adults.

2) Engage older adults in structured discussions on how they can impact their communities through civic engagement and work with them to draft policies and plans which can be implemented by community agencies and partners.

53 NGA Center for Best Practices, “Increasing Volunteerism Among Older Adults.”
55 NGA Center for Best Practices, “Increasing Volunteerism Among Older Adults.”
**Best Practice**

“Coming of Age” is a partnership between Temple University center for Intergenerational Learning, WHYY Wider Horizons, AARP Pennsylvania and the United Way of Southeastern Pennsylvania. The initiative promotes civic engagement, learning and community leadership among individuals age 50 and older.

*Coming of Age* has a national model called “Capturing the Energy and Expertise of People 50+” that helps build the capacity of nonprofits to tap the experience, skills and talents of older adults by involving them in compelling volunteer and paid work. In addition to providing training for nonprofits, *Coming of Age* links older volunteers to opportunities via its online volunteering search engine and its *Inspiring Opportunities* newsletter.

*The Front Porch Preparedness* program of Volunteer Florida is an urban revitalization initiative that works with under-represented populations in planning and implementing programs for their communities. Through Front Porch Preparedness, volunteers learn to recruit older adults, veterans and their families to become leaders in implementing community disaster resistance programs.

Another organization that taps into a unique segment of the older adult population is *Volunteers in Medicine*. Providing free medical and dental services to families and individuals who otherwise have no access to health care, *Volunteers in Medicine* engages retired medical professionals, currently practicing volunteers and community volunteers.

*Illinois Policy Academy on Civic Engagement of Older Adults* seeks to improve the health and lives of older adults and their communities. It helps develop and maintain meaningful civic roles for older people and strengthens social ties to their communities and states.

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**Problem: Lack of connections and promotion of volunteer opportunities.**

Organizations seeking volunteers and older adults looking for rewarding unpaid work often struggle to find the right fit. Many organizations have trouble identifying appropriate civic engagement opportunities for this group. For those organizations that have developed appropriate opportunities for older adults, many often have a hard time figuring out how and where to reach older adults with information on these opportunities. Georgia needs to work collaboratively with organizations to identify the most appropriate means to connect older volunteers to available opportunities.

When asked, most non profits will say they always need additional volunteers. However, without an easily accessible resource that describes volunteer opportunities and available positions, older adults often find it difficult to find openings suited to their needs and abilities. Many communities lack the capacity to coordinate and advertise the need for volunteers, which can make it even more difficult for volunteers to find a suitable opportunity for their skills and interests. Volunteer matching databases

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56 *Coming of Age* (accessed September 24, 2009), www.comingofage.org/.
57 Johnson, “The Strength of the Infrastructure of Volunteer Agencies.”
exist, but many are not designed with older adults in mind, are not always simple to navigate and most don’t allow individuals
to search for positions targeted to older adults or those with specialized skill sets.\(^59\)

Data show that it is not hard to convince individuals that volunteering is good for themselves as well as others. A study from
the Independent Sector conducted in 2000 found that 84 percent of seniors who were asked to volunteer did so.\(^60\)

The media, government officials, aging services organizations and others have focused their attention on baby boomers as an
important group to engage, but not enough attention has been given to promoting the individual and communal benefits of
civic engagement for older adults. Targeted promotion of the benefits of volunteering and available opportunities must occur
in a coordinated fashion in order to be most successful. Organizations receiving these volunteers must also be prepared to
appropriately utilize older adult volunteers or the initiative will ultimately fail.

Despite these challenges, the civic involvement of older adults continues to receive warranted attention from politicians, non-
profits, social scientists and other key groups. The combination of the world’s changing demographics, the broad economic,
civic, and social implications of these changes; and the increased demand for volunteers have led to the growth and innovation
of the aging field, despite many environmental and infrastructure challenges. Expanded volunteerism can result in longer
careers that increase retirement incomes, generate greater tax revenue and reduce net Social Security payouts.\(^61\)

**Recommendations**

1) **Identify opportunities throughout the state for older adults and communicate these opportunities through
appropriate mechanisms, such as Web sites that will link all of the existing resources and information together
for older adults to access.**

2) **Pursue strategies to increase awareness regarding the benefits of civic engagement for older adults through
various means including meetings, print, radio, chambers of commerce, etc.**

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\(^{59}\) NGA Center for Best Practices, “Increasing Volunteerism Among Older Adults.”

\(^{60}\) *Ibid.*

\(^{61}\) Zedlewiski and Butrica, “Are We Taking Full Advantage of Older Adults Potential?”
Best Practice

California’s “California’s Aging Opportunity: Building a Legacy of Good Works” is a report released in 2007 by California Volunteers that highlights the significant, yet untapped, civic resource of older Californians to make lasting, positive impacts on their communities and state. It outlines a series of actions steps necessary to engage older Californians in service and improve the quality, quantity and impact of volunteer opportunities. Action steps include the launch of state volunteer matching network, weaving senior service into state programs, providing incentives for volunteering and expanding the capacity of the nonprofit sector.61

Maine’s Volunteer Maine database is a partnership between the Maine Commission for Community Service and the United Way of Maine and provides prospective volunteers the opportunity to search for opportunities specifically designated for adults 55 and older.62

New Mexico’s Engage New Mexico seeks to address social problems, promote health and sustain personal independence by bringing New Mexicans together through meaningful and purposeful employment, volunteer opportunities and lifelong learning. The goal is to bring about positive community change through active community involvement in all sectors. The focus is on people, information, planning, doing, evaluation, and appreciation.63

On April 21, 2009, President Obama signed the Edward M. Kennedy Serve America Act into law. This bill reauthorizes the Corporation for National and Community Service and its programs through 2014 and includes significant provisions advancing the Administration’s goals for national service, including several areas to increase opportunities and access for Americans age 50 and older.

The act targets 10 percent of AmeriCorps funds for organizations that enroll adults age 55 and older, establishes educational stipends for service that can be transferred to a child, foster child or grandchild, and increases the inclusivity of Senior Corps programs by expanding age eligibility for Foster Grandparents and Senior Companions from 60 or over to 55 or over. It also raises income eligibility for Foster Grandparents and Senior Companions (from 125 percent of poverty level to 200 percent of poverty level) to include seniors with more moderate incomes.

The act also provides a mandate to the Georgia Commission on Service and Volunteerism to create a three-year state service plan. This plan will make recommendations for policies to increase service among adults age 55 and older, including how best to deploy the social capital older adults bring to the table and how to utilize their skills and experience to address community needs. The plan will also include a marketing plan with outreach to businesses, nonprofits, state education, institutions of higher learning and other state agencies.

The development of this plan provides Georgia with an opportunity to rethink current practices and look toward implementing new programs and partnership in order to harness the largely untapped potential of adults 55 and older to address critical issues facing our state.

64 New Mexico Aging and Long Term Services Department, Engage New Mexico Program (accessed September 24, 2009), www.nmaging.state.nm.us/Engage_New_Mexico.html.
Health

Health for most people is the key determinant of their quality of life. This is especially true for older adults. Advances in healthcare technology and scientific innovation significantly extended longevity in the last century. Average life expectancy now reaches into the late seventies and early eighties for American men and women respectively. For all too many people, however, these years are burdened with chronic diseases that dramatically increase health costs and often limit quality of life.

As Georgia prepares for the aging of its population, keeping older adults as healthy as possible is essential, not only for lowering medical expenses but also for ensuring that the “golden years” are truly some of the best years of one’s life. Without good access to healthcare, both basic and preventive, and without healthy environments that promote physical activity and healthy eating, the prospect of living longer may not be much of a gift. Georgia must be committed to creating a healthcare system that meets 21st century needs with the latest technology, research and workforce. Georgia must also create environments where it is easy for individuals to get and stay healthy. As a result, there are three critical components to any successful strategy to meet the current and future health needs of older adults:

- Ensuring that all older adults have access to basic health services
- Increasing utilization of preventive care
- Providing long-term community, and when necessary, institutional supports

This chapter of the report is divided into three sections that correlate with each of these components and begins with a discussion on healthcare spending.

Health and Healthcare Spending

As the population increases in age, so will the public dollars, whether federal, state or local, spent on healthcare and health-related services. National spending on healthcare in 1980 was equal to averages in all comparable countries. Since then, healthcare spending in the United States has soared over other countries. Without change, spending will outpace available resources in the coming years. While their citizens have equal or longer life expectancies of Americans citizens, many other countries spend less per capita than the United States for healthcare.
Average Spending on Health (per capita)


Causes of premature mortality for the average adult demonstrate that several factors affect overall health. A person's genetic make-up accounts for 30 percent; social circumstances and environmental exposure make up 20 percent; access to medical care is only 10 percent of the problem. A total of 40 percent of individual premature mortality results from unhealthy behaviors.
Determinants of Health – Proportions of Premature Mortality

- Genetic Predisposition: 30%
- Behavior: 40%
- Social Circumstances: 15%
- Environmental Exposure: 5%
- Access to Medical Care: 10%


Premature mortality: Years of Potential Life Lost (YPLL) subtracts the age a person dies from their life expectancy.

However, $1.2 trillion are spent each year on healthcare in the United States.

- Some 88 percent of total health care dollars is spent on access to medical care.
- Four percent is spent on health behaviors.
- The small remaining funds are spent on other health expenditures.

Determinants of Health – Proportions of Premature Mortality

- Health Behaviors: 40% of $1.2 Trillion
- Genetics: 30%
- Social & Environment: 20%
- Access to Care: 10%
- Other: 8%

Sources: Centers for Disease Control and Prevention, University of California at San Francisco, Institute of the Future, 2000.
Chronic disease is often treated medically, and the risk factors and behaviors that contribute to chronic disease are ignored. Nutrition, physical activity, smoking and alcohol or abuse of other substances can be managed to prevent illness. Yet, as a nation only 4 percent of spending is dedicated to education and prevention initiatives overall. Clearly there exists a disconnect between the way we spend money on healthcare and the causes of healthcare problems. This misalignment in spending undermines optimal health and underscores the importance of targeting resources toward preventive health, the creation of healthy environments and the adoption of healthy lifestyles.

