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## Initiatives to Promote Aging-in-Place in Local Communities: An Evidence-Based Toolkit

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Initiatives to Promote Aging-in-Place in Local Communities: An Evidence-Based Toolkit

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### **Abstract**

**Purpose:** The purpose of this project was to create an evidence-based toolkit to guide local community leaders in the planning process of establishing Aging-in-Place initiatives. The toolkit highlights best practices for key components of Aging-in-Place infrastructures that provide sufficient support to allow older adults to remain in their homes as they age.

**Methods:** Toolkit development was based on an integrative literature review, interviews with research experts and community leaders of aging-in-place initiatives in the U.S., organizational resources on healthy aging and aging-in-place initiatives, and identified needs of local older adults.

**Results:** Major themes in the literature were skilled healthcare professionals, modifications to the home environment, the importance of social engagement, and sustainability of aging-in-place initiatives. Similar themes were identified in the interviews but were more focused on the structure and characteristics of successful aging-in-place programs, including funding, community support and partnerships, leadership, program services and sustainability.

**Discussion:** This toolkit can be utilized by aging-in-place leaders in Tallahassee to develop and maintain a program to provide support that allows to older adults to remain in their homes as they age. This will not only decrease the strain on the local healthcare system but improve the quality of life of elderly residents by allowing them to remain independent and maintain meaningful social relationships in their community.

**Conclusions:** A growing demand for innovative ideas to address the expanding utilization of healthcare services exists due to consequences of aging such as the development of chronic disease and decreased physical mobility. The fact that Florida ranks last in the country in providing long-term care services and support for older adults should spark immediate action by

state government officials (AARP, 2020). Research has demonstrated that aging-in-place programs are cost-effective, provide superior outcomes, as well as improve the quality of life of older adults.

**Major Professor:** Eileen Cormier, PhD, RN

*Keywords:* aging-in-place, community-based care, elderly, older adults, seniors, Village Movement

**Initiatives to Promote Aging-in-Place in Local Communities: An Evidence-Based Toolkit**

The population of elderly adults over age 65 in the United States (U.S.) is growing precipitously and straining the resources of our healthcare system. However, this phenomenon has not been solely limited to the U.S. The World Health Organization (WHO) estimates that the number of older adults will nearly double between the years of 2015 and 2050 to an astounding two billion people (WHO, 2017). The average life expectancy has increased globally with the population of persons 80 years of age or older reaching 125 million as of 2018 (WHO, 2018). The World Health Organization's (2018) response to this rapid growth was to develop the Global Network for Age-Friendly Cities and Communities that promotes healthy aging of the elderly. In the United States, the American Association of Retired Persons' (AARP) Network of Age-Friendly States and Communities has developed in partnership with the WHO to help improve communities by making them more livable for older adults as well as improving their overall well-being (AARP, 2020). The eight domains of community livability recommended by AARP include the following: a) outdoor spaces and buildings, (b) transportation, (c) housing, (d) social participation, (e) respect and social inclusion, (f) work and civic engagement, (g) communication and information, and (h) community and health services (AARP, 2020).

Nationwide, the population of older adults age 65 and older has grown to 50.9 million as of 2017 (Administration for Community Living & Administration on Aging, 2018). Furthermore, one in five residents are age 65 or older in the state of Florida (United States Census Bureau, 2018). Florida ranks second in the country for the highest number of older adults age 65 and older with 4.2 million residents (Administration for Community Living & Administration on Aging, 2018). The number of older adults over age 85 is projected to increase to 22.13% of the population of Floridians 65 years old and older by 2030 (Florida Department of

Elder Affairs, 2009). Locally, the number of residents of Leon County over the age of 65 was 90,942 as of 2018, which represents 31% of the total population (Florida Department of Elder Affairs, 2018). Older adults comprise a significant amount of the local population in Leon County. Subsequently, the needs of the elderly over age 65 must be prioritized by local government and community organizations.

Unfortunately, changes associated with aging such as the development of chronic medical conditions and a decrease in physical capabilities can affect the functional status of older adults. Roughly 80% of older adults have at least one chronic disease and almost the same amount, 77%, have two or more chronic diseases, which can contribute significantly to disability (National Council on Aging, 2018). Consequently, an increasing number of older adults require additional assistance with activities of daily living (ADLs) in their homes and when they are unable to manage independently, must relocate to assisted living and/or long-term care facilities. The current long-term care eligibility requirements in Florida include the inability to independently perform three out of the six following ADLs: (a) bathing, (b) continence, (c) dressing, (d) eating, (e) toileting, and (f) transferring (Florida Department of Financial Services, 2012). Often, this transition leads to a loss of independence and social support that negatively affects quality of life (Lehning & Greenfield, 2017). The transition to long-term care is financially challenging and often unaffordable for senior citizens due to rising healthcare costs. Increased difficulty with activities of daily living has been shown to significantly increase health care costs and is a primary reason for admission to a nursing home for skilled care services (Szanton et al., 2016). In fact, the United States has the highest individual healthcare costs in the world with an average expenditure for caregiving during the last five years of life being between \$300,000 to \$500,000 (National Aging in Place Council, 2019). It is estimated that an

astonishing total of \$219 billion is spent each year on long-term care services for older adults in the United States (Szanton et al., 2016). Florida appallingly ranks the lowest in the country out of all 52 states with regards to available long-term care services and support for older adults, people with physical disabilities, and family caregivers (AARP, 2020). This abysmal national ranking demonstrates the critical need for immediate action in the state of Florida regarding the insufficient care and services currently provided for its elderly residents.

### **Problem Statement**

The growth of the elderly population and subsequent strain on the healthcare system has become a worldwide problem that has motivated community leaders and researchers to design innovative programs for promoting aging-in-place in local communities (Marek et al., 2005; Nagaya & Dawson, 2014; Neal et al., 2014; Scharlach et al., 2014; Szanton et al., 2011, 2015, 2016). In Tallahassee, Florida, this is of particular importance due to the growing population of adults over age 65, the extraordinary expense of long-term care institutions, and the strain on the local healthcare system. Age-friendly community initiatives have been shown to assist older adults to maintain their independence, promote health and overall well-being, and improve quality of life (Graham et al., 2014; Lehning & Greenfield, 2017; Scharlach et al., 2014; Szanton et al., 2015; Tuckett et al., 2017). Research has demonstrated for many years that clinical outcomes are superior in aging-in-place programs compared to nursing homes (Marek et al., 2005). Home-visit models of care provision for the elderly have been shown to decrease hospital admissions as well as improve health outcomes (Ruiz et al., 2017). Current research has revealed that local communities can improve the lives of the elderly by promoting aging-in-place through the following interventions: creating walkable neighborhoods, providing home improvements to support ADLs, encouraging social participation, offering volunteer

opportunities, as well as providing access to home care and community-based services (Lehning & Greenfield, 2017). The aforementioned initiatives have been shown to be effective in aiding older adults to remain safe and independent in their homes as they age, otherwise known as “aging-in-place” (Ahn et al., 2017). The needs of our local elderly should be expediently addressed in order to maintain their dignity and prevent a dire situation in which they are receiving inadequate care.

### **Purpose and Aims**

The purpose of this project was to create an evidence-based toolkit to guide community leaders in the process of or planning to establish Aging-in-Place initiatives. The toolkit highlights best practices for key components of Aging-in-Place infrastructures that provide sufficient support to allow older adults to remain in their homes as they age. The long-term goal of this project is to improve the quality of life of older adults in Tallahassee, Florida. The specific aims of this project included the following:

1. Identify salient characteristics of healthy aging and successful aging-in-place initiatives across the United States using the following methods:
  - a. Synthesis of literature between 2010 and 2020 regarding continuing care communities and aging in place initiatives.
  - b. Phone interviews with select aging-in-place researchers and community leaders.
2. Compare and contrast successful aging-in-place initiatives across the state of Florida to highlight characteristics of aging-in-place initiatives that predict success and sustainability.



