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## Aging in Place in Upstate New York

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Seniors may find it hard to “age in place” as they grow older because of a growing disparity between the features of the houses they own and the housing they need. The resulting change in demand for housing products and services is of particular significance in upstate New York, where the majority of seniors are homeowners and the housing stock is dominated by older, single-family homes.

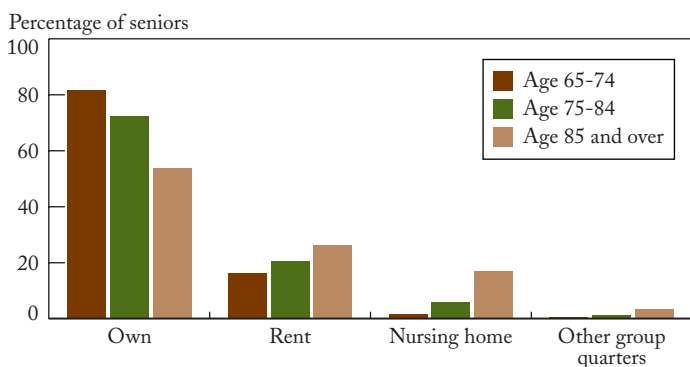
As people grow older, they tend to want to stay in their homes as long as possible, a phenomenon often referred to as “aging in place.” As seniors try to extend the number and quality of their years at home, however, many are likely to find that certain features of the houses they bought when they were younger can make it increasingly difficult to remain there, such as stairs, large yards that require maintenance, and lack of easy access to shopping and hospitals. And as the options for health care evolve, more and more seniors are receiving intensive care in a home environment that may not be well suited for it. These issues are of importance in upstate New York,<sup>1</sup> where most seniors live at home—three-quarters of them in a residence they own. As this population ages, there is likely to be a growing mismatch between the homes they have and the housing they need.

In this issue of *Upstate New York Regional Review*, we outline the changing needs of seniors as they age in place, and some of the ways in which the housing market is adapting as people choose to stay in their upstate New York homes. We begin by discussing the rise in the number of seniors aging in place. We then take Erie County, New York, as a case study to explore the characteristics of houses relative to the changing demands of older homeowners. Finally, we trace a range of emerging private and public sector responses to these changing demands.

### **Housing Choices for Seniors**

In upstate New York, the place where seniors—those aged sixty-five and over—are growing older is usually an older home that they own and have been occupying for many years. Overall, 75 percent of upstate seniors own their own homes. What is more, 80 percent of these senior homeowners have been living in the same

## Living Arrangements of Seniors by Age: Upstate New York



Source: U.S. Bureau of the Census, Census 2000, 5-Percent Public Use Microdata Sample (PUMS).

Notes: The nursing home category includes a small number of people who live in other institutional settings. Upstate New York refers to forty-nine counties in New York; it does not include New York City; Dutchess, Orange, Putnam, Rockland, Ulster, and Westchester counties; and Nassau and Suffolk counties on Long Island.

home for more than twenty years and nearly 70 percent of all senior-owned homes were built before 1960.<sup>2</sup> Only a small share of all seniors live in nursing homes or other group quarters, and most of these individuals are eighty-five and over (see chart). Because owned homes are the primary site for aging in upstate New York, this article focuses particularly on the privately owned housing stock as it relates to aging in place.

An aging population, individual preference, and emerging opportunity are three key factors contributing to the rising number of seniors remaining in their houses. The number of Americans aged sixty-five and over is projected to double in the coming decades, rising from 35 million in 2000 to 71 million by 2030. At the same time, advances in medicine and technology mean that seniors can expect to live longer. As a result, there is likely to be an especially large expansion of the oldest senior population, those over eighty-five. Indeed, this group is projected to increase from about 4.2 million in 2000 to 9.6 million by 2030.<sup>3</sup>

Of the growing number of older adults, most say they would like to age in place. Surveys by AARP show a desire among more than 80 percent of those aged fifty and over to continue living in their homes as long as possible, even if they need assistance to do so.<sup>4</sup>