**Best Practice**

One Georgia community is actively addressing health concerns by inverting the current healthcare spending model. The *Fulton County Common Ground Initiative* is seeking to create equity through public policy and community engagement. Through a collaborative that brings together public, private and not-for-profit services, all county departments and their partners are addressing the social determinants of health. Social determinants of health (SDH) are the essential factors and resources that contribute to or detract from the health of individuals and communities. Key factors are education levels, income levels, access to essential services and the physical conditions of the built environment. This perspective recognizes that health status and economic viability of a community are intertwined.

The county has engaged non-traditional partners such as government, business, nonprofit organizations and academia in the development of policies that lead to behavior change and long-term positive impacts on health. This collaboration results in initiatives that affect socio-economic factors and environmental factors, which in turn help to promote individual behavioral change and place less stress on our already fragile clinical healthcare system.

One component of the Fulton County Common Ground Initiative is the promotion of intergenerational communities. Funds from the federal Neighborhood Stabilization Program target communities with high foreclosure rates and make the homes affordable for low-income families, especially grandparents raising grandchildren. The social determinant services that can support them such as health and wellness, human services, mental health, arts and culture, cooperative extension and parks and recreation provide funding to create a livable sustainable community with direct access to all imperative social agencies. Walking groups, community gardens and the Georgia Farmer’s Market Program brought to these communities help to increase physical activity and foster better nutrition.

**Analysis: Access to Healthcare**

There are a number of factors that limit access to basic health care for older adults. They include lack of insurance coverage, inadequate services in parts of the state, lack of trained healthcare workforce, difficulty navigating a complicated system of care and a lack of transportation to appointments and regular treatments. *(Human Services Transportation, which includes medical transportation, is discussed in greater detail in the Transportation chapter of this report.)*
**Problem:** Many older adults lack insurance for essential health services.

Medicare, which provides healthcare insurance for 95 percent of the 65+ population in Georgia, does not cover regular treatment for dental, vision or hearing care. Despite the advancements in the field of oral health over the last 60 years, older adults are not receiving routine dental care. According to a report by Oral Health America, "Not one older American receives routine dental care under Medicare."\(^65\) Georgia received an overall grade of D based on the 2003 report, which means that the state provides emergency-only benefits for adults under Medicaid. Limited access to dental care leads to untreated tooth decay. Uninsured individuals often end up in emergency departments for acute treatment of their problem through tooth extraction or pain killers. As a result, Georgia ranks 42nd in the nation for total tooth loss among older adults and 44th in the nation for older adults who regularly eat fresh fruits and vegetables (which require teeth to chew).\(^66\)

Individuals without vision and hearing insurance coverage often do not have updated eyeglass prescriptions or adequate equipment to compensate for hearing loss. This is of particular concern as most older adults report that driving is their primary mode of transportation. *(For more information on older drivers, see the Transportation chapter of this report).*

The 55-64 population is among the fastest growing group of uninsured individuals in America. Four million people age 55-64 are uninsured, or about 12 percent of the total population in that age group. Rates vary by ethnic and racial groups. Uninsured individuals in this age group are twice as likely to delay needed care (including surgery), have a very poor health status, including multiple chronic illnesses and are most at risk for premature death. This subgroup of the uninsured, largely ineligible for Medicaid, contributes to high uncompensated care costs.\(^67\) When individuals between the ages of 55 and 64 delay care, they are often in poor health when they become eligible for Medicare or Medicaid, increasing costs for both the federal and state governments.

**Percent Uninsured, Ages 55-64, by Race/Ethnicity, 2006**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>9.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33%</td>
</tr>
<tr>
<td>African-American, Non-Hispanic</td>
<td>18.7%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>16.5%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>23%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

Data: March 2007 Current Population Survey  
Source: Kaiser Commission on Medicaid and the Uninsured estimates.

\(^{66}\) Centers for Disease Control, *State of Health Among Older Adults*, Atlanta, Georgia: 2006  
\(^{67}\) Lynda Flowers, *Using Medicaid to Cover Low-Income Adults: What are the Strategies?* (AARP Public Policy Institute, December 2008.)
**Recommendations**

1) Increase support for community based programs that provide low- to no-cost dental, vision and hearing services.

2) Evaluate the expansion of Medicaid or consider a Medicaid buy-in program to allow individuals aged 55-64 to access medical coverage.

3) Work with private insurers in Georgia to target affordable coverage to the 55-64 age group.

Dental OPTIONS (Ohio Partnership to Improve Oral health through access to Needed Services) is a partnership between the Ohio Department of Health and the Ohio Dental Association. Administered by the Ohio Department of Health, Bureau of Oral Health Services, the program links people in need of dental care with dentists who have agreed to treat qualified patients for reduced fees or free of charge. The partnership was formed in 1996 to improve access to dental care for Ohio’s poor and working poor adults and children, low-income elders and persons who are medically, mentally or physically challenged. Low-income Ohioans over age 65 years represent a substantial portion of OPTIONS patients and are a target group. Program services to this group include examinations, x-rays, cleanings, fluoride treatments, dental sealants, fillings, extractions and full or partial dentures. Almost 800 (13 percent) Ohio dentists and more than 90 dental laboratories participate in the program. OPTIONS referral coordinators accept applications and qualify eligible clients, facilitate care by matching program clients with providers and offer them case management services.

**Problem: Residents in too many parts of the state do not have adequate access to healthcare services.**

Health Professional Shortage Areas (HPSAs) are geographic areas with a shortage of primary medical care, dental or mental health providers. HPSAs can be defined as urban or rural areas or population subgroups.

Medically Underserved Areas (MUAs) are a single county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

There are an estimated 1.4 million people who are underserved in Georgia. According to the Health Resources and Services Administration:

- 394 areas in Georgia are defined as Medically Underserved Areas in primary care, dental care and behavioral health and mental health care.
- 193 areas are primary care Health Professional Shortage Areas.
- There are 137 areas in the State with a shortage of dental health professionals, leaving more than 900,000 people without needed services.
- 64 areas of the state do not have adequate mental health professionals, leaving 2.8 million people underserved.
- In order to be taken off this shortage list, 237 additional practitioners are needed throughout the state.
**Recommendations**

1) Increase HPSA funding to programs focused on serving Georgia adults over 45.

2) Provide incentives for medical professionals of all skill levels who train in Georgia to stay in Georgia.

**Problem:** Limited geriatric training available in Georgia to physicians, dentists and behavioral and mental health professionals in Georgia means the state will be unprepared to meet the healthcare needs of a growing elderly population.

Nationally older adults are responsible for one-third of all physicians’ patient-care hours and almost half of all the hospital days of care in 2002. In spite of this, few medical professionals have training beyond the six-week geriatric residential rotation they underwent in medical school. Georgia lags behind the nation in almost all health workforce categories. In particular, there are only 16 geriatricians in Georgia per 100,000 individuals over the age of 65, compared to 23 nationally. Currently, only 110 health professionals are registered members of the Georgia Geriatrics Society. In addition, many of the federal grant dollars going to Georgia’s Health Professional Shortage Areas (HPSAs) fund programs or centers that serve children and adults under 45.

**Recommendations**

1) **Support federal applications for additional Geriatric Education Research Centers affiliated with a hospital system.**

Through Geriatric Education Centers, the Health Resources and Services Administration (HRSA) educates and train health professional faculty, students and practitioners in the diagnosis, treatment and prevention of disease, disability and other health problems of the aged. HRSA closely tracks trends in the national healthcare workforce and issues targeted grants to colleges and universities for scholarships, student loans and debt repayment programs designed to stimulate interest in clinical specialties in which shortages are expected. About 8,000 students graduate each year from these HRSA-supported institutions, and one of every three goes to work serving the disadvantaged. HRSA promotes the recruitment, training and placement of minority candidates in Health Professional Shortage Areas (HPSAs) to ensure that the workforce is culturally sensitive and linguistically capable of serving patients of every background.

2) **Incorporate incentives for healthcare professionals to focus on geriatrics during their training and to stay in Georgia when they set up practice.**

3) **Support applications for research funding and pilot projects on the population over the age of 50.**

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68 Institute of Gerontology, College of Public Health, “Public Health and Older Georgians: A Road Map for Research, Training and Outreach” (August 2005.)


70 Georgia Geriatric Society, Dr Andrew D Weinberg, President, September 2009.

71 US Department of Health and Human Services, Health Resources and Service Administration; Health Professions Fact Sheet, 2009.
**Problem:** A rise in mental health concerns among the older adult population, combined with a lack of mental health services targeted to older adults, leaves many with untreated and worsening mental health conditions.

When surveyed, 6.8 percent of older adults reported that they suffer from frequent mental distress, ranking Georgia 24th in the nation. The incidence of depression can increase as a result of isolation, general immobility or memory loss.

Depression is the most prevalent mental health problem among older adults, significantly affecting quality of life. It is estimated that 20 percent of people age 55 or older experience some type of mental health concern. Depression in older adults not only causes suffering and distress but leads to impairments in physical, mental and social functioning.

Older adults have the highest suicide rate of any age group and depression is the most prominent risk factor. Although older adults comprise 13 percent of the US population, they account for 20 percent of suicide deaths. Depressed adults use health care services at very high rates and engage in poorer health behaviors. Depression treatment also has one of the highest success rates, if and when treatments are available to and accessed by older adults.

Untreated mental health problems can have far-reaching effects. However, older adults with mental health problems have a difficult time accessing mental and preventive health care. Moreover, caregivers and family members caring for older adults with mental illness can be profoundly affected by the disease and often burn out more quickly than those who care for individuals who receive treatment for or do not have mental health problems.