3. Develop an evidence-based toolkit to benefit local older adults in Tallahassee, Florida that includes best practices for successful aging-in-place initiatives.
4. Disseminate the evidence-based toolkit by presenting to the board of Neighbor-to-Neighbor in the Neenes and local city officials.

### **Theoretical Framework**

Research indicates that a decreased ability to perform ADLs subsequently decreases life satisfaction in older adults (Ahn et al., 2017; Tuckett et al., 2017). In a seminal work by Lawton (1974), an ecological change model was introduced that described the relationship between the home environment and the physical abilities of the elderly. The premise of the model is that small changes in the environment of older adults can significantly impact their ability to adapt to functional decline and remain independent with daily activities. The idea that older adults express dissatisfaction with the transition into a nursing home or healthcare facility has been acknowledged for decades (Lawton, 1974). The concept of environment can be expanded beyond the home itself to include one's social network and community (Lawton & Nahemow, 1973). Lawton's (1973) model is a good fit for this project as it shows the interaction between the physical and social environment and the impact on the ability of older adults to adapt to change. This project was guided by the ecological model in developing an evidence-based toolkit outlining effective interventions that can assist older adults to remain in their homes as they age.

### **Review of the Literature**

#### **Background**

The concept of aging-in-place is defined as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level” (Centers for Disease Control and Prevention, 2009). Previous research has demonstrated that the majority of older adults prefer to remain in their homes instead of moving into an assisting living facility or skilled nursing facility for increased care (Ewen et al., 2017; Guo & Castillo, 2012; Marek et al., 2005; Poor et al., 2012). Furthermore, recent qualitative research has revealed that older adults cite the desire to remain close to friends as a leading reason for preferring to age-in-place (Wiles et al., 2012). Older adults also reported feeling more secure and safe in their home environment. The concept of home in reference to aging-in-place is not limited to one’s physical dwelling but also includes the surrounding environment containing friends, neighbors, social support and community opportunities for active involvement (Ahn et al., 2017; Carver et al., 2018). Remaining independent and maintaining social connections can improve the quality of life in older adults, which is one of the foremost goals of aging-in-place (Szanton et al., 2011). Aging-in-place initiatives support older adults to remain independent in their own homes which leads to significant savings on long-term care expenses (Guo & Castillo, 2012; Marek et al., 2005; Poor et al., 2012; Szanton et al., 2015, 2016; Tuckett et al., 2018). One study in Arizona found that home and community-based services decreased Medicaid long-term care spending by 16% (Marek et al., 2005). Additional research indicated that home visit models reduce Medicare expenditures and overall utilization (Ruiz et al., 2017). An innovative home visit program called CAPABLE, or the Community Aging in Place, Advancing Better Living for Elders program, was shown to decrease Medicaid spending by \$867 per month per individual, or approximately \$10,000 annually, in the state of Maryland (Szanton et al., 2018). However, further research is

needed in other states in the U.S. to investigate if healthcare savings are consistent in varying geographical areas with different geriatric populations.

The majority of available research on the concept of aging-in-place comes to the consensus that the healthcare system in the United States is inefficient, ineffective, and overly costly compared to other global healthcare systems (Ahn et al., 2017; Greenfield, 2011; Guo & Castillo, 2012; Scharlach et al., 2014). Lack of continuity of care and communication failure between medical providers are common downfalls within the U.S. healthcare system. This is especially pertinent to the growing population of older adults who require additional care as they age due to functional and cognitive limitations. It is projected that 19% of adults age 65 and older in the U.S. will have impairments in activities of daily living by the year 2020 (Marek et al., 2005). The expanding population of Americans over age 65 will create a significant financial burden to the U.S. if the current healthcare system is not reevaluated and adapted to meet the changing needs of our elderly. Although the U.S. government has made attempts at providing assistance to older adults, efforts have been mainly focused on those of low-socioeconomic status. Unfortunately, older middle-class adults whose income is too high to qualify for Medicaid are nevertheless unable to afford the astronomical expense of long-term care due to variations in coverage between insurance providers and high out-of-pocket deductibles (Ahn et al., 2017; Guo & Castillo, 2012). Innovative local aging-in-place initiatives across the U.S. have endeavored to provide care to all senior citizens regardless of income level (Ahn et al., 2017; Guo & Castillo, 2012; Scharlach et al., 2014).

### **Role of Healthcare Professionals**

Many of the grassroots aging-in-place initiatives in the U.S. are semi-structured and focus on support from non-licensed professionals such as home repair and home making services. This

is currently true of the Neighbor-to-Neighbor in the Nenes project in the Indian Head Acres neighborhood in Tallahassee, Florida which is the focus of this DNP project. However, contemporary research has shown the importance of utilizing skilled healthcare professionals such as registered nurses (RNs) and occupational therapists (OTs) to create a more comprehensive and effective aging-in-place program (Marek et al., 2005; Nagaya & Dawson, 2014; Szanton et al., 2011, 2015, 2016). Registered nurses have appropriate training to identify medical concerns and coordinate care by communicating with the individual's primary care physician (Marek et al., 2005; Szanton et al., 2016). Additionally, RNs are knowledgeable about both prescription and over the counter medications and thus can assist older adults with medication management. Safe administration of medications may be difficult for older adults to manage independently due to visual or cognitive impairments. Lastly, RNs can act as an excellent resource to family members or other caregivers (Szanton et al., 2016).

Occupational therapists (OTs) provide additional essential assistance to older adults who wish to remain at home by evaluating the home environment and identifying safety hazards that require repair or alterations (Szanton et al., 2011, 2015, 2016). Afterwards, OTs can enlist the services of a handyperson to make necessary home repairs. OTs are also qualified to recommend assistive devices that allow the individual to remain safe in their environment and prevent falls. Several studies emphasize the importance of including the elderly individual in the process of identifying functional goals that are most significant to them (Guo & Castillo, 2012; Szanton et al., 2011, 2015, 2016). Overall, the utilization of licensed medical professionals can be an asset to local aging-in-place initiatives.

### **Modifications of the Home Environment**

The safety of the home environment is crucial to successful aging-in-place. Older adults are unfortunately at a higher risk of falls due to visual and physical impairments. Additionally, the development of chronic diseases associated with aging such as diabetes, heart disease, and cancer are a common cause of disability in the elderly (WHO National Institute on Aging, 2011). The World Health Organization (2018) designated the phrase “geriatric syndromes” to describe conditions that commonly affect the elderly such as weakness, incontinence, risk of falling and changes in mental capacity. Numerous studies have validated that home repairs and modifications can improve the functionality of the environment to allow the elderly to remain independent with activities of daily living (Ahn et al., 2017; Szanton et al., 2011, 2015, 2016). One modern study of the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program showed that an interdisciplinary team consisting of a registered nurse, occupational therapist and a handyperson improved ADL performance in 75% of participants through their collaborative age-friendly interventions (Szanton et al., 2016). The CAPABLE program also decreased disability in older adults in this study. Common examples of beneficial home modifications include the installation of railings, grab bars, nonslip flooring in the bathroom, raised toilet seats, chain extensions to lights and ceiling fans, improving lighting, and repairing damaged or uneven flooring (Szanton et al., 2011, 2015, 2016). These improvements allow older adults to remain autonomous with bathing, toileting, transferring and ambulation throughout the home.