While a preference for aging in place is not new, it is now being matched by greater opportunity as more long-term care services—from skilled nursing to light housekeeping—are available in home and community settings. For example, Medicaid, the primary public provider of long-term care for seniors, devotes a growing share of its budget to home- and community-based care. In 1992, only 15 percent of the long-term-care budget, or about \$6 billion, went to home- and community-based services; by 2005, this amount had increased to 37 percent, or approximately \$35 billion.<sup>5</sup> These noninstitutional services are mandated by a 1999 federal court decision that requires states, under the Americans with Disabilities Act, to provide services in settings

that are the least restrictive and the most community-based possible.<sup>6</sup> As a result, a growing share of seniors who meet the conditions for admission to a nursing home now receive services at home, and the proportion of seniors living in nursing homes has declined. Of those eighty-five and over, for example, the proportion residing in nursing homes has dropped nearly 40 percent from its 1980s level.<sup>7</sup>

### How Housing Needs Change with Age

As people's abilities change with age, their housing needs are also likely to change. Most seniors bought homes as young or middle-aged adults. But housing characteristics once valued, such as a big house and yard for raising a family, can turn into impediments as homeowners grow older and begin to experience physical and mental changes. Here we consider three features of homes and the home environment that may become problematic for seniors as they age in place: accessibility, maintenance and repair, and location.

For seniors with limited mobility, physical access within the home can become increasingly challenging for activities such as cooking, bathing, and sleeping. Stairs, for example, are the most commonly cited difficulty for seniors in getting around their home.<sup>8</sup> Falls, closely associated with stair use, are the leading cause of injury-related deaths and hospital admissions for trauma among this population.<sup>9</sup> Design modifications that would help seniors carry out their everyday activities are often lacking: Most private houses were built with doorways that are too narrow for a wheelchair; bathtubs, showers, and toilets that lack grab bars for stability; traditional door handles and faucets rather than easier-to-operate levers; and counters and sinks that cannot be used from a seated position. In later life stages, people may need full bathroom facilities and a bed on the first floor, and some will require a remote health monitoring system.

A second feature of private housing that can become problematic is maintenance. Single-family homes on large plots of land require regular upkeep, including lawn care and snow shoveling, as well as structural repairs. Older adults who begin to experience physical limitations may have difficulty with these tasks. Maintenance demands are likely to be particularly heavy for those seniors who live in older homes. Not surprisingly, studies find that an older housing stock and longer length of residence are highly correlated with greater maintenance and repair needs.<sup>10</sup> For example, older homes often have leaky windows that are difficult to open and close and storm windows that must be mounted and removed from the outside with the changing seasons.

Location is a third housing feature that affects the ability to age in place. Limited vision—particularly at night—slower reaction times, and mental impairment render many elderly people unable to drive. As a result, many seniors experience increasing difficulty getting to medical and other services, stores, and entertainment. Even those seniors who continue to drive may find location to be a problem if they are comfortable driving only short distances on familiar roads.

The three features of private houses discussed here—a physical layout that makes access difficult, the need for maintenance, and an inconvenient or remote location—mean that significant modifications may be necessary to make the houses suitable for aging in place. Indeed, a mismatch between the existing housing and the changing needs of the population may be especially great in upstate New York, where most seniors are homeowners and the housing stock is dominated by older, single-family homes. However, the degree to which these three features may become problems for homeowners differs among communities because housing characteristics vary considerably across a region.

**Housing Compatibility for an Aging Population: An Upstate Case Study**

Changes in housing demand are likely to be widespread across upstate New York as the population ages. One in four upstate New York households has at least one resident aged sixty-five and over and one in eight has at least one resident seventy-five and over, and these shares are projected to increase significantly in the years to come.<sup>11</sup> However, because a region’s housing is heterogeneous, encompassing different styles and ages, the potential demand for different types of services and products to make houses more suitable for aging in place is likely to vary.

As a case study, we examine Erie County in the Buffalo metropolitan area. While the factors influencing seniors’ housing needs are numerous, we point to some key characteristics of the housing stock in the region that affect seniors’ changing needs associated with accessibility, maintenance and repair, and location, and we suggest where demand for different types of products and services may be concentrated. We also identify differences in income and housing values that are likely to influence the degree of difficulty that seniors in the region encounter in meeting their changing needs.

We divide Erie County into three segments: the city of Buffalo, which is the metropolitan area’s largest city and urban core; the inner suburbs surrounding the city, where the population is very dense and most of the residential growth occurred before 1960;<sup>12</sup> and the outer suburbs forming the next ring of municipalities, where the population is less dense and much of the residential growth occurred after 1960.