A variety of barriers make it difficult for older adults to access appropriate mental health treatment. The stigma of mental health often prevents individuals from accessing care. There is a lack of parity for mental health services in Medicare, Medicaid and private insurers, leaving individuals with little and sometimes no mental health insurance coverage. Mental health is frequently misdiagnosed, exacerbating other health and social issues.

Georgia does not have enough mental health professionals to meet the general need, and because most mental health professionals lack geriatric training, Georgia has a very small cadre of professionals with the necessary training to meet the needs of the growing older adult population (see discussion on health access).

Fortunately, several new programs are designed to increase the competencies of social services and medical professionals relative to mental health conditions and treatment options in their communities. This includes expanding the aging and long-term care resource database to include mental health resources. The statewide network of Aging and Disability Resource Connections and Mental Health and Aging Coalitions are working to improve the connections between the mental health community and the aging services community.

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72 Centers for Disease Control, *State of Aging and Health in America Report* (Atlanta, GA 2007.)

Recommendations

1) Fund inter-agency public and mental health training targeted at the needs of older adults.

2) Expand evidence-based mental health model programs such as the Healthy IDEAS, PEARLS and IMPACT in Georgia.

All three of these programs are evidenced-based practices that, with minimal investment, are proving to make significant improvement in the mental health conditions of older adults. The Healthy IDEAS program is highlighted here.

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an evidence-based program designed to reduce and detect the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. It is designed to be incorporated into existing case management practices or caregiver support programs. Georgia has integrated this model into the Community Care Services Program (CCSP) case management system. The model includes screening and assessment, education, referral and linkage and behavioral activation.

The Fuqua Center for Late Life Depression at Emory University has worked with communities and aging service providers to integrate this program across the state.

Problem: The healthcare system is complex and difficult to navigate. Many older individuals suffer unnecessary health decline when transitioning from one system or facility to another. This gap in care compounds health conditions and increases healthcare expenses.

Transitioning from one healthcare setting to another is an increasingly critical health and social problem for older adults and their caregivers. Hospitalization can be a turning point in the lives of older adults, whose physical and mental health often deteriorate after discharge. Many older patients experience breakdowns in communication and services during the transition from one healthcare setting to the next and from the hospital to home. This results in poor outcomes, avoidable readmissions and emergency room visits. Patients and caregivers are on the receiving end of a fragmented system of care, and both medical and care giving support during the hospital-to-home transition are often inadequate. According to a study in the New England Journal of Medicine, “almost one fifth (19.6 percent) of the 11,855,702 Medicare beneficiaries who had been discharged from a hospital were re-hospitalized within 30 days.”

In addition, the care in the community is often fragmented. Home and community-based service providers operate independently of each other, and some programs are severely limited or, conversely, can be cost-prohibitive.

Older adults with multiple medical problems, functional deficits, cognitive impairment, emotional problems and poor general health are particularly at risk during these transitions. Racial or ethnic minorities, non-English speakers, immigrants and older adults living alone and in poverty are also at high risk. Informal caregivers face health risks and increased mortality from providing complex care. As hospital stays have been shortened and health care costs have risen, patients are discharged “quicker and sicker,” often without a clear understanding of their plan of care at discharge. Informal caregivers (family, friends, and neighbors) play vital roles in assisting elders after discharge, but they are seldom included in discharge planning and receive little or no training in home care or support for their roles.

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**Recommendations**

1) Promote the Care Transitions collaborative effort within hospital systems across Georgia.

2) Provide incentives for home and community-based service programs that support the Care Transitions model.

3) Support and provide funding for community or consumer education around the Care Transitions model.

Care Transitions, an evidence-based model, is designed to address the continuity of care across multiple settings. The goal of the program is to improve health outcomes by providing patients with tools and support to promote knowledge and self-management of their health condition as they move from hospital to home. Starting when a patient is scheduled to be discharged from the hospital, the Care Transitions model identifies older patients at high risk for complications or re-hospitalization. The Transition Coach, a specially trained nurse within a home health agency, visits the patient and their caregivers over four weeks — both in the hospital and at home — and helps patients and their caregivers learn to manage multiple prescriptions, follow post-hospital recommendations and present their other health care providers with the information they need to be effective. More than 100 hospitals and health care systems in the country had adopted the model by 2007.75

In addition to implementing the Care Transitions model, Piedmont Hospital in Atlanta, Georgia has been selected to participate in Project BOOST (Better Outcomes for Older Adults through Safe Transitions), a national initiative to improve practices in transition care and reduce readmission rates for hospitals across the country. Specific goals are to reduce 30 day admission rates, reduce Emergency Department visits, increase patient/family satisfaction, develop and implement a sustainable model, address process improvement opportunities and build a broad base of community partners.76

The Georgia Medical Care Foundation champions community care transition interventions to measurably improve post-acute care coordination and reduce re-hospitalization rates in a targeted Georgia community. The interventions may depend on changes in processes of care that engage more than one provider (including hospitals, home health agencies, nursing homes, dialysis centers and physician offices) as well as patients, families and stakeholders.77

The Georgia Hospital Association has determined that addressing these transition processes through the establishment of hospital and community partner interventions is crucial to ensuring safe and effective transitions for older adult patients and their caregivers as they travel across the healthcare continuum and to their homes.

**Analysis: Preventive Care**

Preventive care is the best investment of healthcare dollars and individual time and resources. Too often, however, older Georgians do not obtain screenings, vaccinations or participate in other programs that can maintain their health and in many cases, save their lives. Further, too few older adults incorporate physical activity into their daily lives. The result is an increase in chronic disease, a rising rate of obesity and unsustainable healthcare costs.

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75 Eric Coleman, MD, MPH, Principal Investigator, “Geriatric Interdisciplinary Teams in Practice Care Transitions Model,” (University of Colorado, www.caretransitions.org, supported by the John A. Hartford Foundation.)

76 Society of Hospital Medicine, Project Boost Fact Sheet, 2008.

77 See Georgia Medical Care Foundation, www.gmcf.org/.
Georgia as a state and Georgians as individuals must commit themselves to taking advantage of preventive healthcare and regular physical activity. Chronic diseases and related conditions such as cardiovascular disease (CVD), diabetes and arthritis contribute to 95 percent of all healthcare expenditures among older people. CVD is the number one killer in Georgia. Three-quarters of those deaths occur in people age 65 and older. While cardiovascular disease continues to be the number one killer nationally, Georgia is one of 14 states with the highest number of CVD deaths nationwide.

Total Cardiovascular Disease Deaths, 1999 (per 100,000 population)

Risk factors associated with CVD are high blood pressure, lack of exercise, obesity and smoking. 21 percent of older Georgians are obese, and 40 percent do not exercise regularly. More than 10 percent of adult Georgians have diabetes, and it is the sixth most common cause of death. Osteoarthritis is the cause of over a quarter of Georgia’s adult population’s disability.

The Surgeon General’s office stated in July 2009 that “community-based self-management programs will be particularly important in helping older adults manage their chronic conditions. Self-management programs help individuals gain self-confidence in their ability to control symptoms and manage the progression of several long-term and chronic age-related illnesses.” Self-management of chronic disease incorporates physical activity through appropriate exercise for maintaining and improving strength, flexibility and endurance.

Influenza and pneumonia are the fifth leading cause of death for Georgians over 65. These diseases are easily prevented through vaccinations. African Americans and Hispanics have significantly lower immunization rates compared to the rest of America’s seniors. The CDC and the Department of Health and Human Services have made it a national priority to eliminate racial and ethnic disparities in vaccination coverage.

78 Centers for Disease Control, State of Health Among Older Adults (Atlanta, Georgia: 2006.)
79 Institute of Gerontology, College of Public Health, “Public Health and Older Georgians.”
80 Public Health Reports July-August 2009 Issue 124
Problem: Too many communities lack facilities and programs that encourage regular physical activity among older adults.

Many older adults are inactive despite efforts to promote the benefits of regular physical activity. Because walking is the most commonly reported form of physical activity among older adults, enhancing community environments to support walking is a promising approach to increase physical activity among seniors. Research shows that modifying a community’s physical environment to ensure access to appropriate exercise venues and address barriers to walking may increase the physical activity of older adults. Specific measures include repairing sidewalks and ensuring sidewalk availability, ensuring safety and protection from traffic (for example, by using traffic-calming devices); and protecting older adults from crime. In addition to such environmental enhancements, older adults also may benefit from programs that encourage leisure-time activities. Helping older adults remain active in their own communities is an investment with documented cost savings, and making communities safe is beneficial to everyone.

Sidewalk improvements, the creation of pedestrian-friendly streets and the integration of bike and walking paths into neighborhoods where current and future older adults live are all very important steps communities can take to improve the health of older adults. Community recreation facilities can be re-programmed to meet the needs of current and future older adults by changing their hours and targeting classes and programs to include those subject areas and activities attractive to 21st century older adults. In addition, there are many synergies between the recreation and physical activity needs of older adults and younger children. From soccer fields ringed with walking paths to centers that focus on adults during the day and children after school, communities across the country are finding creative ways to spread limited dollars among multiple population groups.

Prevalence of no leisure-time physical activity increases as Americans age

![Graph showing prevalence of no leisure-time physical activity by age group.]

Source: National Center for Health Statistics, CDC; Behavioral Risk Factor Surveillance System, 2004
The City of Kirkland Washington offers more than 50 physical activity programs specifically designed for older adults. The Kirkland Steppers Walk Program, which is free for adults over age 50, organizes group walks through downtown twice a week during the summer. Over the next six years, the city will invest $6 million to improve sidewalk connections between commercial and residential developments to make the city more walkable. Kirkland is the first city in the state of Washington to adopt a Complete Streets Ordinance, which provides for the design of streets to meet the needs of walkers, bicyclists and drivers. Kirkland’s “PedFlag” Program is a unique pedestrian safety program that places flags at 63 crosswalks to remind drivers to yield to pedestrians. Another pedestrian safety program is the Flashing Crosswalk Program, which has incorporated flashing lights into the pavement of 30 crosswalks.

