

Senior Housing Needs Assessment for the Northwest Suburban Housing Collaborative

Prepared for
Metropolitan Mayors Caucus

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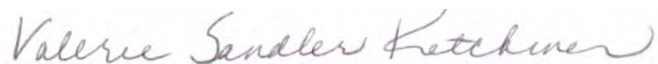
November 26, 2013

Ms. Allison Milld Clements
Metropolitan Mayor's Caucus
233 S. Wacker Drive
Chicago, IL 60606

Dear Allison:

Valerie S. Kretchmer Associates, Inc. (VSKA) is pleased to submit this Senior Housing Needs Assessment for the Northwest Suburban Housing Collaborative (NWSHC) communities of Arlington Heights, Buffalo Grove, Mount Prospect, Palatine and Rolling Meadows. We have enjoyed working with you and the planners from the five communities.

Sincerely,



Valerie Sandler Kretchmer
President



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I. PURPOSE OF THE ASSIGNMENT AND METHODOLOGY

A. Purpose of the Assignment

Valerie S. Kretchmer Associates, Inc. (VSKA) was retained by the Metropolitan Mayor's Caucus and the five Northwest Suburban Housing Collaborative (NWSHC) communities to analyze the following:

- Existing senior housing in the five communities
- Need for additional senior housing by housing type
- Needs of seniors who prefer to age in place rather than move to seniors-only housing
- Demographics of the senior population
- Suitability of potential development sites for senior housing
- Actions that the NWSHC communities can take to meet future senior housing needs

B. Methodology

VSKA conducted the following for this analysis:

- Held monthly meetings with staff of the Metropolitan Mayor's Caucus and NWSHC community planners to set priorities, review progress and give input into housing issues facing seniors in their communities
- Surveyed existing senior buildings and interviewed their managers
- Met with representatives of senior service providers and Realtors in each community. These included staff at senior centers, villages, townships, social service agencies, etc.
- Conducted focus groups with seniors in four communities to seek input on senior housing needs (Palatine was not able to arrange this)
- Analyzed the senior population by age and income for the communities individually and combined
- Analyzed senior housing need by type for the communities individually and combined
- Researched issues and models for seniors aging in place
- Identified the key issues raised during interviews and meetings
- Identified actions that can be taken by the communities to address the key issues.

II. SUMMARY AND CONCLUSIONS

A. Existing Senior Housing

The five communities have a total of 19 senior facilities and one more under construction with a total of more than 3,600 units or beds. Tables 1 and 2 below show the number of units or beds by type and municipality.

**Table 1
NUMBER OF UNITS BY SENIOR HOUSING TYPE**

	Affordable Independent	Supportive Living	Market Rate Independent	Market Rate Assisted	Market Rate Memory	Skilled Nursing Beds	Total
Total Units/Beds	829	101	1,379	274	393	709	3,685

**Table 2
SENIOR HOUSING BY COMMUNITY**

Municipality	# of Units/Beds
Arlington Heights	2,296
Buffalo Grove	377
Mount Prospect	412
Palatine	373
Rolling Meadows	227
Total Units/Beds	3,685

Source: Valerie S. Kretchmer Associates, Inc.

Affordable independent living is for low-income seniors and does not generally include meals. Market rate independent living is for those who want to live in an age-restricted building and often includes some or all meals, as well as activities and transportation. Market rate assisted living is for seniors who need assistance with activities of daily living such as bathing, dressing, medication management, etc. All meals are included and nurses and nurses’ aides are on staff. Supportive living is an Illinois state program that provides

assisted living for low-income seniors under the Medicaid program. Market rate memory care is for those with Alzheimer's and other forms of dementia who require specialized care beyond what is typically available in assisted living. Skilled nursing is what people typically think of as nursing homes and usually have long term residents as well as those requiring short term rehabilitation after an illness or surgery. More detailed descriptions of the different senior housing types are in Chapter III.

Most senior housing types have units that are occupied by one person, though some have couples, more frequently in independent living than in facilities with higher levels of care. Some facilities that provide higher levels of care such as skilled nursing and memory care may have some double occupancy units to keep costs more affordable. In those cases, the number of beds is generally used to show the property's maximum capacity rather than the number of units.

Occupancy rates are generally strong at the existing properties. Affordable senior buildings have long waiting lists, while many of the market rate facilities have some available units.

