

Rebuilding and Modernizing Facilities for Long Term Care Delivery

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ABSTRACT

Even though, the aging of the population is a commonly accepted fact of life, increasing number of outdated houses is a concern that requires more consideration. The current real estate stocks in the United States is inadequate to fulfill the requirements of an older homeowner with raising demands for support and guidance with everyday lifestyle and for health care and long term care. Developing new homes and long term care locations is usually not the actual best solution because it is a slow and expensive process when compared to retrofitting and renewing the current housing inventory. Retrofitting is described as modernizing or adjusting a house or building to improve its usability and capacity to assist frail older adults. This solution strengthens older adults living in existing homes as well as citizens aging in government subsidized senior housing projects. Retrofitting of the property inventory can also provide service providers and health care providers to provide support more efficiently. Overall, retrofitting produces a supporting long term-care delivery environment that is more cost beneficial than institutionalized alternatives. Retrofitting can ensure living environments more accessible, adaptable, and cost effective places for long term care.

Keywords: Long term care delivery; living environments; cost effective places; aging.

Uzun Süreli Bakım Tesislerinin Yeniden İnşası ve Modernizasyonu

ÖZ

Nüfusun yaşlanması yaygın olarak kabul edilen yaşamsal bir gerçektir; ancak gün geçtikçe artan sayıda eski evler daha çok dikkate alınması gereken bir konudur. Amerika Birleşik Devletleri'ndeki mevcut gayrimenkul stokları, yaşlı bir ev sahibinin günlük yaşam tarzıyla ilgili gerekli destekleri, rehberlik hizmetlerini, sağlık bakımı ve uzun vadeli bakım gereksinimlerini karşılamak için yetersizdir. Yeni konutların ve uzun vadeli bakım yerlerinin geliştirilmesi, mevcut konut envanterinin yenilenmesi ile karşılaştırıldığında yavaş ve pahalı bir süreç olduğundan genellikle en iyi çözüm değildir. Güçlendirme, yardıma muhtaç yetişkinlere yardımcı olmak için bir ev veya binanın kullanılabilirliğini ve kapasitesini artırmak amacıyla modernizasyonu olarak tanımlanmaktadır. Bu çözüm, mevcut evlerde yaşayan yaşlı yetişkinlerin yanı sıra hükümetin yaşlı yurttaşlar için tasarladığı sübvansiyonlu konut projelerini de avantajlı kılar. Mülk envanterinin güçlendirilmesi, servis sağlayıcıların ve sağlık hizmeti sunucularının daha verimli bir şekilde destek vermelerini sağlayabilir. Genel olarak, yenileme, kurumsallaştırılmış alternatiflerden maliyet açısından daha yararlı olan uzun vadeli bakım sunum ortamını desteklemektedir. Yeniden yapılandırma, yaşamsal alanların uzun vadeli bakım için daha erişilebilir, uyarlanabilir ve uygun maliyetli yerler olmasını sağlayabilir.

Anahtar Kelimeler: Uzun süreli bakım hizmeti; yaşamsal alanlar; uygun maliyetli yerler; yaşlanma.

INTRODUCTION

Although long-term care receives far less U.S. policy attention than health care does, long-term care matters to many Americans of all ages and affects spending by public programs (1-2). Difficulties in the existing long-term care program abound, varying from dissatisfied requirements and tragic burdens among the disabled people to disputes between state and federal governments about who contains responsibility for meeting them. As the population ages, the force to improve the program will develop, increasing primary policy factors which combine the stability between institutional and noninstitutional care, guarantee of high-quality care, the consolidation of acute and long-term care, and funding systems to provide cost effective care.

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THE PROCESSION OF HOUSING

A long lasting impression has been that older individuals relocate along a housing progression from one location to another as they seem to be more sensitive. Along this procession is a collection of housing alternatives, such as single family houses, flats, assemble living, aided living, and maintenance and care residences, most commonly determined as a nursing home (3-4). Though the procession of housing covers a variety of housing types, there is growing understanding that infirm elderly individuals do not definitely have to move, even if they become more discerning. Partially reliant or reliant older individuals can stay in their own houses and flats if the physical arrangement is retrofitted to be much useful, reachable (5). Due to this understanding, a modified form which highlights the flexibility of the traditional housing documentation to support a wide range of frail older individuals and young individuals with disabilities has appeared.