**Recommendations**

1) **Enhance community environments to support walking.**

2) **Support local walking programs and exercise programs tailored to the need of an aging body.**

3) **Design neighborhood-based parks and recreation facilities to meet the needs of older adults.**

4) **Promote and support the development of community gardens.**

5) **Increase support for neighborhood health and wellness centers**

6) **Encourage senior centers to modernize to meet the needs of 21st century older adults.**

Community parks and recreation programs throughout the country are encouraging physical activity through gardening. The San Francisco Recreation and Park Department supports and manages a program of 40 community gardens on city-owned property. Each garden is operated by a group of committed volunteers for growing ornamentals and produce for personal use through individual or shared plots. A membership fee is often self-imposed by its members to cover common expenses. Demonstration gardening or other instructional programming may also be offered. By promoting a statewide community garden initiative, exercise and nutrition are combined into one low-cost endeavor.

Gardens can be areas for recreation and exercise. According to the *American Journal of Preventive Medicine*, the “creation of or enhanced access to places for physical activity, combined with informational outreach, produced a 48.4 percent increase in frequency of physical activity in addition to a 5.1 percent median increase in aerobic capacity, reduced body fat, weight loss, improved flexibility and an increase in perceived energy.”
**Problem:** In the 2007 Centers for Disease Control and Prevention’s State by State Report Card on Healthy Aging, Georgia was one of the worst ranked states when it came to healthy behaviors and preventive care and screening.

### Georgia’s Rate of Use of Critical Preventive Health Screenings Among Older Adults

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>US Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu vaccine in past year</td>
<td>64%</td>
<td>45</td>
</tr>
<tr>
<td>Ever had pneumonia vaccine</td>
<td>59%</td>
<td>47</td>
</tr>
<tr>
<td>Mammogram in past two years</td>
<td>73%</td>
<td>38</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>59%</td>
<td>37</td>
</tr>
<tr>
<td>Up to date select preventive services for men</td>
<td>33%</td>
<td>43</td>
</tr>
<tr>
<td>Up to date select preventive services for women</td>
<td>28%</td>
<td>38</td>
</tr>
<tr>
<td>Cholesterol checked in past 5 years</td>
<td>91%</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: State of Aging and Health in America 2007, CDC

Most of these services are low-cost or free to older adults with Medicare coverage. For those without insurance, these critical preventive services must be made more accessible.

**Recommendations**

1) **Increase access to affordable preventive care and screenings**

2) **Target public health screening and vaccination programs to the 50+ population**

3) **Combine services and improve the convenience and accessibility of preventive services through the expansion of the SPARC (Sickness Prevention Achieved through Regional Collaboration) model.**

Model community programs like SPARC (Sickness Prevention Achieved through Regional Collaboration) encourage local citizens to receive routine preventive screenings such as immunizations, blood pressure and cholesterol checks, glucose monitoring and more. Community agencies collaborate to promote disease prevention by delivering these services in a single setting.
**Problem:** Chronic disease impairs mobility and reduces quality of life. Poorly managed chronic disease is a high contributor to rising healthcare costs.

Most people over 65 have at least two chronic diseases. Of those non-institutionalized persons over age 65, 25 percent are in fair or poor health. Unlike acute disease which is diagnosed and then treated, diagnosis and treatment of chronic disease are just the beginning of a process that must continue for the remainder of the patient’s life. Long-term compliance must be monitored and very often significant aspects of the patient’s lifestyle must change to manage chronic conditions. For example, high blood pressure is initially identified by a physician who then prescribes medication and other behavioral changes. To successfully manage high blood pressure, the patient must take the medication as prescribed, change eating habits and adopt a physical activity regime.

As a result, efforts to minimize the healthcare costs and maximize the quality of life of older adults with chronic disease have focused on compliance and behavior change. Research has shown that peer counseling and support can be an extremely valuable and low-cost tool for managing compliance and fostering behavior change.

**Recommendation**

1) Increase funding for the training of volunteer lay leaders and implementation of the evidence-based Chronic Disease Self-Management Program throughout Georgia.

The Chronic Disease Self-Management Program (CDSMP), known as the Living Well Program, is a six-week class for people with chronic health problems. Trained leaders, who may have a chronic disease themselves, facilitate the workshops. Topics include:

a) Techniques to deal with problems such as frustration, fatigue, pain and isolation;

b) Physical activity;

c) Appropriate use of medications;

d) Communicating effectively with family, friends and health professionals;

e) Nutrition education and

f) How to evaluate new treatments.

Participants who complete this course spend fewer days in the hospital, and have fewer outpatient visits and hospitalizations. While volunteers with CDSMP programs can be limited by the time commitment and a lack of funds for materials and mileage reimbursement, the total costs of a self-management course are very small when compared with the very high expenses associated with the treatment of a chronic disease in a medical setting.

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82 CDC/NCHS, National Health Interview Survey, family core questionnaire.
Analysis: Long-Term Care

An effective healthcare system must have coordinated access to and provision of primary, acute and long-term care. There is no comprehensive coordinated long-term care system in this country and no agency or level of government has ever set out to create one. When the older adult population was small and life expectancy was low, communities relied on families and faith-based organizations to care for people in their old age (Abbott, Carman, Carmon, & Scarfo 2009). The entire system changed in the mid-1960s with the passage of the Older Americans Act in 1965 and the creation of Medicare and Medicaid. Driven by the growing older adult population, high rates of poverty, malnourishment and other preventable conditions, all three programs have evolved to become significant sources of support for older adults and their families (Berger, Lawler 2009).

Medicare provides basic medical coverage but no long-term care services. The Older Americans Act provides community-based supports to older adults regardless of income or physical abilities. Medicaid was designed to be the insurer of last resort for low-income individuals with few assets. In this role, Medicaid provides institutional long-term care support to the poorest and sickest individuals, with an entitlement for nursing home care and waivers for community-based programs. Although it was not the original intention, Medicaid is the primary source of funding for all long-term care services in the United States. As a result, state governments, all of which run separate Medicaid programs sharing the costs with the federal government, bear a major responsibility in the financing of long-term care. Although Medicare and the Older Americans Act services provide essential care and supports for older adults, their financial contribution to the long-term care system is small compared to Medicaid.

States across the country are looking for ways to manage the increasing costs of Medicaid. The National Governor’s Association has adopted long-term care reform as a major priority in each year of the past decade. Considerable research, led by the Georgia Health Policy Center at Georgia State University, has analyzed and identified challenges within Georgia’s long-term care programs and funding structure. It is clear in all of this work that the growth in the older adult population and the continued extension of life expectancy will increase demands for long-term care services. Rising incidences of disability, chronic disease, obesity and cognitive impairment will increase the per-person costs of the long-term care system.

There are clear trends in the national and statewide research on how to improve the current long-term care system and effectively and sustainably manage its growth. These should form the backbone of any strategy to prepare Georgia’s long-term care system to meet the needs of the growing older adult population. The major trends include:

» Creating better informed consumers of long-term care

» Re-examining the financing structure of Medicaid

» Increasing consumer control and choice in long-term care services

Georgia must take steps now to modernize and prepare for the expanding elderly population. It is not economically feasible to continue with current practices. Over time, states that invest in home and community-based (HCBS) programs experience slower Medicaid spending growth than states with low HCBS spending. On average, Medicaid dollars can support nearly three older people and adults with physical disabilities receiving home and community-based services for every person in a nursing home.

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The current system is fragmented and skewed toward the most expensive forms of institutional care and is out of step with consumers’ preferences.

**Long-term Care Consumers**

Increases in life expectancy, improvements in medical technology and the aging of the baby boom generation are contributing to unprecedented growth in long-term care demands. Long-term care services are required as the result of a chronic condition, disability, or cognitive impairment. People who require long-term care need on-going personal assistance with activities that are essential to everyday life, such as eating, bathing and dressing. The likelihood of disability and fragility increases with advancing age. As Georgia’s elderly population, particularly the 85+ population, grows, the need for long-term care services will continue to rise.

» In 2007, 45 percent of the population over the age of 65 in Georgia had some type of disability (physical, sensory, mobility, cognitive or self-care), and 11 percent of the population between the ages of 18 and 64 had at least one disability.

» On average, older adults have high rates of chronic disease: Almost 38 percent of people aged 65 and older are diagnosed with a severe disability, and 47 percent of those aged 85 and older have Alzheimer's disease and other forms of dementia.

» In 2007, the Georgia Medicaid program was the primary payer for 74 percent of nursing facility residents, and total state Medicaid long-term care spending for older people and adults with physical disabilities exceeded $1 billion. Even if individuals pay initially for their own long-term care, most will deplete their assets and meet Medicaid eligibility within a short period of time because of the cost of care.

**Current Long-term Care System**

While families and friends provide the vast majority of long-term care and supports, there are two publicly funded systems of long-term care in Georgia: Medicaid and home and community-based supports provided through the aging network.

**Non-Medicaid Home and Community-Based Services**

As a provision of the Older American's Act (1965), the federal government provides grants to states to provide social services to older adults (60 and over), allowing them to maintain their independence and remain in their homes and communities. In Georgia, funds are distributed by the Division of Aging Services to the 12 Area Agencies on Aging (AAAs) based on a formula that targets services to those individuals who have the greatest social and economic need. The AAAs are responsible for developing a comprehensive service delivery plan to coordinate and integrate services funded and delivered by both public and private resources.

There are five core services funded by the Older American’s Act in Georgia:

» Support services - information and assistance, transportation, in-home services, adult day care, case management

» Nutrition services – home-delivered and congregate meals.