B. Need for New Senior Housing

While the five communities have many senior housing facilities that offer independent living, assisted living, memory care and skilled nursing, there will continue to be the need for more affordable and market rate senior housing to serve the increasing senior population.

Table 3 below provides a summary of the potential need for additional senior housing in the five communities combined and individually. This includes independent living, assisted living and memory care, both affordable and market rate. **Figures shown in parentheses () indicate an oversupply of units, while figures without parentheses show an unmet need.** It must be noted that while some types of senior housing may have an oversupply in one community, in reality, the housing serves people in more than a single municipality. As such, the total for all communities is more relevant when looking at the potential need for additional senior housing in the NWSHC communities.

In total, by 2018, there is a potential need for 1,012 market rate units serving seniors with incomes over \$50,000 and 1,564 affordable units serving those with incomes under \$30,000. The largest needs are for market rate and affordable independent living and affordable assisted living.

Table 3
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
POTENTIAL SENIOR HOUSING NEED BY 2018*

Housing Type	Arlington Heights	Buffalo Grove	Mount Prospect	Palatine	Rolling Meadows	Total
<u>Independent Living</u>						
Market Rate	(501)	352	464	230	150	695
Affordable	207	234	(139)	193	153	647
Moderate Income	291	97	196	146	75	805
<u>Assisted Living</u>						
Market Rate	75	(10)	139	118	45	366
Affordable	254	115	179	151	(34)	666
<u>Memory Care</u>						
Market Rate	(102)	(91)	74	77	(8)	(49)
Affordable	80	39	58	49	24	251
<u>Total</u>						
Market Rate	(528)	252	677	425	186	1,012
Affordable	541	388	98	392	144	1,564
Moderate Income	291	97	196	146	75	805

* Potential need based on total market penetration rates of 15% of age and income-eligible population for market rate and moderate income properties and 20% of age and income-eligible population for affordable properties, less existing and planned senior units.

Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential need.

Source: Valerie S. Kretchmer Associates based on estimates & projections by Experian

The state's Supportive Living program, which provides funds for affordable assisted living, is not adding new facilities at this time due to state budgetary problems. As such, in the foreseeable future, it will not be possible to meet the need for affordable assisted living. There is also a need for affordable memory care, but at the present time there are no state or federal programs that fund it.

There is also an unmet need for independent living for moderate income seniors in the \$30,000-\$49,999 range, which is too high to qualify for affordable housing, but generally not high enough to afford market rate facilities in the NWSHC communities. There is a

potential need for 805 independent living units for this group. Unfortunately, rents that would be affordable to this group aren't high enough to make a development financially feasible and existing affordable programs aren't targeted to this income group. Assisted living rents are much too expensive for seniors in this income group unless they have significant assets that they can spend down to pay for their care.

VSKA did not analyze the need for additional skilled nursing beds because that is determined by the State of Illinois Department of Public Health.

C. Aging in Place

Most seniors prefer to age in place and stay in their homes and their communities. As such, even with the large number of senior units in the communities, most seniors will continue to live in their own homes. There are a wide range of services and activities available that enable seniors in the five communities to remain in their homes, though many seniors are unaware of these services. Service providers include villages, townships, park districts, social service agencies, not-for-profit organizations, hospitals and religious organizations.

There are a number of existing programs that could be better coordinated or expanded to make it easier for seniors to age in place. These are:

- Coordinated transportation to enable seniors to travel across township lines
- Home maintenance and repair such as Rolling Meadows' handyman program and assistance with snow shoveling.
- Designation of the Arlington Heights Senior Center as the regional senior center for the NWSHC, as it has the broadest level of services and activities and is used by many living outside of Arlington Heights.

Other potential services, programs or changes that could be considered include:

- Assistance with architectural modifications to homes to make them more senior friendly. This could include the NWSHC retaining architects to offer basic plans that could be replicated, and/or identifying local architects and contractors willing to work with seniors on home modifications.
- Development and implementation through the NWSHC of a standardized senior home assessment, in which safety and usability levels would be assessed and modifications recommended according to cost and ease to carry out. These could

range from modifications requiring a contractor to simple add-ons like lever door handles and non-permanent shower seats and suction grips.

- Review of local zoning, subdivision and building codes to allow for shared housing, granny/in-law suites, and other housing that would enable seniors to move in with family or share their own homes with someone who isn't a relative.
- Further explore the Village to Village Network now operating on the North Shore and the Lincoln Park area of Chicago to determine whether it makes sense in the NWSHC communities given the range and depth of services already offered.