**City of Buffalo**

About one-quarter of the seniors in Erie County, roughly 40,000 people, live in homes within the city of Buffalo (see table).<sup>13</sup> Structural and maintenance characteristics make the city’s private housing stock among the least suitable for aging in place. For example, only 6 percent of the owned homes in the city are single-story dwellings. The remaining 94 percent—nearly all two- or three-story homes—contain one or more flights of stairs and are unlikely to be outfitted with elevators, creating problems for senior homeowners with mobility constraints. Moreover, the old age and poor condition of many of these homes make for high maintenance demands. In Buffalo, the median year in which homes were built is 1925, and more than 70 percent of seniors live in homes that were built before 1940.

**Characteristics of Erie County’s Senior Population and Housing, by Area**

Percent Except as Noted

	City of Buffalo	Inner Suburbs	Outer Suburbs
Population characteristics			
Distribution of residents <sup>a</sup>	26	56	14
Mean income	\$30,867	\$39,242	\$42,787
Live with others	56	60	67
Live within three miles of hospital	100	69	7
Vehicle available	76	90	93
Housing characteristics			
Single-story home	6	49	43
Home built pre-1940	72	16	19
Mean home value	\$66,177	\$95,007	\$125,732
Lot size greater than 1/4 acre	1	25	83

Sources: U.S. Bureau of the Census, Census 2000; New York State Office of Real Property Services.

Notes: The senior population is defined as those sixty-five and over. The percentages reported for “Home built pre-1940” refer to the percentage of all seniors’ homes built before 1940; similarly, the dollar amounts reported for “Mean home value” refer to the mean value of all seniors’ homes.

<sup>a</sup>Percentages do not sum to 100 because approximately 4 percent of Erie County’s seniors live in towns outside the geographic area profiled.

As for the relative ease or difficulty of meeting the needs of aging in place, seniors in the city have fewer resources on average than seniors in other parts of the county: they are more likely to live alone and to have a lower income and a lower home value, and they are less likely to have access to a car. Some characteristics of city homes, however, are more favorable for seniors. City homes tend to have smaller lots to maintain, and they are more likely to be located near hospitals and other services and to have ready access to public transportation.

**Inner Suburbs**

The majority of seniors, more than 85,000, live in the inner suburbs surrounding the city of Buffalo. Several characteristics make these homes more advantageous than those in the city. In particular, a large number of homes in the inner suburbs have a single-story floor plan—where the bathroom, bedroom, kitchen, and sometimes the laundry are all on the first floor—and the construction is typically more recent. The seniors living in these homes are also more likely to have higher incomes and higher home equity and to live with others. However, relative to the outer suburbs, the picture is mixed. Inner suburban homes are likely to be located closer to services than outer suburban homes are, and they tend to have smaller lot sizes with less property to maintain. However, the seniors living in the inner suburbs are more likely to live alone than their counterparts in the outer suburbs and, when modifications and services are needed, they are less likely to have the financial resources to make these adjustments.

### **Outer Suburbs**

Roughly 21,000 seniors—the smallest share of Erie County’s senior population—live in the outer suburbs. Typical houses in these suburbs have a mixture of more and less favorable characteristics. The houses are generally the newest and often have high-quality construction. Some, such as patio homes, were built specifically with seniors in mind, and offer a range of accessibility and low-maintenance features. However, most other homes present challenges. For example, they are the farthest away from services and typically require more grounds maintenance: the average lot size exceeds 41,000 square feet (about 1 acre), which is more than four times the average lot size for the inner suburbs and more than ten times the average lot size for the city.

Of the three groups we have examined, seniors in the outer suburbs tend to have the most resources to adjust to their changing housing needs. Average home values and income levels are significantly higher in these areas than in the inner suburbs or the city of Buffalo. Seniors in the outer suburbs are also more likely to live with others and to have access to a car.

The example of Erie County shows that both the types of needs and the ability of seniors to meet them as they age in place can differ considerably among communities. As a result, private and public sector responses are likely to vary within the region.

### **Emerging Responses**

A variety of home modifications and home care services are called for as more seniors remain in their homes as they age. Such services will be especially critical as seniors’ health care needs intensify over time. Not surprisingly, both the private and public sectors are responding to these trends.

### **Market Responses**

Businesses are recognizing new markets in the rising demand for aging-in-place services. The services offered range from home modifications to new geriatric technologies. For example, the National Association of Home Builders joined with AARP to develop a new certification program for Aging in Place Specialists. These specialists are trained to provide advice and to complete home modifications for older adults who would like to remain in their homes as long as possible. The modifications range from minor improvements—the addition of grab bars and railings—to major remodeling, such as building an addition to permit first-floor living. Among the new technologies being developed are various forms of sensors that enable seniors’ vital signs and environment to be monitored remotely. Cameras and other equipment are also being used in efforts to provide older adults with medical care services from offices that are geographically distant. Such services may prove to be particularly useful in upstate New York’s more remote communities.