### **Importance of Social Participation**

Numerous studies have revealed the significant role of the social network in the lives of older adults (Ahn et al., 2017; Carver et al., 2018; Graham et al., 2014; Greenfield, 2011; Lehning & Greenfield, 2017; Nagaya & Dawson, 2014; Scharlach et al., 2014; Szanton et al.,

2011; Wiles et al., 2012). Unfortunately, contemporary research has indicated that aging is often associated with loneliness (Ahn et al., 2017). One factor that may contribute to loneliness is the inability of relatives to adequately care for and support their elders as in the past generations. Luckily, involvement in social activities has been found to decrease depression in older adults (Carver et al., 2018; Nagaya & Dawson, 2014). The overall well-being and psychological health of older adults has been shown to be closely related to feelings of connectedness to other people and to their community (Ahn et. al, 2017; Carver et al., 2018; Lehning & Greenfield, 2017; Scharlach et al., 2014; Szanton et al., 2011). Additionally, a reliable and supportive social network has been determined to assist older adults in maintaining a sense of independence, which helps to improve quality of life (Wiles et al., 2012).

Additional studies have demonstrated that social connection gives value and purpose to the lives of the elderly (Ahn et al., 2017; Scharlach et al., 2014). A contemporary example of this concept is the grassroots Village model of aging-in-place. The Village Movement originated with the establishment of the Beacon Hill Village in Boston, Massachusetts in 2002 which subsequently led to the development of the nationwide Village to Village Network in 2010 (Poor et al., 2012). The founders of the Beacon Hill Village were older adults within the neighborhood who desired to age-in-place while maintaining social connection with friends, family, and their community (Poor et al., 2012). Villages allow members of the community to become involved with social and recreational activities, thus improving their quality of life (Greenfield, 2011; Scharlach et al., 2014; Poor et al., 2012). Additionally, Village membership provides resources to services such as housekeeping, transportation, meal and grocery delivery, and other support at discounted rates through partnerships with local businesses and healthcare providers as well as volunteer support; this prevents total dependence on private services or government agencies

(Poor et al., 2012; Scharlach et al., 2014). Membership usually requires an annual fee, which may be offered at a decreased cost to those demonstrating financial need (Poor et al., 2012). The Village model encourages older adults to become actively involved and take the leadership role in aging-in-place initiatives to foster social involvement and increase buy-in (Greenfield, 2011; Scharlach et al., 2014).

Similarly, Naturally Occurring Retirement Communities (NORCs) also encourage older adults to become leaders of healthy aging initiatives and therefore empowered to create positive change (Greenfield, 2012; Greenfield et. al., 2012). NORCs act as their name implies and develop over time as older adults of a community age in the same neighborhood and eventually become the majority of the demographic. NORCs are typically run by a social service agency and provide comprehensive services to all older adults in the community, not exclusively those that are eligible due to particular socioeconomic criteria (Ahn et al., 2017). Like the Village model, NORCs also form partnerships with local businesses and healthcare providers to provide discounts on supportive services (Guo & Castillo, 2012). Furthermore, senior centers are excellent resources and act as a hub of information and activities for senior citizens in local communities (Ewen et al., 2017). In essence, encouraging older adults to participate in social activities can promote their overall well-being and psychological health.

### **Sustainability of Aging-in-Place Initiatives**

A common theme in the literature surrounding aging-in-place is the importance of community support of local initiatives. Without public support, including financial assistance from the federal government, local government and businesses, aging-in-place initiatives may not be sustainable (Ahn et al., 2017; Ewen et al., 2017; Guo & Castillo, 2012; Menec et al., 2014). As previously mentioned, partnerships with local businesses and care providers can

decrease long-term care costs associated with aging-in-place by providing services at discounted rates as well as provide mutually beneficial advertisement (Guo & Castillo, 2012; Poor et al., 2012; Scharlach et al., 2014). In recent years, the U.S. government has made strides in providing assistance to elders to allow aging-in-place. The 2010 Patient Protection and Affordable Care Act allowed additional support to state-wide Medicaid programs to expand access to home and community-based services (HCBS) for older adults wishing to age-in-place (Greenfield, 2011). More recently, the 2016 Reauthorization of the Older Americans Act made provisions for “full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services” (Older Americans Act of 1965, 2016, p. 1). Additional federal programs such as the Program for All Inclusive Care for the Elderly (PACE) serve older adults who are Medicare and Medicaid eligible and also meet the criteria for nursing home care (Marek et al., 2005). PACE allows the elderly to remain in their homes with the necessary medical and social support. The Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program has been trialed in various states with excellent results. The CAPABLE model uses an interprofessional team that is made up of an occupational therapist, registered nurse, and a handyperson that collaborates to allow older adults age-in-place (Szanton et al., 2011, 2015, 2016). Interestingly, research indicates that the majority of funding for Villages across the U.S. comes from membership fees and donations and not state or federal funding (Scharlach et. al., 2011).

Consistent funding is essential for successful aging-in-place initiatives as they cannot be continued on volunteer support alone. An innovative idea to utilize the media to advertise and



promote local aging-in-place programs was recommended by several investigators (Greenfield, 2011; Menec et al., 2014; Neal et al., 2014; Scharlach et al., 2014). Furthermore, Greenfield (2011) suggested the formation of public awareness campaigns to actively involve and spark interest in local citizens. The promotion of age-friendly programs can recruit community volunteers and business support. Several authors also emphasized the importance of involving local university students and researchers in aging-in-place initiatives (Lehning & Greenfield, 2017; Menec et al., 2014; Neal et al., 2014). The city of Portland, Oregon developed a model that was dependent on collaboration between the city, university and local community. University student projects contributed to data collection and investigated the barriers to creating an age-friendly city (Neal et al., 2014). Local university collaboration can assist with sustainability by involving future classes of students in ongoing aging-in-place research and program planning.

Most importantly, older adults should be leaders of their own community initiatives in order to allow the sustainability of aging-in-place programs (Greenfield, 2011; Scharlach et al., 2014). Involvement of older adults in the leadership of aging-in-place initiatives has been shown to increase buy-in and maintain interest in age-friendly programs. Furthermore, leadership and activism by older adults has been shown to provide continued support due to a deeper investment in the cause (Tuckett et al., 2018).

### **Gaps in Knowledge**

Common themes identified in the review of available research on aging-in-place included the importance of utilizing trained medical professionals, making home modifications, maintaining meaningful social connections, and recommendations to ensure sustainability of local initiatives. However, the literature review of the concept of aging-in-place also revealed a

paucity of quantitative research with a lack of randomized controlled trials. The current research is predominantly comprised of qualitative data. Furthermore, there has not been a consensus on the best model to promote aging-in-place in local communities. A variety of programs are discussed in the literature, such as the Village model, Naturally Occurring Retirement Communities, but research has not been done to determine which is the most effective at promoting age-friendly communities. A structured template would be exceedingly beneficial to assist city planners and volunteers who are in the initial stages of developing an aging-in-place program.

The literature reviewed also indicated that ideas on implementation and sustainability varied considerably among investigators. One common theme is the difficulty in obtaining and maintaining adequate funding for aging-in-place initiatives. A need to provide services to all older adults, not just those who qualify for Medicare and Medicaid, was identified in the literature. Furthermore, studies differed in their recommendations for care delivery. However, the most promising results appeared to originate from research employing the CAPABLE program which utilized a registered nurse, occupational therapist, and handyman to allow elders to age-in-place (Szanton et al., 2011, 2015, 2016).

## **Methodology**

### **Project Design**

This project utilized a descriptive design to determine best practices for aging-in-place initiatives in local communities. The concept of aging-in-place has only recently gained greater interest due to our country's rapidly growing population of adults over age 65. Therefore, a descriptive design was appropriate to further investigate this contemporary movement by conducting an integrative literature review, interviewing researchers and community leaders of

aging-in-place initiatives in the U.S., examining organizational websites on healthy aging and aging-in-place initiatives, and identifying the specific needs of local older adults.

