

Statement

of

Mr. James Sykes

Senior Advisor for Aging Policy
Department of Preventive Medicine
University of Wisconsin Medical Center

and

Board Member, National Council on the Aging

before the

Senate Special Committee on Aging

on

“Healthy Aging in Rural America”

Thursday, March 29, 2001

Good morning. Thank you, Mr. Chairman, for the opportunity to share my ideas, based on hands-on experience with housing and services in rural Wisconsin, and to express my conviction that, while we have made tremendous strides in improving the well-being of the nation's elders, we have major challenges to achieve the goal of decent, affordable, appropriate housing with services for those living in rural areas.

I am Jim Sykes. While primarily presenting my own opinions from my work in the field for thirty years, I will also share insights and experience from members of the National Council on the Aging, especially NCOA's National Coalition on Rural Aging and the National Institute of Senior Housing. My long association with the Wisconsin Partnership for Housing Development has broadened my views. Colleagues within the Rural Wisconsin Health Cooperative and the Coalition of Wisconsin Aging Groups have provided valuable information and my graduate students and faculty at the University of Wisconsin have sharpened my understanding of the complexities of developing sound practices and enlightened policies.

Over the years I have been privileged to chair Wisconsin's Board on Aging, the Wisconsin Housing and Economic Development Authority, the Dane County Housing Authority and the National Council on the Aging. I was the leader of the "housing with services" track at the 1995 White House Conference on Aging—a poignant time in which elders from across the nation expressed their concerns and voted on policy priorities for America to improve the quality of life of older citizens. In addition, my work with the Elderly Housing Coalition here in Washington has provided a foundation for my judgment about what needs to be done to increase the probability that older persons may continue to live active, healthy lives and to receive the care they need when infirmities associated with advanced years become all too onerous.

I would like to highlight some of the problems that make this hearing so timely and important. Then, I'll describe a case on point—one small town's efforts to provide affordable, appropriate, attractive housing for older persons. I'll suggest certain solutions to the problems almost inherent among older persons living in rural areas. Briefly, I will describe Wisconsin's Community Options Program, a creative effective response to those who

require long term care due to their isolation, frailty, and the lack of appropriate, affordable shelter and services.

One needs only to live in rural America to experience what demographers and health policy specialists describe as the consequences of living to advanced years in an aging society. As we age we experience
The decline of our health and capacity for self-care,
The decline of supportive networks as our friends move, our children age,
The decline of our communities due to shifting populations,
The decline of health facilities and sustainable services,
The decline of our housing stock due to costly repairs and maintenance.

In short, while we continue to prefer to age in places we know, among those with whom we have worked and nurtured, and to remain independent, we find ourselves increasingly unable to cope with decline—our own and our community's. Fortunately, we have examples of communities that have brought together needed resources, governmental and private, to enable those least able to care for themselves to live satisfying lives and to receive the care they require. Permit me to describe what citizens of Sun Prairie, Wisconsin, have done to improve the chances that the community's elders will live secure, satisfying, independent lives.

The Sun Prairie story began—in a manner of speaking—when the owners of a local corporation, The Wisconsin Cheeseman, decided that they had an obligation and an opportunity to assist those community leaders who recognized increasing problems among their fellow citizens and determined to act responsibly. The Cheeseman asked me, an officer of the company, to investigate what was needed and what should be done to improve the lives of older citizens. With others, I facilitated a community planning process that led to the establishment of a senior center and, later, to the development of independent and supportive housing. From the outset, we gave equal attention to the healthy and active and to those facing problems associated with their advanced age, limited income, and their lack of personal support. The Corporation, and its Foundation which I headed, provided grants to build a center with and for the elders of Northeastern Dane County. With a small grant from Wisconsin's Older Americans Act resources, our group

organized the Colonial Club, a non-profit center, and began to offer a wide array of programs and services built on a solid base of volunteers, personal contributions and a few corporate gifts. The center was an immediate success—by the number of participants and the range of services provided.

It became evident to the Center leadership and to the owners of The Cheeseman, that a large number of area residents lived in inappropriate housing—too large for some, too costly for others, too isolated for still others. We provided the leadership for a local housing authority to meet the need for affordable housing; unfortunately, our application for public housing was added to a long list of unfunded community programs. The community tried again for funding under another Federal program, but met the same fate. The Cheeseman decided that we would build the housing utilizing the skills and knowledge of our employees. We set rents that were below fair-market rates. These units that surround the senior center provide the residents with not only independent, attractive, affordable shelter, but also with easy access to comprehensive programs and services. The Cheeseman continues to provide financial support along with grants from the City, Dane County, the United Way and individual contributions of cash and hundreds of hours of volunteer time, energy and creativity. Later, the Foundation and Corporation funded a center expansion and an adult day care facility. To the 98 privately owned units we developed initially, we built another facility with 56 apartments providing supportive services.