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86 Ibid.
89 Landers and Ujamaa, “Long-term Care.”
90 Houser, et.al, “Across the States.”
» Preventive health services – health and preventive services and programs, physical fitness.
» Caregiver support services – respite care.
» Elder rights services – programs to safeguard against abuse and fraudulent activity.

Individuals seeking services apply in their region through the single point of entry system (Aging and Disability Resource Connection/Gateway). Currently, the shortage of funding and the growing population of older adults in need of services have created waiting lists for most programs.

In 2004, Georgia’s Division of Aging Services in the Department of Human Services received a demonstration grant to modernize and enhance the existing Older American’s Act service delivery system. This funding supports the Community Living Program, a program that serves those individuals who are at risk for nursing home placement because of deteriorating health, are spending down their financial resources and are likely to become eligible for Medicaid long-term care services in the near future. This initiative allows for consumer choice in selecting services and allows a broader network of supports and services. Individuals manage a budget with the assistance of a fiscal intermediary. They can hire their own support staff and purchase services that are not traditionally available in the current system.

**Medicaid Long-term Care**

Medicaid provides long-term care services through the state Medicaid plan and through waivers. Services available through the Medicaid plan are an entitlement to anyone who meets the physical and financial qualifications. Waiver services are offered on a limited basis to those who meet the physical and financial criteria and who become eligible when a slot is available.

The primary long term care service available through the state Medicaid plan is placement in a nursing home. A skilled nursing home is any facility that admits patients on medical referral only, for continuous medical supervision and for skilled nursing and rehabilitative care. There are 364 licensed Medicaid nursing facilities with 35,682 residents. The average annual Medicaid cost for nursing facility care in 2009 was $26,573 per person.

There are two home and community-based services waivers that are generally available to older adult and adults with disabilities in Georgia: the Community Care Services Program (CCSP) and Service Options in a Community Environment (SOURCE).

CCSP serves older adults and people with disabilities who need regular nursing care and personal care services, but who can stay at home with appropriate home and community-based supports. To qualify in 2009, an individual’s gross income cannot be over $2,022 per month, and the individual is required to pay for a portion of the cost of care. Individuals in the waiver program may keep only $674 per month. The rest of their income goes toward the cost share for waiver expenses. According to data provided by the Georgia Department of Human Services in 2008, 60 percent of CCSP consumers paid a portion of the cost of their services. CCSP served 12,986 persons at an average cost of $8,550 per person. Approximately 1,000 persons were on the waiting list for the program as of September 2009. Based on an individual’s needs, services can include any or all of following: care coordination, home health, adult day health care, alternate living services, emergency response services, respite care, personal support services and home-delivered meals.

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91 Houser, et.al, “Across the States.”
92 Community Care Services Program, State Fiscal Year Annual Statewide Report, Georgia Department of Human Resources, 2008.
93 Ibid.
SOURCE serves frail elderly and people with significant disabilities who are eligible for Medicaid or Supplemental Security Income (SSI). Monthly income of a recipient may not exceed $674. This program provides comprehensive, preventive medical care with the same range of in-home and community support services as the CCSP program. Case management service is central to identifying and providing appropriate services and a case manager coordinates all of the care the individual receives. Comprehensive primary medical care is provided through a SOURCE-enrolled physician who also coordinates any specialist care needed.

In addition to the service choices in the CCSP Waiver, home health services and medical transportation are offered. The Georgia Department of Community Health reported that in 2008, 13,312 persons were served at an average cost of $6,714 per person. As of September 2009, there is no waiting list for this waiver.

The waiver programs fund an array of services delivered to individuals living in the community but will also help cover the service costs of a personal care home should an individual decide to move. The individual is still responsible for any room and board expense. A personal care home is defined as any dwelling that provides or arranges for the provision of housing, food service and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage. The staff at a personal care home may help residents with a variety of activities, ensure that residents take their medicines at the proper time, help with bathing and grooming and help transfer residents from the bed to a chair or wheelchair. In Georgia, assisted living facilities are licensed as personal care homes.

**Family Caregivers**

In addition to the publicly funded long-term care services, the backbone in the provision of long-term care is the family caregiver. In fact, family members provide the majority of the long-term care for older Georgians. It is estimated that there are 844,351 individuals throughout the state who provide family care. At least 20 percent of Georgians over the age of 55 care for an individual aged 65 and older, and 12 percent care for other adults or children, some with disabilities. Georgia family caregivers are estimated to provide 904 million hours of caregiving per year worth $12.1 billion. However, this resource is expected to shrink over time as demographic and cultural changes reduce the availability of the unpaid, informal care that has traditionally been provided by family members.

**Problem:** Uninformed consumers don’t know how to maximize personal resources or make the best decisions regarding long-term care.

If knowledge is power, then knowledge about long-term care options offers people not only the power to choose but the power to spend their own money wisely. Long-term care is extremely complicated, and consumers today are very different from previous generations. Most consumers don’t know what questions to ask, let alone what services they need or qualify for. If individuals think that the only option for long-term care assistance is a nursing home, they will not seek other lower cost and less restrictive forms of assistance. Or, if families do not understand what Medicare pays for or how Medicaid works, they are unlikely to plan ahead to meet their own long-term care needs through private insurance or other means, very quickly becoming dependent on state support.

In Georgia, Area Agencies on Aging (AAAs) are the primary provider of information and assistance services. Georgia has one of the nation’s most comprehensive information databases—the Elder Services Program (ESP). ESP catalogs more than 25,000 services across the state and is updated continually.

ESP allows users to search by hours of operation, geographic area, fees and specific needs. In addition, consumers have access to information and assistance specialists through the 12 AAAs, either by phone or face-to-face. This statewide database and network of information and assistance specialists ensures that, no matter where individuals call in Georgia, they will get the same comprehensive and up-to-date information about services in their community.

In an effort to streamline and cross-reference services, Aging and Disability Resource Connections (ADRCs) were established in Georgia though a federal grant obtained by the Georgia Department of Human Services, Division of Aging Services in 2004. The ADRCs form a coordinated system of partner organizations where people of all ages can get information on the full range of long-term support options. Individuals in 70 counties across the state can get information and assistance by contacting a local ADRC. This program is not yet statewide and needs additional state funding to expand.

Funding for Georgia’s critical information and assistance network has been reduced and will not meet future demand. Most people are unaware of this valuable service until they are in the middle of a crisis. By then, it is too late to plan. Broader support and education are needed.

**Recommendation**

1) **Increase the capacity of consumers and their caregivers to make informed choices about long-term care services and the management of their personal resources.**

Information and assistance is one of the most important services for consumers navigating the long-term care system. It is also one of the most vulnerable for funding cuts. Services and communication channels must be updated to meet the needs of 21st century consumers who expect web-based services available 24 hours a day, seven days a week. Investment in the modernization of this resource is critical.

2) **Expand the Aging and Disability Resource Connections (ADRCs) throughout the state.**

3) **Ensure that there are adequate information and assistance counselors to advise persons of their options and assist in making informed choices.**

**Problem:** The current Medicaid long-term care system is fragmented, financially unsustainable and does not meet consumer needs or preferences.

A 2008 AARP Public Policy Brief, “A Balancing Act: State Long-term care Reform,” reported that 87 percent of people with disabilities age 50 and older want to receive long-term care in their own homes. However, the vast majority of Georgia’s Medicaid dollars for long-term care pay for nursing home care rather than home and community-based services. Medicaid

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95 Ibid.
96 Kassner et al., “A Balancing Act.”
nursing facility care is an entitlement, meaning that everyone who qualifies both medically and financially can obtain the service. Medicaid home and community-based services are not available to all who qualify. Rather, once all of the state’s allotment of slots for individuals to receive services in their homes or community is filled, individuals needing services are put on a waiting list. In its 2009 report, “Across the States: Profiles of Long-term care and Independent Living,” AARP reported that:

» Between 2002 and 2007 Georgia increased Medicaid HCBS spending for older people and adults with physical disabilities, as a percentage of total long-term care spending by 7 percent.

» In 2007 Medicaid home and community-based services spending represented only 18 percent of total Medicaid long-term care spending. In that same year, $821 million was spent on nursing home care versus $183 million on home and community-based services for the elderly and disabled.

» As of September 2009, there were approximately 1,000 people on the waiting list for the Community Cares Service Program home and community-based waiver, the waiver most used by the elderly and adults with disabilities.97

In addition, as Medicaid spending continues to consume a larger share of state funds, it is essential to look at the quality of services tax dollars purchase:

» Georgia’s nursing homes provide on average 3.4 direct care nursing hours, per patient per day, ranking Georgia 46th in the nation.

» 16 percent of nursing facilities were cited for a deficiency resulting in actual harm or jeopardy of patients.

» 6 percent of nursing facility residents are in physical restraints.98

When compared to other states, home and community based services in Georgia lack the resources, infrastructure and staffing to provide adequate care.

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It is clear that the existing long-term care system is not meeting the needs or the consumer demands of today, and without change will not be able to meet the needs or demands in the future. The system in Georgia has developed around and in response to financing. Without changes in the incentives, regulations and funding, the long-term care system will stay the same.

To bring services closer in line with consumer demands and create a more fiscally sustainable system, Georgia must look at revamping the way it pays for long-term care.

97 Houser, et.al., “Across the States.”
98 Ibid.
99 Ibid.
Recommendation

1) Evaluate the feasibility of global budgeting at the state level for Medicaid long-term care services and home and community-based supports.