### **Participants**

Interviews of participants for this project included one aging-in-place expert from John Hopkins University, two community leaders from Villages in Massachusetts and Florida, as well as the leader of the local N3 initiative in Tallahassee, Betsy Tabac. Contact information for was accessed through published literature in peer-reviewed journals as well as on related university websites. Additionally, the Village-to-Village Network (2020) online database served as an essential source of information regarding nationwide aging-in-place initiatives. The researchers and community leaders were initially contacted via e-mail and subsequently by phone once they consented to the interview. A list of interview questions was sent to each participant that included a discussion of funding sources, community support, sustainability, and coordination of in-home care. The purpose of the interviews was to discover methods used to successfully implement an aging-in-place initiative in multiple cities in the United States. This information was vital to the development of the toolkit or framework for developing local initiatives in Tallahassee, Florida.

### **Setting and Resources**

The targeted local aging-in-place initiative is a grassroots organization called Neighbor-to-Neighbor in the Nenes (N3) in the Indian Head Acres Neighborhood of Tallahassee, Florida. N3 is in the beginning stages of developing an aging-in-place initiative to support residents age 65 and older. Unfortunately, they currently lack adequate funding to implement all of the needed services. N3 meets at least monthly at a board member's home in Indian Head Acres and offered educational seminars on health and safety topics monthly prior to the Covid-19 pandemic

at Optimist Park, a centrally located community center . The board of N3 consists of its leader Betsy Tabac as well as select neighborhood volunteers. Dr. Eileen Cormier, who is an Associate Professor at Florida State University as well as a resident of Indian Head Acres, assisted with communication with N3 and acted as the main facilitator throughout the course of this project.

As of October 1, 2020, there were 1,931 registered voters assigned to the Optimist Park precincts. Of the aforementioned voters, 880 are White, 782 are Black, 109 are Hispanic, and 160 residents identify as Other. Current voter registration data indicates that there are 93 residents age 61-65 and 123 residents age 66 and older assigned to the Optimist Park polling location (Leon County Supervisor of Elections, 2020).

### **Instruments and Tools**

This project did not require the utilization of any validated instruments or tools. However, standardized interview questions were developed by this project leader with the assistance and guidance of the project Major Professor, Dr. Eileen Cormier. The list of researcher interview questions is available in Appendix A.

### **Data Collection**

To achieve project aims, a literature review and interviews of researchers and community leaders were conducted to provide sources of data on salient characteristics of successful aging-in-place initiatives. The initial search for research consisted of a basic exploration of the topic “aging-in-place” on Google Scholar. The integrated literature review followed guidelines recommended by the Joanna Briggs Institute (JBI, 2019) and emphasized best evidence-based practice for successful aging-in-place initiatives. Relevant articles were identified by using the electronic databases CINAHL and PubMed through the Florida State University (FSU) Libraries. Inclusion criteria consisted of all categories of study designs available in peer-reviewed journals

that were published between January 1, 2010 and January 1, 2020. Database key search terms included the following: aging-in-place, continuing care communities, healthy aging, age-friendly communities, community-based care, older adults, and community intervention. The preliminary search of PubMed revealed 284,505 research articles, while the initial CINAHL search resulted in 86,874 articles. Relevant articles were selected based on inclusion criteria and evaluated for quality. The results of the initial search were narrowed down to 21 articles that specifically focused on aging-in-place, local aging initiatives, as well as Villages throughout the United States. Multiple organization websites were also utilized as rich sources of information on healthy aging and aging-in-place. Data collection began in January 2019 with the initial review of the literature. Subsequently, the website for the Village-to-Village Network (2020) was extensively studied to identify potential interview candidates among Village leaders across the United States. The reference lists of selected journal articles were reviewed for additional noteworthy publications not initially discovered to ensure a comprehensive review of the literature. Additional research articles were recommended and sent to this project leader by a researcher from The Johns Hopkins University College of Nursing after the interview was conducted; some were included in this project to enrich the literature review. Published research identified in the literature search was organized and synthesized using The Johns Hopkins Nursing Evidence-Based Practice Model and Tools (©The Johns Hopkins Hospital/The Johns Hopkins University, 2017).

The first interview was conducted via Zoom in May 2020 with subsequent phone interviews continuing through to November 2020. The interviews were conducted with researchers and community leaders nationally and locally who are or have been involved with successful aging-in-place programs to gain insight into practices that improve effectiveness and

sustainability. Betsey Tabac was the main source of information regarding the N-3 elderly residents in Indian Head Acres; neighborhood focus groups with older adult residents had been planned but were cancelled due to the COVID-19 pandemic.

### **Implementation**

Implementation of the project included an integrated literature review, interviews with aging-in-place researchers and community leaders, examination of organizational website resources, development of the evidence-based toolkit, and dissemination of findings to the board of Neighbor-to-Neighbor in the Nenes (N3) and local city officials. The project results were formatted and presented as a professionally published toolkit to the board of N3 as well as State House Representative Allison Tant with the goal of providing compelling evidence that supports funding for this important aging-in-place initiative. Identifying best practices of aging-in-place initiatives that provide adequate support to allow older adults to remain in their homes as they age allowed the principal investigator to create an evidence-based toolkit.

### **Human Subjects**

Approval for this DNP project was obtained from the Florida State University Institutional Review Board (IRB) on April 28, 2020. The IRB determined that the project protocol qualified for exemption and approved administration of an information sheet to potential interviewees in place of informed consent (see Appendix B). The DNP student retained data securely at home on an encrypted, password-locked computer. Due to the Coronavirus (COVID-19) pandemic, the limited access to campus prevented data storage on a computer at the College of Nursing since the literature search and interviews were conducted exclusively at home. Individuals were de-identified in the published toolkit and will be described generally in all future presentations of project findings.

## Results

A synthesis of the literature on aging in place initiatives and interviews with an aging-in-place expert from John Hopkins' University and two Village leaders in the U.S. were conducted to identify salient characteristics of successful aging-in-place initiatives. Findings of the literature review were previously summarized in this report. The majority of the studies used qualitative methods and highlighted the importance of using trained medical professionals, providing home modifications, maintaining meaningful social connections, and obtaining reliable sources of funding support. The literature failed to prescribe one best model for promoting aging-in-place in local communities. The three interviews demonstrated five common themes significant to age-friendly programs including the following: (a) funding, (b) community support and partnerships, (c) leadership, (d) program services, and (e) sustainability.

### Funding

All interview participants emphasized the importance of obtaining multiple sources of funding. Both Village leaders stated that their initial funding originated from the organization founders. Annual Village membership fees ranged from \$375-675 annually per individual and \$500-975 annually per household. However, both programs offer discounted rates or scholarships based on income that are fully funded by grants. Village leaders reported a complete lack of funding from the city, state or federal government and identified that the majority of funding is provided by annual membership dues, small foundation grants, trust funds and donations. One participant conveyed that federal funding was more widely available to residents in larger cities such as Washington, D.C. The funding is used to support older adults who are members of local Villages as well as providing assistance to all elderly D.C. residents with nutrition, housing, transportation, health promotion, caregiver support, elder rights services,

and other support services (The District of Columbia Office on Aging, 2018). Federal funding has also been provided to Senior Centers across the nation's capital.

### **Community Support and Partnerships**

Community leaders emphasized the importance of building relationships with local businesses and organizations. Mutually beneficial advertising both promoted Village membership as well as business patronage. Businesses that provided home services such as repairs, plumbing, cleaning, and meals were prioritized by community leaders. Some interview participants reported official contracts with businesses to provide discounts to elderly residents, although most were reportedly unofficial partnerships that provided advertisement resulting in an increase in business customers and village members. Additionally, community leaders recommended reaching out to local churches, rotary clubs, libraries, the Chamber of Commerce, senior organizations, Indian Health Services, Habitat for Humanity, and the Department of Veterans Affairs.