### **Community Responses**

Seniors are also finding innovative ways to join together for mutual benefit. By partnering with neighbors, for example, they can negotiate for discounted rates on services. Some seniors have

formed cooperatives, paying an annual fee to receive practical services such as lawn care and transportation to doctor’s appointments, or assistance with tasks such as installing grab bars or hiring a plumber. These types of opportunities are most likely to arise where seniors live close to one another, as in “naturally occurring retirement communities”—neighborhoods not specifically designed for seniors but containing a large share of older adults. A few of these communities have programs that help to pool resources and bring together agencies to provide a range of health and social services. Although such programs are now found across the country, the first was launched in New York State and dozens now exist statewide.<sup>14</sup>

Many nonprofit organizations are committed to caring for seniors in their community and finding new approaches to assist with aging in place. For example, some organizations provide seniors with lists of prescreened contractors who can be relied upon to do reputable work at fair prices. Other organizations offer transportation services or meals. Programs typically operate across regional boundaries but may have difficulty reaching those in outlying areas.

### **Policy Responses**

The public sector is also responding to the growing demand for assistance by providing a wide range of services to help people remain at home. For instance, Medicaid has begun to cover non-health-related services such as light housekeeping and minor home modifications. In this way, full-time institutional care may be delayed or avoided when minor interventions will suffice. New York State is served by a central Office for the Aging and a Division of Housing and Community Renewal as well as a network of area offices that help seniors remain independent through programs, services, and advocacy. And New York State provides other senior-targeted services such as home heating assistance and property tax rebates. Local governments have also used public funds to establish loans and grant programs for home modification and other assistance.

### **Conclusion**

Seniors today, and the aging baby-boomers who will follow them, are among the healthiest, wealthiest, and best educated older adults in the nation’s history. The desire to age in place, so prevalent among this large and growing population, is increasingly being supported by access to health care supplied at home and by governmental policies and mandates. But many elderly are likely to find that some characteristics of the houses they bought when they were younger make it difficult to achieve the goal of remaining there. The houses typically lack accessibility features, often have onerous maintenance requirements, and are sometimes located far from needed services. Seniors with relatively high levels of home equity, accumulated savings, and regular income will be able to take advantage of emerging private sector responses. Those with more modest home values, lower savings, and smaller incomes will likely face more limited options and rely more heavily on public sector responses.



## Notes

1. Upstate New York refers to forty-nine counties in New York; it does not include New York City; Dutchess, Orange, Putnam, Rockland, Ulster, and Westchester counties; and Nassau and Suffolk counties on Long Island.
2. The author's calculations are based on data from the U.S. Bureau of the Census, 2000 Census.
3. See U.S. Administration on Aging (2005).
4. See Bayer and Harper (2000).
5. See Fox-Grange, Coleman, and Freiman (2006).
6. See *Olmstead v. L. C.* (98-536) 527 US 581 (1999), available at <<http://supct.law.cornell.edu/supct/html/98-536.ZS.html>>. Also see New York State Association of Area Agencies on Aging, "Olmstead Statement of Principles," no. 2002-18, April 9, 2002, available at <<http://www.nysaaaa.org/olmstead/Princip.PDF>>.
7. See Sutton and Persaud (2002). Also see U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "CDC Trends in Health and Aging," available at <<http://209.217.72.34/aging/TableViewer/tableView.aspx?ReportId=396>>.
8. See Bayer and Harper (2000).
9. See U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2007).
10. See Golant and LaGreca (1994).
11. See Sutton and Persaud (2002).
12. The inner suburbs are Amherst, Cheektowaga, Tonawanda, City of Tonawanda, Lackawanna, West Seneca, Hamburg, and Lancaster. The outer suburbs are Grand Island, Clarence, Elma, Aurora, Orchard Park, Alden, Boston, Eden, Evans, and Marilla.
13. Information on the population and housing characteristics of Erie County's senior population is drawn from the U.S. Bureau of the Census, Census 2000, and the New York State Office of Real Property Services, 2005.
14. See Ormond et al. (2004) and Vladeck (2006).

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