Global budgeting is one financing mechanism that can be used to promote more balanced long-term care programming and improved cost-effectiveness. Also known as “pooled financing,” global budgeting has two dimensions. The first is a limit or cap on total spending. The second is the administrative freedom to manage costs within the spending limit. Most states, like Georgia, budget separately for each long-term support service: nursing facility, home health, personal care, Medicaid HCBS waivers, Older Americans Act programs and other state-funded services. This practice makes it difficult to achieve actual outcomes like maintaining a high quality of life for older adults in Georgia. Siloed budgeting provides specific services to a specific group or number of people and is set up to count those services rather than the impact they are having. Global budgeting lets the money follow the person to different settings, tailoring the service package as needs and preferences change, working toward a goal and not just service delivery. States that adopt global budgeting determine who they will serve and how much they will spend and use funds to pay for the services those individuals require, whether it is facility or community-based support. For instance, under the current system if there are no more HCBS waiver slots available, a person must opt for expensive nursing facility care in order to get immediate assistance. Or worse, individuals will languish on a waiting list as their health deteriorates and the cost of their care increases.

2) Expand the Money Follows the Person (MFP) program.

The Money Follows the Person program allows Medicaid funding to follow the person to the most appropriate and preferred setting. The MFP initiative is an example of the flexibility that results when global budgeting practices are implemented in the long-term care system. The Georgia Department of Community Health is implementing this program through a small demonstration grant, but it should be widely replicated throughout the state.

Studies underway at the Georgia Health Policy Center are measuring the long-term effectiveness and sustainability of current Money Follows the Person efforts.

Problem: The long-term care system is inefficient and often provides too little or too much care.

The home and community-based waivers were created in the early 1980s and most Medicaid policy was formalized in the 1970s. Much has changed since the early beginnings of these programs, including the range of services and options available, the number of individuals requiring care, the length of time individuals use long-term care services and the demands and needs of a rapidly changing consumer base.

The economic definition of efficiency is when and where supply meets demand. In order to create a more efficient long-term care system, Georgia must move the services it supplies closer to demand. Flexible programs can maximize individual resources and utilize greater family and community support.

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Many programs across the country have been piloting ways to increase consumer involvement in the choices about their own care. Almost every example has demonstrated that funding is spent more effectively and individuals are able to live longer and more independently.101

**Recommendation**

Change the way we deliver long-term care services to give consumers more control and reduce cost.

1) **Update the Medicaid waiver service package.**

Allow more flexibility in the Medicaid service options within set cost caps. For instance for some consumers, caregiver respite may be the key to remaining in the community. By offering a family an occasional break from care, they are supported in continuing to maintain their loved one in the community. Without this respite, families are quickly forced to put their aunt, mother or father into a nursing home. Offering occasional relief from caregiving duties can be a cost-effective strategy. Other examples are environmental modifications and behavioral services that are not offered for all populations. Policies and regulations that govern paraprofessionals’ “scope of service” must also be examined to allow more flexibility in providing care. For example, other states have revised Nurse Practitioner Acts to allow unlicensed professionals to administer medications.

2) **Examine Eligibility Criteria.**

In order to qualify for the HCBS waivers an individual must be extremely sick and poor. Because of Georgia’s aggressive cost-sharing policies in waiver services, many people are unable to remain in the community because of a lack of resources. For example, a person’s income beyond the Supplemental Security Income (SSI) level, currently $674 per month, is claimed by Medicaid to pay a share of the care received. This leaves very little money for the individual living in the community to pay for housing, food and other basic needs. Many other states allow an individual to keep up to three times the SSI level, currently $2,022 per month, for basic living expenses.

3) **Implement consumer-directed care in the Medicaid waiver program.**

Consumer directed care is a widely recognized, cost-effective tool to maximize the impact of supportive services and individual independence. Georgia has piloted several programs using self-directed care including Older Americans Act voucher programs for transportation and caregiver services and CCSP’s self-direction for personal care. Under self-directed care programs, eligible consumers first receive a traditional assessment and subsequent care plan and a dollar value is assigned to that care plan. Consumers are then provided with sufficient information to make a personal choice between managing an individualized budget and their own services or going the traditional route with services and financing coordinated by the Medicaid agency. If the individual consumer decides to manage his or her own budget and care planning then the consumer, together with an assigned counselor, develops a spending plan to meet his or her personal assistance needs. The counselor is available to help identify care assistants or otherwise help the consumer gain access to available community resources.102

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Economic Self-Sufficiency

To understand whether or not Georgia is economically prepared for the growth in the older adult population, two critical issues have to be examined:

» How prepared are Georgians as individuals to meet their own needs in older age?

» How prepared are the state and local governments to meet the changing demands of an aging population as the labor force shifts, healthcare costs continue to rise and revenue and expenses change?

This chapter is organized into two sections. The first examines how Georgia can help its residents prepare for their own retirement and long-term health care needs. The second explores how the state and local governments can ensure they are prepared to accommodate the shifting revenues and potential increase in expenses that will accompany the growth in the older population.

The state can play a valuable role in educating individuals and households about their options and providing incentives to encourage personal savings to cover long-term care and retirement expenses. Without a diligent and concentrated effort to save that begins at a young age, it can be difficult to acquire enough money to cover living and health care expenses for a retirement that is likely to last close to 20 years and include multiple chronic illnesses. When individuals are not adequately prepared, the state is required to cover their health care expenses through Medicaid at a minimum. In the case of nursing home care, the state Medicaid program also pays housing expenses.

The more prepared Georgians are to make the most of their own resources, the more choices they will have and the less the state will have to pay to cover their basic expenses. The same holds true for local governments. The more physically and financially healthy adults are as they enter retirement, the less likely they will require expensive, resource-intensive services and the more they will be able to contribute their own time and talent to a local community. There are a number of ways, including education, outreach and financial incentives, to help individuals prepare. These are discussed in the recommendations that follow.

Beyond helping individuals, state and local governments have to take a serious look at how the change in the population structure will affect future revenues and demands for services. Older adults consume different goods and require different public supports. Senior tax exemptions at both the state and local levels may have been affordable when the older adult population was relatively small compared to the population as a whole, but as the total number and the percent of older adults in Georgia rise, these exemptions will consume more resources. An aging population will require increased healthcare services, expanded
transportation options and potentially greater investments in public safety services. In addition, Georgia must prepare for changes in its labor force. Both the state and regional economies of Georgia are at risk if the right people with the right skills aren’t available to meet future demands. Recruiting and retaining a young and vibrant workforce is going to become more critical as the larger, aging workforce retires.

Analysis: Individual Economic Preparedness

**Problem:** Many Georgians will not have the resources they need to cover basic needs and healthcare expenses in their retirement.

The annual Retirement Confidence Survey conducted by the Employee Benefit Research Institute has shown a decrease in the number of people who feel they have the money they need to retire. Thirty-two percent in the 2009 survey said they were not confident, and only 13 percent were very confident that they had what they needed to support themselves through retirement. The number of individuals who feel confident that they will be able to pay their medical expenses in retirement has reached a record low at 13 percent. The survey also revealed a record high in the percent of individuals who expect to work for pay in retirement: 72 percent of retirees believe they will be looking for additional income.

The survey demonstrated, as it has in years past, that individuals and families do not know how to prepare for retirement. Only 44 percent of individuals said they have tried to calculate what they will need to live in retirement. Another 44 percent say they have only guessed at what they might need.

For those who have been saving, indications are that they have not been saving enough. Thirty percent of the 55+ population reported less than $10,000 in retirement savings. Fifteen percent have saved between $100,000 and $250,000, and 26 percent have saved more than $250,000. At the same time, 42 percent of those surveyed said they would need between $250,000 and $1 million in retirement savings.103

Long-term care insurance is an important tool not only for paying long-term care expenses but ensuring that other assets are available to pay for non-health related expenses throughout retirement. Long-term care insurance for many is simply an asset protection tool. Because Medicare and traditional healthcare insurance do not cover long-term care expenses, those without long-term care insurance have to pay these expenses out of pocket. This includes but is not limited to nursing home, home health, personal care and some assisted living expenses. One spouse’s long-term care expenses can rapidly deplete the resources of the household, leaving the other healthy spouse without the ability to cover basic expenses.

Long-term care insurance, once a relatively unknown and under utilized part of the insurance market, is increasing in popularity as more and more people understand the potential costs of long-term care. In 1989, long-term care insurance was offered to only 3 percent of full-time employees in the United States. In 2000 over one million policies had been sold to individuals in the United States. By 2003 13 percent of full-time workers were offered long-term care insurance.104 A recent study of just the Atlanta metro region revealed that only 21 percent of residents over the age of 55 had purchased long-term care insurance and 64 percent had misinformation about how long-term care expenses are paid.105 So even while many more people have access

103 Ruth Helman et al., “April Issue Brief” (Employee Benefit Research Institute, April 2009.)
105 Lawler, Kathryn “Older Adults in the Atlanta Region: Preferences, Practices and Potential of the 55+ Population” (Atlanta Regional Commission, April 2007.)
to and own long-term care insurance policies than in previous years, the vast majority of individuals have no way to pay for
long-term care expenses that can total in the hundreds of thousands of dollars. Those without insurance can very quickly
deplete their assets at which point they become eligible for long-term care services through the state Medicaid program.

**Recommendations**
There are a number of ways the state can improve the savings rates of current and future older adults and very importantly
increase the resources individuals have to pay for long-term health care needs.

The National Governor’s Association has identified a variety of state-level innovations to encourage personal savings.106
Based on the experience of these other states, Georgia could consider the following:

1) **Provide tax deductions or credits for employers offering group long-term care insurance policies.**

2) **Provide state tax deductions or credits to individuals who purchase long-term care insurance.**

3) **Allow family members to provide financial support to older persons in the community without jeopardizing
the older adult’s Medicaid benefits.**

4) **Promote asset protection for individuals who purchase special long-term care policies under the Georgia Long-
Term Care Partnership.**107

Georgia is preparing to launch a Long-Term Care Partnership in early 2010, as authorized under the Deficit Reduction
Act of 2005. This allows individuals to buy long-term care insurance policies and guarantees that when their benefits
under these plans run out they can become eligible for Medicaid without having to reduce their assets. The partnership
provides benefits to both the state and the individual. The individual receives support from Medicaid without having
to spend down all of their assets. The state benefits because individuals will be spending their own resources on long-
term care expenses first and many will never require Medicaid services.