### **Leadership**

Interview participants cited the following characteristics of a successful leader of an aging-in-place leader: (a) flexibility, (b) capability to work with a team, (c) excellent networking and marketing skills, and (d) ability to build strong relationships with local businesses and organizations. Over time, both non-profit organizations were reportedly able to employ paid staff to help run the Village along with neighborhood volunteers. Community leaders also mentioned the importance of having experience in healthcare, social work, or business.

### **Program Services**

Frequent social and cultural events were an integral part of the activities provided by both Villages studied for this project. Restaurant outings, dinner parties at individual homes, coffee



groups, book clubs, walking groups, visiting art galleries and museums, attending music and theatre performances were all cited as potential sources of social interaction for Village members. These social events have decreased significantly this year with the remaining groups meeting exclusively via Zoom due to the COVID-19 pandemic. Volunteers were listed as a significant contributing factor to the success of both Villages. Amenities provided by both initiatives include electrical, plumbing, handyman services, technology support, cleaning and organization services, referral to healthcare companies, transportation, meal delivery, grocery shopping, errands, prescription pick-up, and a book mobile. Neither Village directly provides healthcare services in the form of home health or nursing, provider visits, occupational therapy, or physical therapy.

### **Sustainability**

All interview participants suggested that maintaining consistent funding is vital to the sustainability of non-profit aging-in-place initiatives. Additionally, community leaders reported that obtaining strong community support from local businesses, media sources, and civic organizations is crucial to the success of aging-in-place programs. Lastly, consumer satisfaction is important for maintaining Village membership and consistent funding. Advertisement of Village program services is necessary to recruit new members.

### **Discussion**

The purpose of this project was to create an evidence-based toolkit to guide communities in the process of or planning to establish aging-in-place initiatives. A synthesis of relevant literature and interviews with researchers and community leaders were conducted to provide sources of data on salient characteristics of successful aging-in place initiatives. The insights gleaned from the interviews were overall consistent with themes that surfaced in the literature

review. Village leaders in Massachusetts and Florida reported similar challenges and successes despite differing geographic locations that was supported by the literature such as social engagement of residents, the role of healthcare professionals, modifications of the home environment, and sustainability of aging-in-place initiatives over time.

Social participation was highly encouraged by both Village leaders interviewed for this project due to the positive impact it has had on the lives of Village members. Member satisfaction with social events and programs was emphasized due to the need for renewed and additional membership for program sustainability. A variety of funding sources were utilized by both Village leaders interviewed as well as the CAPABLE program. However, it was disconcerting that Village leaders denied receiving any financial assistance at the state or federal level whatsoever. The lack of government support requires local aging-in-place initiative leaders to develop creative strategies for obtaining funding that are specific to the geographical area. For example, since local foundations vary by city and state and have differing missions and goals, the focus of potential funding sources should be on those foundations and organizations offering grant assistance who have the desire to improve communities in addition to the lives of the elderly.

Although the important role of healthcare professionals such as RNs, PTs, OTs, and social workers was emphasized by community leaders, services were not directly provided by the Villages to their members. Leaders of aging-in-place initiatives actually recommended against being directly involved with providing medical care to Village members but referred individuals to local companies and resources. Some interviewees reported liability concerns as the chief reason they did not directly provide healthcare. They also cited the significant amount of time and effort required for in-home medical care, which could not be successfully provided by

volunteers alone. The literature review highlighted the success of structured programs such as the CAPABLE intervention that offers in-home nursing support, occupational therapy, and handyman services. However, this program is currently only offered in 25 sites across 18 states in the U.S. due to the extensive requirements and initial funding required from local initiatives desiring to implement CAPABLE in their community (The John Hopkins School of Nursing, 2020). Handyman services were recommended by Village leaders, but again the services are provided through a referral system and not directly by a Village staff member or volunteer. These services are all valuable in unique ways, but safety in the home environment should be prioritized for the overall well-being of older adults to prevent accidents, fires, slips, and falls that can have catastrophic results leading to hospitalization, institutionalization, or even death.

The literature recommended partnerships with local academic institutions but neither of the Village interviewees reported an official association, though both interviewees expressed a desire to do so. Colleges and universities can be a rich resource by providing expertise and assistance from multiple disciplines such as nursing, medicine, social work, physical therapy and occupational therapy programs. One of the Village leaders suggested that the research goals of the institution must align with the needs of the aging-in-place initiative in order to obtain university support. However, from a community participation perspective, one could argue that the learning needs of college students in the aforementioned specialties could be enhanced by involvement in aging-in-place programs, even through something as simple as completing an in-home assessment. Partnerships like this would foster a mutually beneficial relationship between students and older adults in the community.

### **Significance of Results**

The enormous value and resourcefulness of the aging-in-place community leaders' experience, abilities and talents was clearly represented in the interviews. All interviewees highlighted the importance of the following leadership characteristics: a passion for improving the lives of the elderly, excellent communication and networking skills, and proficiency in interprofessional collaboration. The Village leader in Maitland, Florida has expertise in healthcare with a Ph.D., or terminal degree, in Nursing as well as extensive experience as a Geriatric Nurse Practitioner and educator. These skills are instrumental in the success of an aging-in-place initiative due to her training, specialty knowledge of the elderly population, and experience in research. Furthermore, a doctoral degree program prepares the graduate for roles in leadership, health policy and systems change which are beneficial to the development and continued success of an aging-in-place initiative. These qualifications are ideal for a Village leader, although not required. The executive director of the Beacon Hill Village in Boston, Massachusetts has an MBA, experience in marketing and project leadership, as well as volunteer experience with an organization focused on elder affairs. All of these skills and abilities are vital to the sustainability of an aging-in-place program within a community that relies on building successful partnerships with local businesses and organizations.

The rapidly expanding elderly population in the United States will require additional resources and support as they age in the coming years. This is particularly relevant in the state of Florida as it holds the second highest ranking in the country for the number of residents age 65 or older (Administration for Community Living & Administration on Aging, 2018). A growing demand for innovative ideas to address the expanding utilization of healthcare services exists due to consequences of aging such as the development of chronic disease and decreased physical mobility. The U.S. cannot continue to solely rely on long-term care services such as assisted-

living or skilled nursing facilities to provide care for elderly citizens. The fact that Florida ranks last in the country in providing long-term care services and support for older adults should spark immediate action by state government officials (AARP, 2020). If the state of Florida does not begin to address this issue immediately, there will be a time in the near future where healthcare facilities will be overwhelmed and unable to serve the needs of all elderly residents. Research has demonstrated that aging-in-place programs are cost-effective, provide superior outcomes, as well as improve the quality of life of older adults.

### **Evidence-Based Toolkit Development and Dissemination**

A toolkit containing structured components of a successful aging-in-place initiative was created after project data collection. An integrated literature review and interviews of researchers and community leaders provided data on salient characteristics of successful aging-in-place initiatives. The toolkit was organized into the following themes revealed during the interviews: (a) funding, (b) community support and partnerships, (c) desired leadership characteristics, (d) sustainability, and (e) program services. Aging-in-place resources were also provided. Additionally, local resources in Tallahassee needed to support older adults to age-in-place were listed in categories most highly recommended by interviewees: (a) caregiving services, (b) cleaning and organization services, (c) food and meal delivery services, (d) grocery delivery services, (e) home maintenance and repairs, (f) and plumbing and electric services. The toolkit was presented and given to the board of N3 to assist them with developing their aging-in-place program in the Indian Head Acres neighborhood. State House Representative Allison Tant was contacted to bring awareness to the need to improve aging-in-place programs in Tallahassee and the State of Florida.