The modified system is effectively arranged with the Olmstead conclusion of 1999, by that the Supreme Court ascertained that unneeded institutionalization disturbed the Americans with Disabilities Act (6). As a solution, traditional community organizations must prepare policies to the requirements of qualified disabled individuals (7). The Olmstead opinion indicates that older individuals should stay in the area that has the lowest acceptable standard of care, including the possibility of their own houses. Retrofitting current properties would support this objective, but housing related procedures obstructs progress in this way.

DIFFICULTIES ON RETROFITTING HOUSING

Difficulties on retrofitting housing exist in the practice of laws, scheduling, and financing. Laws that allow the retrofitting of traditional property has been slow to develop. The Fair Housing Amendments Act of 1988, is applicable only to structures of four or more living units, leaving out fully single family houses and inadequate housing complexes. The part of the report that relates to retrofitting current multi-unit houses calls for "acceptable accommodations" for individuals with disabilities and permits people to make modifications, but the statement is ambiguous on the legal responsibility of the owner to consider for modifications, even in the common segments. Plans which provide funds allowing older individuals who live in their individual houses to determine the physical conditions are few and far between, endorsed largely by policies such as Community Development Block Grants, which was developed in 1974, and the Older Americans Act of 1965, neither of which offers significant sources to resolve these difficulties. Health care pays for what are regarded as medically prescribed products, such as walkers and wheelchairs, but does not involve structural variations. Therefore, older people have at their convenience only a selection supply system of improperly funded services. Many older people quit adjustments that could improve the property of their lives because of the paucity of home improvement plans and the difficulty of having to payout of money for many modifications, specifically those that

require expensive commercial variations.

INCREASING AGE OF PROPERTY AND OCCUPANTS

The need to provide government supported elderly housing is consistently pressing. Elderly property amenities include a substantial demand for retrofitting, renovation, and modernization but missing the resources, federal assistance, or the independence within their running finances to handle their requirements. Most government supported housing has a serious defect: It was projected for independent older people. Throughout time, though, occupants have aged in place and new homeowners have relocated in at an older age. For example, in 1999, managers of section 202 projects stated that 30 percent of residents were age 80 and older, and 22 percent of residents were frail (8). To eliminate insignificant changes to more formal settings, such as nursing homes, these types of residents want more physically supporting conditions and services than once were present in most government assisted housing.

Various government supported properties have significant needs for funding to develop and retrofit to be able to make boundary free conditions for residents aging in place. Funds reserves are needed to retrofitting, modernizing, or increasing service operations. Though, an AARP research obtained that 20 percent of the 45,000 government assisted housing models constructed between 1959 and 1974 have insufficient reserves to meet their existing service requirements. Additionally, handling of 36 percent of housing projects reveal that reserves are insufficient to meet estimated maintenance requirements. Amongst section 202 properties constructed between 1959 and 1999, only 8 percent sustain the opposition to retrofit the structures to meet the long-term demands of their aging residents (8). In 1997, section 531 of the Multifamily Assisted Housing Reform and Affordability Act developed a rehabilitation grant program in which resources could be utilized for rehabilitation and retrofitting. Though resources were provided in the fiscal year 2001 and 2002 budgets, the U.S. Department of Housing and Urban Development (HUD) did not reach this plan. Congress should expect HUD to ensure these resources persistently available as well as create additional benefits to innovate and develop senior housing properties.

MODERNIZING AVAILABILITY

Several methods are currently applied to retrofit single family member homes. Two of the most common are reverse mortgage loans and home improvement and maintenance. A reverse mortgage loan allows older adults to utilize their home as a possible capacity of earning. It permits older people to stay in their homes and hold down the profit benefit throughout a monthly regular income, a lump-sum payment, or a line of credit (9). The loan is then paid back, with interest, when the home is vacated. Early supporters of reverse mortgages recommended that nearly one half of the elderly at risk of requiring health and individual care facility lived in single family homes. More recently, the Reverse Mortgage Association has been encouraging the use of such mortgages to perform home

maintenance and changes.

Many professionals have been enthusiastic about reverse mortgages due to the high cost of home ownership among the elderly. The combination amount of equity bounded in homes of the older people is large; estimations vary from \$600 billion to \$800 billion. It is noted that studies have calculated that from 3 to 5 million older households are qualified for a reverse mortgage (10).