III. OVERVIEW OF SENIOR HOUSING TYPES

The term “senior housing” is often used to describe any one of multiple types of housing geared to people over age 55 or 62 years. However, there are many categories of senior housing that target different market niches so it is useful to clarify what these housing types are. We present these from the “youngest” and most active senior to the “oldest” in need of more services.

A. Active Adult Retirement Community

Active adult communities are usually geared to those ages 55+ and have restrictions on children living in the community on a full-time basis. They offer a high level of common area recreational amenities, usually including a large clubhouse and pool, and often are built around a golf course. The active adult communities are typified by Del Webb’s Sun City, though there are smaller active adult communities throughout the Chicago metro area including Carillon by Cambridge in north suburban Libertyville. However, even without a golf course, they are much larger than 10 acres in size.

Active adult communities are developed by for-profit companies such as Del Webb (a division of Pulte Homes), Hartz Construction and Cambridge Homes. The homes are usually single-family detached or one-story attached townhouse-style buildings and are purchased fee simple by the resident. Units usually have two or three bedrooms with attached garages. Common area maintenance is included in the monthly fee. Active adult communities are geared to those who can live independently, prepare their own meals and take care of their own homes. Limited social services are provided. They attract people in their 60s and early to mid-70s at move-in.

B. Independent Living

These are free-standing buildings restricted to those age 62+ but are occupied primarily by those in their 70s and 80s. They are more likely to be rental properties with studio, one and two bedroom apartments. Meals are not included, though some properties will make arrangements for meals for an additional fee. Amenities may include a community or multi-purpose room, exercise equipment, computers, and some activities.

They are developed and managed by for-profit developers and not-for-profit organizations, and can be market rate or “affordable” using Low-Income Housing Tax Credits, other HUD programs such as Section 8 and Section 202, and public housing. Affordable properties have income restrictions requiring residents to earn less than about \$31,000 for one person and \$35,000 for two people.

Examples include Goedke House and Cedar Village in Arlington Heights, Huntington Towers and Mount Prospect Horizon in Mount Prospect.

C. Independent Living – Congregate Care

These buildings are also restricted to those aged 62+ but are occupied primarily by those in their 70s, 80s and 90s. The difference between this type of housing and independent living described above is that these buildings include some or all meals. The buildings are usually rental and have a mix of studio, one and two bedroom apartments. The monthly fees are significantly higher than at the independent living facilities where meals are not included. Some properties have an entry fee, which can range from minimal (\$2,500) to several hundred thousand dollars. Typically, the higher the entry fee, the lower the monthly fee. These buildings have a high level of amenities and activities and often have their own bus to take residents on shopping and other trips.

These are developed by for-profit developers and not-for-profit organizations. Tamarack in Palatine is one example. Developers who are active in the Chicago area include Senior Lifestyle Corporation and Brookdale Senior Living.

D. Assisted Living

Assisted living facilities cater to those seniors in need of assistance with several activities of daily living (ADLs), such as dressing, bathing, medication management, walking, eating, toileting, etc. Residents are usually over 75, and most are in their 80s and 90s. These facilities provide a high level of care, including three daily meals, services and activities. As such, their fees are considerably higher than in independent living. A significant difference is that assisted living facilities are licensed by the state, while independent living is not.

They are typically free-standing and are smaller than independent living facilities. In some cases, a portion of an independent living building is set aside for assisted living with a higher staffing ratio. Examples include Sunrise Assisted Living and Belmont Village in Buffalo Grove.

A state program known as Supportive Living Facilities (SLF) provides affordable assisted living targeted to those earning less than \$30,000 per year. Medicaid covers the cost for low-income residents who turn over their monthly earnings for rent (generally from Social Security, pensions etc.) but they are allowed to keep \$90 per month for spending money. All meals, medications, activities and transportation are included in the rent. Some SLFs also have a portion of units designated as market rate for middle and higher income individuals. Once market rate residents exhaust all but \$2,000 in assets, they can be converted to the Medicaid program for low-income seniors. The advantage is that they don't have to leave the SLF if they run out of money which can happen in market rate facilities. Plum Creek in Rolling Meadows is a SLF under the state's program.