The Colonial Club, with a HUD Section 202 loan, built a 94 unit congregate housing facility on its site. With Section 8 subsidies, the residents were able to have supportive, affordable housing. I'd love to continue this story in detail; however, suffice to say, the partnership that developed in one small Wisconsin town among government, private corporations, older people and their families resulted in a program that works, and an environment that supports an increasing number of frail elders. Largely because we decided to establish within one neighborhood the center, housing, adult day care various meal, transportation, counseling, health promotion, rehabilitation, socialization, education, information and employment opportunities—paid and unpaid—a synergism has been achieved that sustains, albeit always at the margin, a comprehensive, community-based care system, a community.

Another example of a rural community responding to the need for supportive housing may be found in Franklin, Vermont, a town of about 1000. By creatively combining private, local government, HUD, Medicaid and Tax Credits, the community developed 40 units of supportive housing. Services to residents are also available to community dwellers proving again the importance of flexibility when combining various grant, loan and support services to serve both frail and less frail citizens; efficiencies achieved from higher density provide important savings and ensured higher quality services. (For information, contact Sarah Carpenter, Executive Director, Vermont Housing Finance Agency, 802-864-5743.)

The Wisconsin Partnership for Housing Development, utilizing diverse resources, including a Historic Preservation designation, totally rebuilt an old hotel in Richland Center to provide quality housing for this small town's aging population and to save a landmark (For information, contact William Perkins, Executive, Wisconsin Partnership for Housing Development, 608 258-5560 x23.)

In Prairie du Chien, Wisconsin, the Memorial Hospital has utilized its limited resources and dedicated staff to create independent housing and, somewhat later, an assisted living facility by converting a Catholic convent into attractive, affordable assisted living for residents who now have an average age of 88. The natural ties between people with declining health and the competent professional staff of a small rural hospital ensures that residents receive timely, appropriate attention as and when they need help. (For information about ways rural hospital are involved in community housing with services programs, contact Tim Size, Executive Director, Wisconsin Rural Hospital Cooperatives, 608 643 2343.)

In small towns across the nation, there may be found religious congregations, hospitals, corporations, citizen groups, local and county governments that sincerely want to improve the quality of life for their members, patients, customers and citizens. With the guidance of organizations such as the Wisconsin Partnership, with a HUD technical assistance grant, affordable housing projects can be developed at a scale appropriate to a small town, with a range of services essential for elders

facing chronic illness and declining personal support. Building the facilities is only half the problem.

Rural communities in Wisconsin and Vermont—indeed, throughout the country—have found creative ways to develop and maintain affordable, attractive, appropriate housing for community elders, not only to divert frail residents from nursing homes, but also to improve the quality of their lives and their sense of security. In rural America, neighbors, religious congregations, small hospitals, and other voluntary groups are providing services to elders who need a meal delivered, a ride, someone to visit, some help with home maintenance or housekeeping. Unfortunately, nearly every rural project about which I have information is facing the problem of sustaining their services for an increasingly frail population. In addition, thousands of rural elders remain alone, unserved, afraid.

In Wisconsin, the Community Options Program (COP) provides resources for frail elders and disabled people of any age to enable them to receive the support they need, in settings of their choice, and with the assurance that as their conditions change they will have additional, cost-effective services. The Community Options Program provides resources for the effective coordination of services, for assessing functional capacity and threats to independence, for determining one's eligibility for governmental resources and for monitoring care plans. Utilizing Federal and State funds, the Community Options Program enables frail persons to continue to live in their homes and communities.

The Community Options Program, through care management agencies and the recently developed Aging and Disability Resource Centers, provides essential support and guarantees that people in need will be served. COP is a policy solution to the challenge for urban and rural communities and individuals determined to care for fellow citizens in need in a dignified, appropriate, effective manner. Wisconsin's Community Options Program has been a tremendous success in providing individuals at risk of institutionalization with the ability to purchase various services they need—not more than they require, but not less than they need. (For information about Wisconsin's Community Options Program and "phase two," Aging

and Disability Resource Centers, see www.state.wi.us/lcicare/ or call Janet Zanger at 715-346 1401.)

Systemic problems require systemic solutions. The nation's rural elders are living with uncertainty--about their health, their homes, their financial condition and, especially, their capacity to live independently. We have replicable models of how communities have joined forces with government, business, religious congregations and neighbors to remove obstacles to a good old age for the elders of their communities by developing and supporting sustainable programs.

A little over a year ago the Elderly Housing Coalition, comprised of national organizations, developed a policy paper, "Toward a National Continuum of Care," that calls for the integration and rationalization of various funding sources to enable those living in subsidized housing to remain where they prefer with services they need. We urged then, and I do today, a partnership between HUD and HHS to coordinate and maximize the benefits for vulnerable residents for both shelter and services whether they live in organized projects or in their individual homes or apartments. We urged then, and I do today, that we strengthen such programs as service coordinators, meals programs, and those services often associated with assisted living as a way not only to avoid premature or unnecessary institutionalization or an unwelcome move of any kind, but also as a way to increase the quality and security of their lives. (See the May-June, 2000 issue of Health Progress, a publication of The Catholic Health Association.)

We know who needs care. We know where they prefer to live. We know how to provide appropriate and quality care to people no matter where they live. An integrated system of health and support services provided to rural elders is within our means; it is certainly consistent with our goals for a civil, caring society. The question we must answer is whether we will move beyond the rhetoric of caring to ensure that we, if I may steal a phrase, leave no elder uncared for.