In order to highlight these mortgages, HUD in 1989 started to satisfy a particular kind of credit known as a Home Equity Conversion Mortgage (HECM). The HECM is accessible for people 62 years of age and older who hold their homes with little to no mortgage credit. As indicated by the Federal Housing Administration, since the project's first closing in 1989, around 75,000 HECMS have been protected and supported, two-thirds of which have been supported in just the past three years alone. The slow development of reverse mortgages of all kinds is associated to their demanding nature, the opposition of many older people to interfere with a major purchase, the raised closing expenses that usually come with initiation of the mortgage, tendency to get back to borrower status, and the relative newness of the strategy. However, HECMS, and other reverse mortgage loan projects from Fannie Mae and other private creditors, provide a potential source of earning to undertake required retrofitting.

To retrofit a single family home, aged adults can use home adjustments or physical modifications to the residing condition that improve the home environment. Home adjustments can vary from affordable lever door handles and grab bars to much more expensive extra trails and completely renovated restrooms and living rooms. These daily adjustments ensure it simpler to carry out activities such as cooking, using stairway, and cleaning. Home adjustments can also offer long range advantages, such as increasing independency, eliminating injuries, assisting care giving, and reducing the need for costly institutional care.

The vast majority of publically financed home modification and maintenance is compensated for through HUD'S Community Development Block Grants, but federal mandate and constrained funding for home modification and maintenance are missing. Remarkable gaps exist in the geographical plans of projects, with remote areas specifically under supported. In addition, the occurrence of these projects is regularly endangered by a lack of consistent resources of financing. In locations without projects, aged adults and their families experience a complicated process of coordinating the various different providers that may be required to produce a role in home adjustment, such as therapists, remodelers, technicians, traders, health supply providers, and social service organizations. For older adults who desire to retrofit their own homes, home modification is an adequate plan, but they and their families must implement to handle difficulties with financing.

RENOVATION OF SUBSIDIZED HOUSINGS

The main focus of elderly housing in the government has changed from age focused housing for single elders to

demands based housing for elders (4). Within the Assisted Living Conversion Program, HUD appropriates resources for the reconstruction and retrofitting of entire buildings or floors and other federally aided housing projects for the elderly into assisted living facilities. Aided living aims to improve the appropriateness of housing for frail older adults by delivering more intense supporting solutions in a group setting that is residential in character and appearance. However, the cost is often too expensive for low-income older adults. In 2006, HUD'S suggested budget contains an estimated \$30 million for this project. For many services, the conversion procedure involves retrofitting. Particular design features of older projects, such as small corridors and lack of space for on-site services and lounges restrict the benefit of helping frail older adults, specifically those with Alzheimer's disease. In these cases, changes and retrofitting will help to maintain aided living programs and residents. The experience of several states with converting section 202 housing into aided life indicates that changes increase residents' access to services and maintain a residential environment (11). If successful, this project will make aided living also accessible to low- and moderate-income older people, but it will still fall significantly short of fulfilling the requirement.

PROVIDING SERVICE PERFORMANCE

Retrofitting can supply the status and availability required to increase connection and delivery of supporting solutions. After retrofitting their house or apartment, older adults have an accessible home which allows both care providing and servicing provisions. Studies indicate that home adjustments and sufficient space can expand caregivers' potential to improve the quality and effectiveness of their care (12). Additionally, home improvements, together with therapy treatments, can maintain the capacity of individuals and reduce caregiver stress (13). With respect to government supported senior housing, retrofitting the list of federally aided housing projects will improve the efficiency of other active projects which offer treatments to aging residents.

HUD'S Congregate Housing Services Program (CHSP) started in 1959 as a test assisting around 3,000 individuals in sixty three locations. The CHSP modelling utilizes a maintenance manager to setup evaluations and compensates for treatments such as meals, mobility, and homemaking. The project is directed regarding very frail older people who are suffering from at least two difficulties with experiences of daily living. Individuals get different advantages by engaging in the CHSP: They keep on living in a domestic atmosphere, have better control of discretionary paying than they would in a caregiving center, and get emergency situation and daily assistance. Possibly the greatest asset is the potential to defer or stop going into a nursing center. With passage of the Housing and Community Development Act of 1992, the project improved functions to nearly double the number of actual sites. Unfortunately, HUD no longer finances new projects, and the first contracts terminated in 1998 (14).