5) **Encourage state government employees to purchase long-term care insurance by offering special low-cost long-
term care insurance policies to state employees, establishing a self-funded long-term care insurance program
or offering long-term care insurance policies through employee benefit programs.**

6) **Create public education and marketing campaigns.**

Georgia recently participated in the “Own Your Future” campaign, sponsored by the federal Department of Health
and Human Services.108 Launched this 2007, this campaign targeted young and mid-life professionals with information
about long-term planning, including long-term care insurance. The campaign was considered successful by many,
suggesting that ongoing efforts could make a substantial difference in the preparedness of Georgians of all ages.

7) **Promote new tools and proposals like federal health savings accounts and reverse mortgages.**

Reverse mortgages (discussed at length in the Housing chapter of this report) can be a powerful tool for those individuals
and families who want to use home equity to pay for health, housing, transportation or long-term care needs. Federal

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106 Diane Braunstein, “NGA Issue Brief: State Innovations in Long-term Care” (National Governor’s Association, June 2004.)
108 For information about the campaign, see www.planearlynow.org.
health savings accounts were established through the 2003 Medicare legislation signed by President Georgia Bush. They are designed to help individuals save for future medical expenses by providing tax incentives. Contributions to these accounts are tax free, the earnings on the investments are tax free and the withdrawals are tax free.109

8) **Encourage employers to move from standard to automatic enrollment in retirement programs.**

Research has shown that when employers move from standard enrollment in retirement savings programs to automatic enrollment, the savings rate increases dramatically (Beshears et.al. 2009). When workers must opt out of the 401(k) or other investment plan, rather than opting in, they are much more likely to contribute to their plan.

**Problem:** Retaining older individuals in the workforce will not only increase their opportunities to save for retirement and long-term health care costs, but will provide employers needed workers as the available labor force in Georgia shrinks. Unfortunately, neither employers nor workers are necessarily prepared to adapt to the needs of an aging workforce.

A recent study by Georgia State University summarized the existing literature on the potential impact of an aging workforce in Georgia (Sjoquist, Wallace and Winters 2007). This analysis concluded that Georgia employers, like most across the country, will need to retain their older adult workforce or risk losing valuable skills and an extensive knowledge base at the same time that they will be forced to compete for an increasingly younger but limited workforce. Employers and the state will need to develop plans to retain older workers if they are to continue to produce at current levels.

At the same time, a recent study by the Urban Institute and Boston College’s Center on Retirement Research, analyzed recent trends in retirement expectations (Mermin, Johnson and Murphy 2006). They found that baby boomers are planning to work longer than previous cohorts for a variety of reasons. Their analysis of the Health and Retirement Survey found that lower rates of retiree health insurance, higher levels of educational attainment and lower rates of defined benefit pension coverage were the primary reasons individuals believed they would work longer. Because none of these trends is likely to slow down or reverse, the authors believe that baby boomers would in fact need and desire to work beyond traditional retirement ages of 62 and 65.

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109 For more information about the Health Savings Accounts and the 2003 legislation, see www.ustreas.gov/offices/public-affairs/hsa/.
Elderly in the Labor Force By State

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Recommendations

The National Governor’s Association has also studied this issue extensively and recommends that states should:

1) Help older adults connect to or remain in the workforce.

Several states are already using web sites and informational material to connect older adults who want to work with employers interested in hiring them. Employers across the state should develop workforce and succession plans. These would include comparing present workforce needs to future demands, analyzing the current workforce and identifying when they become eligible for retirement.

2) Promote training and educational opportunities for mature workers.

Older adults will need to re-train and re-gear to find their place and use their skills in a 21st century workforce. In addition many older adults may be interested in continuing to work but would like to start their second or third career.

3) Review workforce needs and the impact of policies on mature workers.

Defined pension plans encourage early retirement, whereas defined contribution plans provide financial rewards to those that continue to work. Nonstandard work arrangements can make it more attractive for an older worker to stay
with the company and impart their skills and knowledge to younger workers. These arrangements can include flexible work hours, phased retirement, working from home or bridge jobs that focus on succession and knowledge transference.

Healthcare is of great concern to older workers. Programs that minimize healthcare premiums can make it more attractive for individuals to stay with their employer rather than retire.

4) **Raise awareness of the benefits of hiring older adults.**

Several governors and state labor departments have launched awareness campaigns to emphasize the important role that older workers can play and dispel misconceptions about aging employees. These campaigns work with employers and human resource directors to encourage them to find meaningful but flexible roles that older adults can play, creating a win for both employee and employer.

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**Analysis: Fiscal Impacts at the State and Local Level**

**Problem:** The increasing older adult population will impact both the expense and revenue sides of the state and local governments in Georgia.

A recent study by Deloitte Research discussed the impact the older adult population will have on the financial health of government at all levels. They suggest that the older adult population will generate less in tax revenue, and while they will require less of the educational system, they are more likely to need more healthcare, transportation and public safety services.

Ronald Lee and Ryan Edwards track tax revenue by type and by age in their 2001 study, demonstrating that because of tax exemptions and different spending patterns of the aging cohort, the growth in the older adult population is likely to produce decreasing revenue from income, sales and property taxes.

As individuals age their consumption patterns shift. Older adults spend more money on food at home and healthcare than the total population, both of which are not included in the state and local tax base. The Georgia State University analysis (Sjoquist, Wallace and Winters 2007) concluded that the growth in the older adult population, along with their change in consumption patterns, will affect state revenue generated from the sales tax. The difference is not tremendous, but the issue of elderly consumption patterns should be looked at when retiree in-migration is considered as an economic development strategy.

Both property and income tax exemptions targeted to the older adult population will have to be evaluated for their long-term fiscal sustainability. Many communities in Georgia give property tax exemptions to older adults. Most often they eliminate the portion of the property tax bill that pays for the local education system. Over time as the older adult population increases as a percent of the community's total population, fewer and fewer residents will be contributing to the costs of the school system. The Georgia State study found that from just 2000 to 2003, the value of local property tax exemptions for older adults increased by 25 percent.

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110 Williams Eggers, “Serving the Aging Citizen” (Deloitte Research, November 2008.)

Property Tax Comparison

<table>
<thead>
<tr>
<th></th>
<th>Average Annual Property Tax for Elderly Homeowners 2004</th>
<th>Median Elderly Property Value 2004</th>
<th>Average Property Tax as % of Median Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>554</td>
<td>113,237</td>
<td>0.49</td>
</tr>
<tr>
<td>New Jersey</td>
<td>4,286</td>
<td>217,679</td>
<td>1.97 (highest in the US)</td>
</tr>
<tr>
<td>Mississippi</td>
<td>132</td>
<td>74,018</td>
<td>0.18 (lowest in the US)</td>
</tr>
</tbody>
</table>

Source: Andrew Kochera, AARP State Housing Profiles, 2003-04.

In many states, older adults pay less income tax than individuals of younger ages with the same income because many states do not tax Social Security or pensions. Georgia’s income tax is more generous to older adults than many states, excluding $30,000 per retired tax payer and exempts all Social Security income. The revenue lost as a result of these exemptions is projected in the Georgia State University study. The authors demonstrate that the income tax exemptions will increasingly cost more. For example, exemptions available in 2000- cost the state $15.8 million, while in 2010 total income tax exemptions to the elderly will cost the state $165 million.
## Tax Expenditure of Elderly Income Tax Exemption in Georgia

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Tax Expenditure by Legislated Change 1994 Law increasing exemptions to $11,000 for 1994 and to $12,000 for 1995 and thereafter</td>
<td>7,927,235</td>
<td>8,125,415</td>
<td>8,328,551</td>
<td>8,536,765</td>
<td>8,750,184</td>
<td>8,968,938</td>
<td>9,193,162</td>
<td>9,422,991</td>
<td>9,658,566</td>
<td>9,900,030</td>
<td>10,147,530</td>
</tr>
<tr>
<td>1994 Law increasing exemption to $13,000</td>
<td>7,927,235</td>
<td>8,125,415</td>
<td>8,328,551</td>
<td>8,536,765</td>
<td>8,750,184</td>
<td>8,968,938</td>
<td>9,193,162</td>
<td>9,422,991</td>
<td>9,658,566</td>
<td>9,900,030</td>
<td>10,147,530</td>
</tr>
<tr>
<td>1998 Law increasing exemption to $13,500 for 2001 and to $14,000 for 2002 and thereafter</td>
<td>3,656,437</td>
<td>7,495,696</td>
<td>7,683,088</td>
<td>7,875,165</td>
<td>8,072,044</td>
<td>8,273,846</td>
<td>8,480,692</td>
<td>8,692,709</td>
<td>8,910,027</td>
<td>9,132,777</td>
<td></td>
</tr>
<tr>
<td>2000 Law increasing exemption to $14,500 for 2002 and to $15,000 for 2003 and thereafter</td>
<td>3,747,848</td>
<td>7,683,088</td>
<td>7,875,165</td>
<td>8,072,044</td>
<td>8,273,846</td>
<td>8,480,692</td>
<td>8,692,709</td>
<td>8,910,027</td>
<td>9,132,777</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002 law increasing exemption to $14,500 for 2002 and to $15,000 for 2003 and thereafter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005 Law increasing exemption to $25,000 for 2006 to $30,000 for 2007 and to $35,000 for 2008 and thereafter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64,352,132</td>
<td>94,229,908</td>
<td>120,732,069</td>
<td>123,750,371</td>
<td>126,844,130</td>
</tr>
<tr>
<td>Total tax expenditures for retiree exemptions made since 1990</td>
<td>15,854,469</td>
<td>19,907,268</td>
<td>27,900,645</td>
<td>32,439,705</td>
<td>33,350,698</td>
<td>34,081,965</td>
<td>99,286,147</td>
<td>130,037,273</td>
<td>157,434,619</td>
<td>161,370,484</td>
<td>165,404,746</td>
</tr>
</tbody>
</table>

Source: Sjoquist, Wallace and Winters 2007, based on data from Georgia Income Tax Model (Fiscal Research Center).
The growth in demand for long-term care services will have a significant impact on the state's budget and is discussed more thoroughly in the Healthcare section of this report.