Located in a wing or floor of an assisted living facility or as a freestanding property, Alzheimer's and memory care facilities are a special sub-set of assisted living. Usually smaller than assisted living facilities, they have small studios, private or semi-private rooms designed specifically for the needs of those with memory issues. They have a very high staff to resident ratio and are typically smaller, self-contained buildings or wings so that the residents can't accidentally go out on their own and become disoriented. They represent an even higher level of assisted living and are more expensive. Sunrise has one such building in Wilmette. Freestanding memory care facilities are becoming more popular, evidenced by the expansion of Autumn Leaves in Arlington Heights and elsewhere in the Chicago area, though some recent entrants to the Chicago market have failed (e.g., Paradise Park in Lake Zurich and New Lenox) because their rents were too high for the community.

E. Continuing Care Retirement Community (CCRC)

CCRCs typically provide three levels of care – independent living, assisted living, and skilled nursing. They can include independent apartments, cottages, assisted living apartments and nursing home rooms. They usually require an entry fee plus a monthly fee. There are many variations with the financing, but the entry fees are usually upwards of \$100,000 and are partially refundable based on a resident's length of stay. Unlike a condominium, residents do not buy a fee simple interest in their unit.

CCRCs have a high level of amenities and services. Depending on the level of care needed, 1-3 meals per day are included in independent living. Residents moving into independent living are usually in their 70s and 80s. Some CCRCs restrict their assisted living and skilled nursing facility to those who are already residents in their independent living building. However, some will accept residents moving from the outside into assisted living and nursing care.

Residents moving into a CCRC are buying into a life care community as much as they are buying into a residence. Most CCRCs give residents a certain number of nursing home days that are covered by the upfront fee and monthly independent living fee. In some buildings, residents who have been in independent living pay that same monthly fee if they need to move into the assisted living and nursing care sections of the complex. In others, the monthly fee will increase with the higher level of service provided. The higher the entry fee, the more likely assisted living and nursing care will cost a resident the same as their monthly fee in independent living.

These projects are run by for-profit developers and not-for-profit organizations such as religious and health care institutions. Examples include Church Creek and The Moorings in Arlington Heights.

F. Nursing Homes

Free-standing nursing homes are for residents who cannot live on their own and need assistance with a wide range of personal services and also have health problems that require 24-hour care. Rates are usually quoted on a daily basis and are more expensive than other forms of senior housing. Some nursing homes will accept patients on Medicaid where the government pays the fees once a person has exhausted his or her assets. Others only allow private pay residents. Nursing homes are regulated by the state. Residents typically have semi-private rooms, though more are renovating and providing private rooms. Many nursing homes, even newer ones, have an institutional feel. Short-term rehabilitation is becoming more popular as nursing facilities face increased competition from assisted living facilities. In addition, reduced hospital stays result in a reduction in the number of residents whose nursing home stays can be covered by Medicare. Examples include Manor Care in Arlington Heights and Rolling Meadows, and Claremont Rehab and Living Center in Buffalo Grove.

G. Other Types of Senior Housing

Market rate condominiums, duplexes or cottages can be age-restricted and purchased outright by the resident, the same as with any non-age restricted condominium. They are geared to

independent seniors. Meals may or may not be included. They are built by for-profit developers and cater to those who are downsizing from larger houses. Prices vary but are usually comparable to non-age restricted condominiums in the community. There is a monthly maintenance fee, and the residents are responsible for financing and paying real estate taxes for their units. However, if they want or need to move, residents must sell to another senior citizen rather than to the building owner as is customary with other forms of senior housing. This has often made re-sales difficult. Although open to those ages 55+, most residents are in their late 60s to early 80s. Examples include the Mallinckrodt building in Wilmette and The Lodge at Northbrook, currently under construction.

IV. SENIOR HOUSING IN THE FIVE COMMUNITIES

A. Existing and Planned Senior Housing in the Five Communities

The five communities have a total of 19 operational properties and one more under construction that provide independent living, assisted living, memory care and skilled nursing. These include 8 that are affordable to those with incomes less than \$30,000 for one person and \$35,300 for two people. Table 4 below provides a summary of the number of units by type in each community. Table 5 is a list of properties by community by type and number of units, followed by a location map. Table 14 in the Appendix provides details on these facilities.