### **Limitations and Suggestions for Improvement**

The coronavirus (COVID-19) pandemic of 2020 contributed significantly to project limitations. Although the observance of N3 focus groups were initially part of the project aims, the Coronavirus (COVID-19) pandemic led to their indefinite postponement. The elderly in the community have been self-isolating in their homes to prevent infection since they are at a high-risk of death if exposed to the virus. The COVID-19 pandemic likely also contributed to the poor response rate from researchers and community leaders who were contacted via e-mail to request an interview for this project due to potential illness or increase in life stressors. Despite contacting numerous qualified aging-in-place leaders across the country, only three people responded and agreed to be interviewed. It would have been ideal to have received advice from a leader of Age-Friendly Sarasota help guide other Florida initiatives; however, this project leader was unable to reach any representative from this successful program. Another limitation identified was the lack of involvement from expert aging-in-place researchers from universities across the country. Community Village leaders were the only individuals who agreed to participate in this project. In the future, it may be beneficial to provide a monetary incentive for project participation in order to gain additional interviews, which would considerably enrich data collection.

### **Suggestions for Future Clinical Research**

In the future, it would be greatly valuable to involve university students in aging-in-place initiatives. In Tallahassee, FL, there is an abundance of diverse resources in academia due to the presence of several universities in the area. Undergraduate nursing students could become involved in aging-in-place programs during their required Community Health clinical rotation or even on a volunteer basis, which would not only help build their resume, but also strengthen their communication skills and comfort level in conversing with patients in their future career. These

students could be recruited from Florida State University (FSU), the Florida Agricultural and Mechanical University (FAMU), and Tallahassee Community College. Undergraduate and graduate students in the Occupational Therapy program at FAMU could be extremely helpful in conducting in-home safety assessments and providing recommendations for home improvements for local elderly residents. Students in the Medical and Social Work programs at FSU could benefit from participation with aging-in-place programs at all levels of study and could fulfill different yet equally significant roles. The involvement of FSU Senior Health, a geriatric primary care practice in Tallahassee, could also be of benefit to local elderly residents.

Secondly, the completion of focus groups by N3, which consist of older adults in the Indian Head Acres Neighborhood, would be invaluable to tailoring the program to the specific needs of the residents. If additional Villages were to be developed in different neighborhoods in Tallahassee, they may differ slightly due the differences in geography and transportation options, demographics, socioeconomic status and needs of each neighborhood. The COVID-19 pandemic proved to be a significant barrier for conducting focus groups due to the need for social distancing and quarantining of this vulnerable population. The development of this evidence-based toolkit will provide guidance and structure to community leaders in the process of or planning to establish aging-in-place initiatives in the future. Hopefully, this toolkit will be able to be utilized in other neighborhoods in Tallahassee, and if found to be successful, can be replicated in other cities and states across the U.S to improve the quality of life of older Americans.

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*Appendix A***Researcher Interview Questions**

1. How did you get interested in age friendly community initiatives in the first place?
2. If you are or have been involved in an aging-in-place initiative, how did it get started?
3. What are your sources of funding?
4. How did you obtain funding from public and/or private sectors?
5. What groups or individuals in the community are involved with your aging-in-place initiative?
6. Do you have a relationship with local universities and if so, what is their role in the project?
7. What types of services are offered to local older adults in the community?
8. Are there trained healthcare professionals officially involved with your program?
9. Do you provide a service that addresses safety in the home including needed modifications or repairs?
10. How does your initiative promote social activities of local older adults?
11. What is the process for an elderly citizen to be connected with appropriate local resources or services?
12. Based on your research/involvement with aging in place initiatives, what do you think of the most important factors that predict success and sustainability of any such initiative.

*Appendix B*FLORIDA STATE UNIVERSITY  
OFFICE *of the* VICE PRESIDENT *for* RESEARCH

## INFORMATION SHEET

You are being asked to voluntarily participate in a research study. We are doing this study to create an evidence-based toolkit to guide community leaders in the process of or planning to establish Aging-in-Place initiatives. The toolkit will highlight best practices for key components of Aging-in-Place infrastructures that provide sufficient support to allow older adults to remain in their homes as they age. The long-term goal of this project is to improve the quality of life of older adults in Tallahassee, Florida. If you choose to participate, you will be asked to join in a 12-question phone interview in the Summer or Fall of 2020. Your expertise in this field of research will be instrumental in the completion of this project.

We will store your information in ways we think are secure. We will store paper files in locked filing cabinets. We will store electronic files in computer systems with password, encryption and other authentication protection. However, we cannot guarantee complete confidentiality. Your name will not be included in the written project results unless you give explicit permission to do so.

If you have any questions, please contact Callie Burch, [cdb03c@my.fsu.edu](mailto:cdb03c@my.fsu.edu), (850) 426-9879. The faculty advisor for this project is Dr. Eileen Cormier who can be reached at [ecormier@fsu.edu](mailto:ecormier@fsu.edu) or (850) 644-5360.

If you have any questions or concerns about your rights as a research participant, or regarding the study and would like to talk to someone other than the researcher(s), you are encouraged to contact the FSU Office for Human Subjects Protection (OHSP) at (850) 644-7900.

You may also contact the OHSP by email at [humansubjects@fsu.edu](mailto:humansubjects@fsu.edu), or by writing OHSP at 2010 Levy Avenue, Research Foundation Building B, Suite 276, Tallahassee, FL 32306-2742.



*Appendix C*

**Recommendations for Aging-in-Place Initiatives: An Evidence-Based Toolkit**

Callie Burch, BSN, RN

Major Professor: Eileen Cormier, PhD, RN

Florida State University

2021

## **Aging in the United States**

The population of elderly adults over age 65 in the United States (U.S.) is growing precipitously and straining the resources of our healthcare system. Nationwide, the population of older adults age 65 and older has grown to 50.9 million as of 2017 (Administration for Community Living & Administration on Aging, 2018). Furthermore, one in five residents are age 65 or older in the state of Florida (United States Census Bureau, 2018). Florida ranks second in the country for the highest number of older adults age 65 and older with 4.2 million residents (Administration for Community Living & Administration on Aging, 2018). Locally, the number of residents of Leon County over the age of 65 was 90,942 as of 2018, which represents 31% of the total population (Florida Department of Elder Affairs, 2018).

Unfortunately, changes associated with aging such as the development of chronic medical conditions and a decrease in physical capabilities can affect the functional status of older adults. Roughly 80% of older adults have at least one chronic disease and almost the same amount, 77%, have two or more chronic diseases, which can contribute significantly to disability (National Council on Aging, 2018). Consequently, an increasing number of older adults require additional assistance with activities of daily living (ADLs) in their homes and when they are unable to manage independently, must relocate to assisted living and/or long-term care facilities. Often, this transition leads to a loss of independence and social support that negatively affects quality of life (Lehning & Greenfield, 2017). The transition to long-term care is financially challenging and often unaffordable for senior citizens due to rising healthcare costs. Increased difficulty with ADLs has been shown to significantly increase health care costs and is a primary reason for admission to a nursing home for skilled care services (Szanton et al., 2016). In fact, the United States has the highest individual healthcare costs in the world with an average expenditure for caregiving during the last five years of life being between \$300,000 to \$500,000 (National Aging in Place Council, 2019). It is estimated that an astonishing total of \$219 billion is spent each year on long-term care services for older adults in the United States (Szanton et al., 2016). Florida appallingly ranks the lowest in the country out of all 52 states with regards to available long-term care services and support for older adults, people with physical disabilities, and family caregivers (AARP, 2020). This abysmal national ranking demonstrates the critical need for immediate action in the state of Florida regarding the insufficient care and services currently provided for its elderly residents.