**Recommendations**

1) **Consider fewer tax preferences for older adults.**

   Local and state governments will have to analyze whether or not they can continue to provide the level of preferred tax treatment currently offered to older adults. Part of this analysis may need to be based on the economic growth a retired population can bring to a community, though most research and evidence has struggled to quantify exactly what those benefits may be.

2) **Evaluate tax structure.**

   Georgia's tax code, like that of many states, taxes goods more heavily than services. Because older adults are more likely to purchase services than goods and in light of the general trend toward a more service-based economy, the state should evaluate the long-term sustainability of the current tax structure.

3) **Develop a more balanced approach to taxes.**

   Local governments will also face challenges as the population ages because of the current tax structure. Local communities in Georgia depend on property taxes to fund the education system. Yet many communities exempt older adults from these taxes. As the older adult population grows, resources available to the education system will decrease. Many communities across the country have seen that the reliance on property taxes for education funding can create tensions between the older adult population and families with children. In some places older adults have organized to block property tax increases or lobby for exemptions. For all of these reasons, local communities will need to evaluate the long-term feasibility of their current tax structure and make changes as needed.

   Property tax exemptions for the elderly are also discussed in the chapter on Housing.

4) **Develop more public-private partnerships.**

   Both the state and local governments will face challenges trying to meet the service demands of the aging population. While the details of these challenges are discussed in all four other chapters (Housing, Transportation, Civic Engagement and Health), it is clear that no one agency or program will be able to meet these needs alone. Local and statewide partnerships among public, nonprofit, for profit and philanthropic organizations will be critical to creating innovative, efficient solutions that will stretch limited dollars.
Preparing for Georgia’s Future

Problem: The economic impact of retiree migration to Georgia remains uncertain.

Georgia is a net receiver of older adults, which means more older adults move to Georgia than leave. Contrary to many popular ideas of retirement, Georgia actually imports more older adults from state like Florida, Texas and California than it sends to these retirement destinations. The research on whether retiree migration provides a net benefit to the state is not conclusive. Retirees who move are more likely to be healthier and wealthier. They will also bring their savings and disposable income to the community where they settle. As they age, however, these same older adults may need more services and will pay less in taxes as they become eligible for state and local senior income and property taxes.

Net Migration of Elderly by State 2000

<table>
<thead>
<tr>
<th>State</th>
<th>Net Migration of Elderly Population</th>
<th>State</th>
<th>Net Migration of Elderly Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>3,031</td>
<td>Montana</td>
<td>891</td>
</tr>
<tr>
<td>Alaska</td>
<td>-1,428</td>
<td>Nebraska</td>
<td>-1,889</td>
</tr>
<tr>
<td>Arizona</td>
<td>53,241</td>
<td>Nevada</td>
<td>22,189</td>
</tr>
<tr>
<td>Arkansas</td>
<td>2,496</td>
<td>New Hampshire</td>
<td>720</td>
</tr>
<tr>
<td>California</td>
<td>-34,171</td>
<td>New Jersey</td>
<td>-23,151</td>
</tr>
<tr>
<td>Colorado</td>
<td>1,994</td>
<td>New Mexico</td>
<td>2,500</td>
</tr>
<tr>
<td>Connecticut</td>
<td>-9,493</td>
<td>New York</td>
<td>-114,171</td>
</tr>
<tr>
<td>Delaware</td>
<td>2,679</td>
<td>North Carolina</td>
<td>20,922</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>-5,187</td>
<td>North Dakota</td>
<td>-1,546</td>
</tr>
<tr>
<td>Florida</td>
<td>149,440</td>
<td>Ohio</td>
<td>-18,589</td>
</tr>
<tr>
<td>Georgia</td>
<td>13,926</td>
<td>Oklahoma</td>
<td>1,074</td>
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<tr>
<td>Hawaii</td>
<td>-952</td>
<td>Oregon</td>
<td>1,340</td>
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<tr>
<td>Idaho</td>
<td>2,795</td>
<td>Pennsylvania</td>
<td>-15,884</td>
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<tr>
<td>Illinois</td>
<td>-43,119</td>
<td>Rhode Island</td>
<td>-748</td>
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<tr>
<td>Indiana</td>
<td>-6,315</td>
<td>South Carolina</td>
<td>15,760</td>
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<tr>
<td>Iowa</td>
<td>-4,927</td>
<td>South Dakota</td>
<td>-246</td>
</tr>
<tr>
<td>Kansas</td>
<td>-435</td>
<td>Tennessee</td>
<td>10,499</td>
</tr>
<tr>
<td>Kentucky</td>
<td>-1,397</td>
<td>Texas</td>
<td>17,957</td>
</tr>
<tr>
<td>Louisiana</td>
<td>-2,472</td>
<td>Utah</td>
<td>2,096</td>
</tr>
<tr>
<td>Maine</td>
<td>1,650</td>
<td>Vermont</td>
<td>19</td>
</tr>
<tr>
<td>Maryland</td>
<td>-4,388</td>
<td>Virginia</td>
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<tr>
<td>Massachusetts</td>
<td>-14,434</td>
<td>Washington</td>
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<td>Michigan</td>
<td>-21,949</td>
<td>West Virginia</td>
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<td>-6,137</td>
<td>Wisconsin</td>
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<td>Mississippi</td>
<td>2,433</td>
<td>Wyoming</td>
<td>-29</td>
</tr>
<tr>
<td>Missouri</td>
<td>513</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: National Governors’ Association, Measuring the Years: State Aging Trends and Indicators, 2004.112

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112 Migration is measured by the population of older adults who lived in one state in 1995 and moved to another state by 2000. Net migration measures total migration as the result of subtracting those who left a specific state from the number of those who came to the state.
An analysis in 2001 by William Serrow showed that retiree migration was affected less by preferable tax treatment and more by issues like climate and proximity to the coast or other water feature. His work found that net benefit was extremely difficult to measure, and he could not include an overall assessment of impact. Several states have studied the economic impact of recruiting retirees, including Wisconsin, Arkansas and Oklahoma, and other states are pursuing retiree relocation as an economic development strategy, including Mississippi, South Carolina and some counties in Alabama.

**Recommendations**

1) The state of Georgia should fund additional research on the long-term economic impacts of the elderly population with a particular focus on the unique characteristics of the migrating retiree population. Analysis should examine what Georgia loses when retirees leave the state, what Georgia gains and the long-term health and revenue costs of a retiree population that comes and stays.
Bibliography

General


*Aging Policy and the States* Generations Fall 2008


New York State Mature Worker Taskforce: Report to the Governor and Legislature June 2008

*Pennsylvania Vision 2020 Report: Our Quality of Life*, Pennsylvania Department on Aging


Housing


Immergluck, D. “Testimony before the Committee on Oversight and Government Reform” Subcommittee on Domestic Policy. March 21, 2007.


Lawler, K. “Aging in Place: Coordinating Housing and Healthcare Policy to Meet the Needs of a Growing Elderly Population” Harvard University: Joint Center on Housing Studies, July 2001


Logan, G. Capitalizing on Smart Growth Trends: Smart Development. Robert Charles Lesser & Co., LLC


“Beyond 50.05: A Report to the Nation on Livable Communities: Creating Environments for Successful Aging.” AARP May 2005.


Easy Living Homes: www.easylivinghome.org

Green House Model Website: www.ncbcapitalimpact.org/default.aspx?id=146


Pioneer Network: www.pioneernetwork.net

**Transportation**


Bell, J. and Cohen, L. “The Transportation Prescription: Bold New Ideas for Healthy, Equitable Transportation Reform in America.” Convergence Partnership; retrieved Oct. 8, 2009 http://www.convergencepartnership.org/site/c.fhLOK6PELmF/b.5327643/k.BF0B/Transportation_RX.htm


**Civic Engagement**


“Increasing Volunteerism Among Older Adults: Benefits and Strategies for States.” National Governors Association


Volunteer Match, www.volunteermatch.org


“Volunteering in America” (online). Corporation for National and Community Service. Available at www.volunteeringinamerica.gov

**Health**

Ball, M.S “Aging in Place: A Toolkit for Local Governments” Atlanta Regional Commission. Atlanta, Georgia 2004


Landers, G. and Ujamaa, D. “Long Term Care: A National Perspective and Implications for Georgia” Georgia Health Policy Center, Atlanta, Georgia 2007.
Landers, G. (et al). “Georgia’s Aging Population: What to Expect and How to Cope?” Georgia State University Andrew Young School of Policy Studies. Atlanta, Georgia. 2006


Community Care Services Program State Fiscal Year Annual Statewide Report. Georgia Department of Human Resources. 2008.


“Redesigning Health Care for an Older America.” International Longevity Center. New York, New York 2006

*The State of Aging and Health in America.* Centers for Disease Control and Prevention and The Merck Company Foundation. 2007

**Economic Self-Sufficiency**


Braunstein, D. “Issue Brief: State Innovations to Encourage Personal Planning for Long-Term Care.” NGA Center for Best Practices. June 18, 2004

Butler, M. “Old Folks and Spoiled Brats: Why the Baby Boomers’ Saving Crisis Need not be that Bad.” Universite de Lausanne, Switzerland. June 6, 2001.


Tasic, N. “Revenue Sources of State and Local Governments.” Andrew Young School of Policy, Georgia State University. Sept. 2007.