Through the Housing and Community Development Act of 1992, parliament approved expenses for a service

coordinator program. Service coordination is a less useful model than the CHSP and depends more on connecting residents with services rather than providing them directly. Unlike the CHSP, coordinators in this program do not have investment authority for services, but they can provide a broader set of fragile older residents. As stated by the American Association of Service Coordinators, in 2003 there were around 3,000 service coordinators in part 202 public housing and other programs. An assessment of the program presented that service coordinators effectively organized several different services for residents, who consider high levels of satisfaction with the program (15). Services coordinated for residents consist of meals on wheels, in-home supportive services, hospital care, house health for those who receive Health care or State health programs eligibility, transportation, on site adult education, and month-to-month blood pressure monitors. Service coordinators also act as a connection between owners and tenants. The efficiency of these two programs demands a retrofitted building that offers obtainable apartments and common areas for service supply.

LOW-COST STRATEGY TO LONG-TERM CARE

The retrofitting of homes and buildings to improve availability and improve the delivery of services is fully lined up with the needs of older adults. Most would prefer to stay in their existing homes as long as possible, with service supports that allow them to remain independent. From the prospect of long-term care system, State health program long-term-care expenses have elevated significantly in the last few years, which has placed a great strain on state budgets. There is great value, endorsed by the Olmstead decision, in considering cost-effective, community-based options for long-term care. Reverse mortgage loans are an expected funding support for home improvements, personal services, and other support services. In supported housing, the CHSP and service coordinator program serving demanded services for regularly frail residents and can delay or redirect older adults from getting into caregiving homes. The Assisted Living Conversion Program offers an affordable option for low-income people who need assistance with tasks of daily life but do not require skilled nursing care. These services and programs, which depend on retrofitted homes and buildings for accomplishment, offer low-cost, residential long-term-care delivery alternatives in line with the needs of older people.

LONG-TERM PATHS

Many of the physical difficulties that pre-existing homes and communities existing for older people would be decreased if adequate encouraging and flexible options were developed in the initial stage. Towards this end, a international movement has been promoting for versatile housing and age fragile communities that benefit both the elderly and those with disabilities (16). These homes and communities would be available to people in wheelchairs and those with sight or hearing disabilities, as well as other constraints. International concept punctuates that the concept of all products and environments be available by

all people to the biggest level possible, without the necessitate for variation or specialized concept. Though somewhat more expensive initially, international concept, as used for housing, will essentially decrease later expenses required for remodeling or retrofitting.

With respect to housing, international concept is a comprehensive concept that focuses on availability through out the home. At a minimal, housing models of all kinds would involve the aspects included in the Fair Housing Amendments Act of 1988, such as available gates, hallways, restrooms, and kitchens; elevated electrical plugs; and plywood supporting in restrooms for setting grab bars. In the United States, there has been improvement in this way with the dispersion and acceptance of "visitability" codes in locations such as Atlanta, Austin, Illinois, and Arizona and states such as Vermont, Georgia, and Texas. Visitability, a narrow principle than international concept, involves gates and the first floor of homes to be reachable. Such improvements, though, remain to be opposed by developers, who claim that mandates will maximize the cost of housing and require buyers to purchase features that they do not need. Contractors like voluntary programs or incentives that waive building permit charges. Improvement in this area needs a perspective change in considering about our existing housing stock to recognize that building reachable, adjustable, and supportive housing will avoid the necessitate for future retrofitting.

Retrofitting projects should be persistent. Persistence is the level to which a series of professional health care activities is practiced as defined and related and persistent with the patient's medical requirements and individual situation and persistence of care is recognized from other features of care by two primary elements—care over time and the focus on individual patients (17).

CONCLUSION

Dedicating sources to the retrofitting of pre-existing homes and buildings will supply an appropriate return on investment. The level of funding required to retrofit homes and government supported housing is comparatively small as opposed to the expected benefits. Retrofitting can increase the availability of homes and therefore improve the delivery of needed community dependent services. Initiatives to retrofit existing structures can help the production of elder friendly residential areas suitable of accommodating the requirements of frail older adults as well as younger people with disabilities. For more than two decades, long-term-care plan guidelines have concentrated on the development of home and community based options to institutionalization. Retrofitting can be an affordable method that is in accordance with consumer desires because it offers older adults with residential alternatives to more institutionalized care.

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