Table 4
EXISTING SENIOR HOUSING UNITS/BEDS BY MUNICIPALITY

Municipality	Unit Type					Skilled Nursing Beds	Total
	Affordable Independent	Supportive Living	Market Rate Independent	Market Rate Assisted	Market Rate Memory Care		
Arlington Heights	308	0	1,246	160	211	371	2,296
Buffalo Grove	0	0	0	114	150	113	377
Mount Prospect	412	0	0	0	0	0	412
Palatine	109	0	133	0	0	131	373
Rolling Meadows	0	101	0	0	32	94	227
Total Units/Beds	829	101	1,379	274	393	709	3,685

Source: Valerie S. Kretchmer Associates, Inc.

Table 5
SENIOR PROPERTIES BY MUNICIPALITY

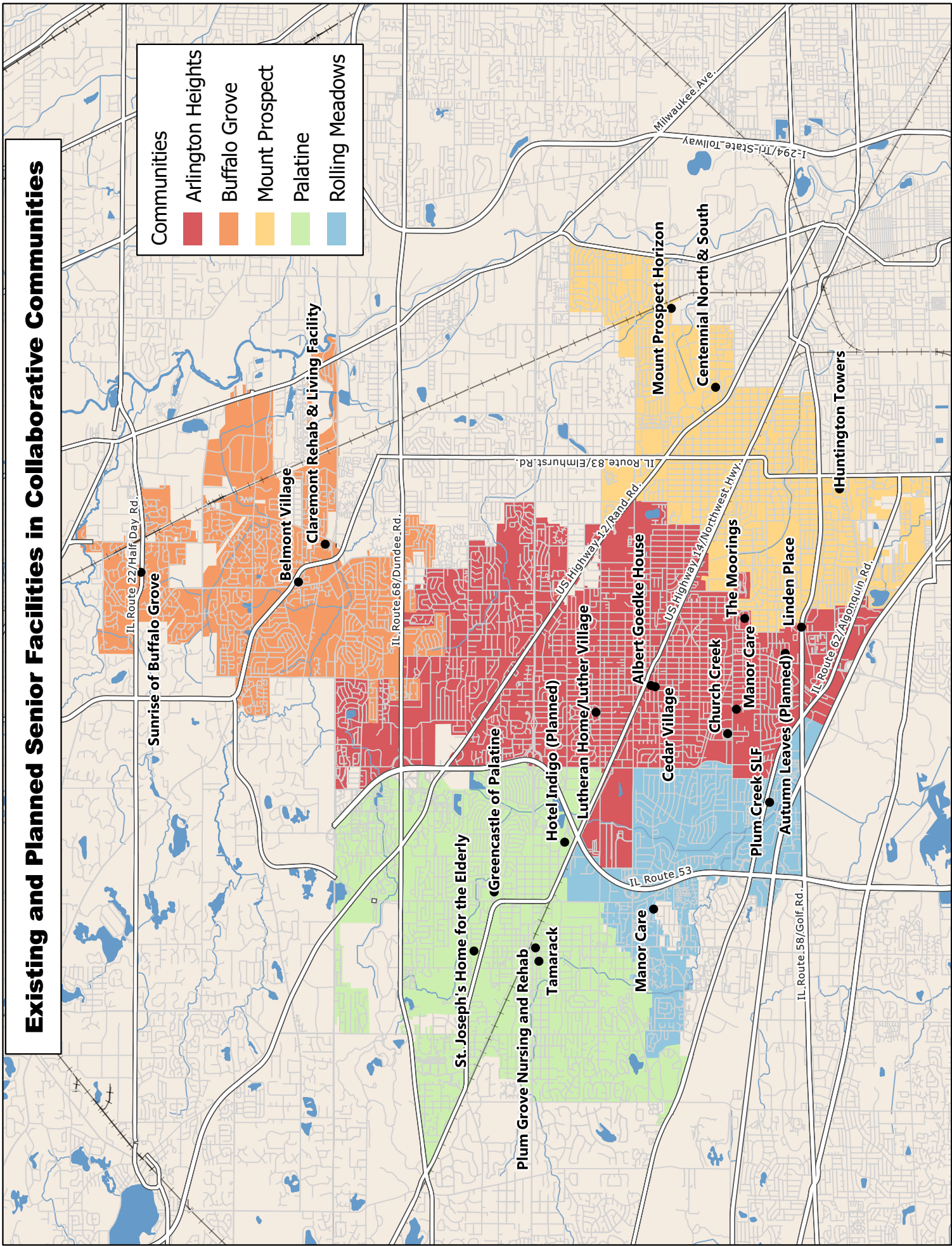
Municipality and Property	Unit Type				Market Rate Memory Care	Skilled Nursing Beds
	Affordable Independent	Supportive Living	Market Rate Independent	Market Rate Assisted		
Arlington Heights						
Linden Place	110					
Albert Goedke House	118					
Cedar Village of Arlington Heights	80					
Luther Village			720			
Manor Care						126
Church Creek			236	16	24	56
The Moorings			290	44	31	49
Lutheran Home				100	156	140
Buffalo Grove						
Belmont Village				60	62	
Sunrise of Buffalo Grove				54	24	
Claremont Rehab & Living Facility					64	113
Mount Prospect						
Mount Prospect Horizon (Under Construction)	91					
Huntington Towers	214					
Centennial North & South	198					
Palatine						
Greencastle of Palatine	75					
Tamarack			133			
Plum Grove Nursing and Rehab						67
St. Joseph's Home for the Elderly	34					64
Rolling Meadows						
Plum Creek Supportive Living		101				
Manor Care					32	94