Current research has revealed that local communities can improve the lives of the elderly by promoting aging-in-place through the following interventions: creating walkable neighborhoods, providing home improvements to support ADLs, encouraging social participation, offering volunteer opportunities, as well as providing access to home care and community-based services (Lehning & Greenfield, 2017). These aforementioned initiatives have been shown to be effective in aiding older adults to remain safe and independent in their homes as they age, otherwise known as “aging-in-place” (Ahn et al., 2017). The needs of our local elderly should be expediently addressed in order to maintain their dignity and prevent a dire situation in which they are receiving inadequate care.

## **Components of Aging-in-Place Initiatives**

### **1. Funding**

- **Village Membership Dues**
  - Annual Village membership fees range from \$375-675 annually per individual and \$500-975 annually per household, based on interviews with leaders in Massachusetts and Florida.
- **Foundation Grants**
  - *AARP Foundation*  
<https://www.aarp.org/aarp-foundation/grants/>
  - *Home Instead Senior Care Foundation*  
GIVE65 Grant Program  
<https://www.homeinsteadfoundation.org/>
  - *Kendal Charitable Funds*  
Promising Innovations Grant  
[https://www.kendal.org/kendal-charitable-funds/?utm\\_source=www.kendalcharitablefunds.org](https://www.kendal.org/kendal-charitable-funds/?utm_source=www.kendalcharitablefunds.org)
  - *The Jim Moran Foundation*  
<https://www.jimmoranfoundation.org/grants/guidelines>
  - *The John A. Hartford Foundation*  
<https://www.johnahartford.org/grants-strategy>
  - *The Max and Victoria Dreyfus Foundation*  
<https://www.mvdreyfusfoundation.org/>
  - *The Retirement Research Foundation*  
<https://www.rrf.org/apply-for-a-grant/advocacy-grants/>
  - *The Weinberg Foundation*  
<https://hjweinbergfoundation.org/>  
Grants focus on supporting organizations that serve older adults, women and children at risk, people with disabilities, veterans, and the Jewish community in the areas of Housing, Health, Jobs, Education, and Community Services.
- **Trust Funds**
- **Donations**
- **Local Businesses and Organizations**
  - Senior organizations
  - Businesses within or near the neighborhood or Village

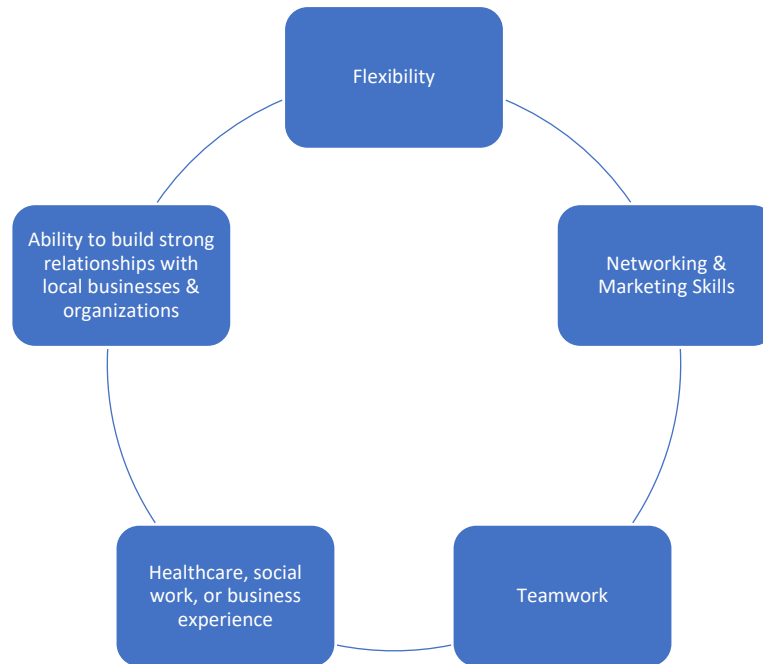
- **Federal Funding**
  - *Health Resources & Services Administration*  
[www.hrsa.gov](http://www.hrsa.gov)
  - *National Institutes of Health*  
[www.nih.gov](http://www.nih.gov)
  - *Indian Health Service*  
[www.ihs.gov](http://www.ihs.gov)
  - *Department of Veterans Affairs*  
[www.va.gov](http://www.va.gov)  
[www.floridavets.org](http://www.floridavets.org)
  - *Medicaid Home & Community Based Services Waiver Program*  
-For Medicaid recipients only  
<https://www.medicaid.gov/medicaid/home-community-based-services/index.html>

\*Multiple sources of funding are recommended. Village leaders across the U.S. report that their initial funding originated from the organization's founders.

## 2. Community Support and Partnerships

- Libraries
- Churches
- Rotary Clubs
- Chamber of Commerce
- Senior Organizations
- Habitat for Humanity
- Local hospital care transition programs
- AmeriCorps Seniors
- Local businesses that provide home repairs, plumbing and electrical services, cleaning services and meals
  - Villages may contract with service providers to provide discounts for seniors or may develop unofficial partnerships.
  - Mutually beneficial advertising can promote both Village membership as well as business patronage.

### 3. Leadership Characteristics

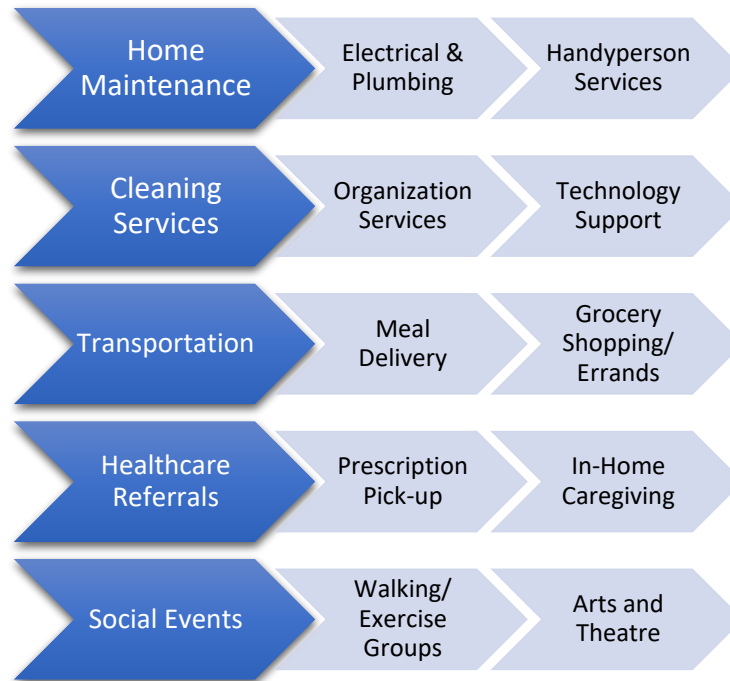


\*A strong volunteer network is vital to any aging-in place initiative. After obtaining proper funding, it is recommended that a full-time staff be hired to oversee and assist with day-to-day operations.

### 4. Sustainability

- Maintaining consistent funding is vital to the sustainability of non-profit aging-in-place initiatives. Additionally, obtaining strong community support from local businesses, media sources, and civic organizations is crucial to the success of aging-in-place programs. Lastly, consumer satisfaction is important for maintaining Village membership and consistent funding. Advertisement of Village program services is necessary to recruit new members.
- Advertising and promotion of aging-in-place initiative through local newspapers, TV stations and radio stations are important to maintain community awareness and support.

## 5. Program Services



\*Many of the social events and programs have been cancelled or changed to Zoom meetings due to the COVID-19 pandemic. Social events in the future could also include seminars at the local library, book clubs, restaurant outings, in-home dinner parties, and coffee groups.

**\*\*These recommendations are evidence-based. Data was collected through current research and interviews with aging-in-place leaders across the United States.**

### **Aging-in-Place Resources**

- American Association of Retired Persons (AARP) Network of Age-Friendly States and Communities  
<https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>
- Johns Hopkins School of Nursing CAPABLE Project  
[https://nursing.jhu.edu/faculty\\_research/research/projects/capable/](https://nursing.jhu.edu/faculty_research/research/projects/capable/)
- The National Aging in Place Council  
<https://www.ageinplace.org/>
- The National Council on Aging  
<https://www.ncoa.org/>
- Scharlach, A. & Lehning, A. (2016). *Creating Aging-friendly Communities*. Oxford University Press.  
[Publisher Link](#)
- The Village-to-Village Network  
<https://www.vtvnetwork.org/>
- The World Health Organization: Global Health and Aging  
[https://www.who.int/ageing/publications/global\\_health.pdf](https://www.who.int/ageing/publications/global_health.pdf)
- The World Health Organization Global Network for Age-friendly Cities and Communities  
[https://www.who.int/ageing/projects/age\\_friendly\\_cities\\_network/en/](https://www.who.int/ageing/projects/age_friendly_cities_network/en/)

## Local Senior Resources

- **Alzheimer's Project of Tallahassee**  
(850) 386-2778  
[www.alzheimersproject.org](http://www.alzheimersproject.org)  
-Provides comfort, support and assistance to persons with memory disorders and their caregivers across the Big Bend area.
- **Area Agency on Aging of North Florida**  
1-800-963-5337 Elder Helpline  
<http://www.aaanf.org/index.html>  
-A private non-profit that contracts with the State of Florida Department of Elder Affairs to administer federal and state programs for seniors and their caregivers  
-Many senior resources provided  
-Helps develop grants and contracts with community agencies for direct service provision
- **Elder Care Services**  
(850) 921-5554  
<https://www.ecsbigbend.org/>  
-Resource for aging issues and services and advocacy for seniors  
-Elder Day Stay (adult day care)  
-Meals on Wheels  
-Transportation  
-Emergency food pantry
- **Florida Council on Aging**  
<https://fcoa.org/index.php>
- **Florida Department of Elder Affairs**  
<http://elderaffairs.state.fl.us/>
- **Florida Elder Helpline**  
1-866-467-4624  
[http://elderaffairs.state.fl.us/doea/elder\\_helpline.php](http://elderaffairs.state.fl.us/doea/elder_helpline.php)  
-Provides information, referral and assistance to seniors, caregivers, professionals, and the general public
- **Tallahassee Senior Center**  
(850) 891-4000  
<https://www.talgov.com/seniors/seniorservices.aspx>  
-Fitness programs, art classes, lifelong learning classes, and special interest groups
- **UPSLIDE (Utilizing and Promoting Social Engagement for Loneliness, Isolation and Depression in the Elderly) Program**  
(850) 891-4066



-Counseling by phone or video conferencing, virtual Friends Connection meetings, and a group Facebook page

\*Services provided for those age 50 or older

- **Safe Mobility for Life**--Florida Department of Transportation  
<http://safemobilityfl.com/AginginPlace.htm>  
-Transportation options for seniors
- **SHINE (Serving Health Insurance Needs of Elders)**  
1-800-96-ELDER  
-Provides free Medicare and health insurance counseling and information  
<http://www.floridashine.org/>

### Caregiving Services

- **Home Instead Senior Care**  
(850) 724-0607  
[www.homeinstead.com](http://www.homeinstead.com)  
Non-medical home care, assistance with ADLs, companionship, Alzheimer's care, transportation, prescription pick-up
- **Hopewell In-Home Senior Care**  
(850) 329-5254  
<https://www.hopewellcare.com/>  
Registered Nurse services, assistance with ADLs, fall prevention, Alzheimer's care, companionship, respite care
- **Right At Home Tallahassee**  
(850) 765-4701  
<http://www.rightathome.net/tallahassee>  
Non-medical home care, assistance with ADLs, Alzheimer's care, companionship, respite care
- **Visiting Angels**  
(850) 320-6062  
<http://www.visitingangelstallahassee.com/>  
Non-medical home care, assistance with ADLs, light housekeeping, transportation, companionship
- **Big Bend Hospice**  
(850) 878-5310  
[www.bigbendhospice.org](http://www.bigbendhospice.org)

- **Covenant Care**  
(850) 575-4998  
[www.choosecovenant.org](http://www.choosecovenant.org)

### **Cleaning & Organization Services**

- **A Peaceful Home Organizing**  
(850) 228-0183  
<https://www.a-peaceful-home.com/>
- **Apple Pie Maids**  
(850) 273-9082  
[www.applepiemaids.com](http://www.applepiemaids.com)
- **Organized by KB**  
(850) 296-7407  
[www.organizedbykb.com](http://www.organizedbykb.com)
- **Sparkleen Tallahassee**  
(850) 264-1310  
[www.cleaningtallahassee.com](http://www.cleaningtallahassee.com)
- **Two Maids & A Mop**  
(850) 222-2299  
[www.twomaidsallahassee.com](http://www.twomaidsallahassee.com)

### **Food & Meal Delivery**

- **DeliverLean Care**  
(954) 246-0240  
[www.deliverleancare.com](http://www.deliverleancare.com)  
-Fresh, nutritious meals serving the unique dietary needs of the elderly and other health care patients.
- **Farm to Fork Meals**  
(877) 800-1410  
[www.farmtoforkmeals.com](http://www.farmtoforkmeals.com)  
-Local business providing fresh meals delivered on Sundays and Wednesdays. Meal plans include the Fit, Paleo and Vegetarian.
- **Meals on Wheels**  
(850) 921-5554  
[www.eldercarebigbend.org/nutrition](http://www.eldercarebigbend.org/nutrition)

- **Prep Pros Tally**  
(850) 888-3147  
[www.preprostally.com](http://www.preprostally.com)  
-Local business providing fresh meals delivered daily. Meal plans include the Standard, Lean & Clean and Keto.

### **Grocery Delivery**

- **Instacart**  
[www.instacart.com](http://www.instacart.com)  
Publix, Sams Club, Costco, Target, The Fresh Market
- **Shipt**  
[www.shipt.com](http://www.shipt.com)  
Publix, Winn Dixie, Costco, Target
- **Amazon Prime Grocery Delivery**  
[www.amazon.com](http://www.amazon.com)  
Whole Foods

### **Home Maintenance and Repairs**

- **Big Bend Habitat for Humanity**  
(850) 574-5087  
<http://bigbendhabitat.org/>
- **Capital City Handyman**  
(850) 391-6314
- **ForeCorners Home Improvement and Handy Works**  
(850) 321-8908  
\*Resident of Indian Head Acres neighborhood
- **Handyman Solutions of Tallahassee**  
(850) 524-1534
- **Js Handyman Services of Tally, Inc.**  
(850) 567-4788

**Plumbing & Electric**

- **Brown Plumbing**  
(850) 545-0581  
[www.brownplumbinginc.com](http://www.brownplumbinginc.com)
- **Jim Crosby Plumbing**  
(850) 219-1266  
[www.jimcrosbyplumbing.com](http://www.jimcrosbyplumbing.com)
- **Electrician Pros Tallahassee**  
(850) 378-4104  
[www.electricianprostallahassee.com](http://www.electricianprostallahassee.com)
- **R.C. Electric**  
(850) 545-1965  
[www.rcelectric.net](http://www.rcelectric.net)