Source: Valerie S. Kretchmer Associates, Inc.

Existing and Planned Senior Facilities in Collaborative Communities

Communities

- Arlington Heights
- Buffalo Grove
- Mount Prospect
- Palatine
- Rolling Meadows



At this time, there are planned projects in Arlington Heights and Palatine. Arlington Heights has two approved facilities. Autumn Leaves will have 42 units with 46 beds for memory care, and Transitional Care of Arlington Heights will have 120 beds in a nursing/rehabilitation facility. The latter will be for short term, rather than long term care. In Palatine, the former Hotel Indigo on Northwest Highway at Route 53 will add 116 market rate independent living units to the senior inventory, if approved. Mount Prospect Horizon with 91 units is under construction and scheduled for a 2014 opening. There are no planned senior facilities in Buffalo Grove or Rolling Meadows at this time.

B. Senior Housing Near the NWSHC Communities

While VSKA did not survey the senior facilities in nearby communities, there are 19 properties with a total of almost 5,200 units/beds in Schaumburg, Glenview, Des Plaines, Prospect Heights, Wheeling, Vernon Hills and Lincolnshire. They include a mix of affordable and market rate, rental and entry fee properties. Table 15 and the map in the Appendix provide basic information on these properties and their locations. Some do compete with facilities in the five communities.

C. What Makes a Good Senior Housing Site?

Key attributes of a good location for senior housing are:

- Proximity to services and amenities including shopping, medical care, activities, and transportation
- Safe and secure neighborhood
- Visible and accessible location
- No undesirable land uses close by, such as heavy industrial uses, noxious uses, heavy freight train traffic, excessive noise

For independent living, proximity to shopping, activities such as a senior center and transportation are very important. The ability to walk to nearby stores, parks, senior center, library, and houses of worship is an advantage. For older seniors who are no longer driving, it is important to have readily available public transportation. For assisted living and memory care, proximity and access to doctors and hospitals are extremely important. All of the communities have sites that meet these criteria and would be desirable for senior housing.

V. SENIOR SERVICES IN THE FIVE COMMUNITIES

There are extensive senior services available in the five NWSHC communities. Some are open to people regardless of where they live, while others have strict geographic boundaries, often the municipality, park district or township. VSKA met with or interviewed by phone the service providers in all of the communities to create a complete list of available senior services. Table 6 on the following page shows the full array of services in each of the five communities.

It is noteworthy that it was difficult to prepare a definitive list of all available services. Many providers were unaware of other organizations that provide similar services. The five municipalities are in multiple townships, and even individual municipalities are split into two townships. This can be confusing for seniors and their families looking for available services.

Table 6
SENIOR SERVICES IN THE NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES

Services	Arlington Heights	Buffalo Grove	Mount Prospect	Palatine	Rolling Meadows
Senior Center	AH Senior Center	Park District	Room in Village Hall	Senior Center	Senior Center
Recreation Programs	AH Senior Center	Park District Vernon Twp	Village	Senior Center	Senior Center
Case Management	Village AH Senior Center Catholic Charities	Catholic Charities	Village Catholic Charities	Palatine Twp Catholic Charities	Catholic Charities
Information & Referral	Village AH Senior Center Catholic Charities Wheeling Township	Village Catholic Charities Wheeling Township	Village Elk Grove Twp Wheeling Township Catholic Charities	Palatine Twp Catholic Charities	Wheeling Township Catholic Charities
Health Screenings, etc.	Village AH Senior Center Wheeling Twp	Vernon Twp Wheeling Twp	Village Wheeling Twp	Palatine Twp	Senior Center Wheeling Twp
Meals on Wheels/Lunch Program	AH Senior Center Wheeling Twp	Wheeling Twp	Village Wheeling Twp	Senior Center Palatine Twp	Senior Center Wheeling Twp
Visiting Nurse	Village AH Senior Center		Village		
Transportation	Wheeling Twp Elk Grove Twp Pace (disabled) Senior Taxi Program NW Community Hospital Alexian Brothers	Wheeling Twp Vernon Twp Pace (disabled in Cook County) Senior Taxi Program (Vernon Twp) NW Community Hospital	Wheeling Twp Elk Grove Twp Pace (disabled) Senior Taxi Program NW Community Hospital Alexian Brothers (partial area)	Palatine Twp Pace (disabled) Senior Taxi Program Volunteer escorts through Palatine Twp NW Community Hospital Alexian Brothers (partial area)	Wheeling Twp Palatine Twp Elk Grove Twp Pace (disabled) Senior Taxi Program NW Community Hospital Alexian Brothers (partial area)
Escorted Transportation Service serves all communities for medical appts. TRIP for medical appts. outside home township for Elk Grove, Palatine, Wheeling, Schaumburg, Barrington, Maine and Hanover Townships					
Chores/Cleaning/Repairs Maintenance	Wheeling Twp Handyman Directory	Small group of volunteers Wheeling Twp Handyman Directory	Wheeling Twp Handyman Directory	Yes	Handyman Service Snow Shoveling Wheeling Twp Handyman Directory
Adult Day Care	Lutheran Home Xilin			Palatine Twp	

VI. SENIOR HOUSING ISSUES

A. Concerns of Seniors in the Northwest Suburban Housing Collaborative Communities

Focus groups with area seniors identified a number of issues ranging from availability of affordable senior housing to ways in which seniors can stay active while living in their homes. The key issues are:

1. Affordability

There is a need for more affordable senior housing in all communities as well as relief from high property taxes. Existing affordable buildings have long waiting lists and are difficult to get into. Some of the market rate senior buildings are much too expensive, and there is a need for affordable housing priced between subsidized Section 8 buildings and expensive market rate facilities such as Luther Village and the Moorings.

2. Transportation

There are public transportation options through the townships and through some non-profit organizations; however, service is not coordinated and is not always available when seniors need it. Transportation that crosses township and county borders is very limited. Many seniors are unaware of the options that do exist.

3. Home Maintenance and Repairs

Seniors are fearful of being taken advantage of when their homes need repairs. Rolling Meadows has an excellent handyman program that can help seniors with repairs that take up to three hours of a handyman's time. Payment is on a sliding scale with the village subsidizing the cost for those who can't afford the full price.

4. Home Modifications

Many seniors prefer to stay in their own homes, but the homes are not always suitable for them. Assistance with home modifications or stairs could make them suitable and safe for seniors.

5. Safety and Security

The five communities are safe, but seniors are always concerned about their safety and security in their own homes and in their neighborhoods.

6. Proximity to Shopping and Services

Most seniors would like to live in locations where they can safely walk to stores, services and activities for as long as possible. Not all neighborhoods provide this. Suburban downtowns are popular because they are walkable and have most of the stores and services that seniors need.

7. Desire to Remain in their Community

Most seniors want to stay in the community where they have lived for many years. However, if the right housing isn't available, they will move to a nearby community that has appropriate housing.

8. Ability to Sell their Current Homes

The housing market has improved considerably in the past year. Prices have not returned to pre-recession levels, but homes that are in good condition and are fairly priced are selling. Many seniors have lived in single-family homes for decades and don't have mortgages. Others moved into condominiums and townhouses prior to the recession and have mortgages that are higher than what the properties are currently worth. As such, for financial reasons they are forced to stay in housing that may no longer be appropriate for their current needs.

9. Not all Seniors Want the Same Housing or Neighborhood

Some prefer to live in age-restricted housing where they don't have to worry about noise from children or young singles. Others prefer multi-generational buildings and neighborhoods.

10. Shared Housing

While this is something that has found supporters elsewhere, seniors are not enthusiastic about renting out a room in their home to a younger person who can share in the expense and upkeep.

11. Accessory Housing

Also known as granny flats and in-law suites, they enable a person to live with their family while still maintaining their own room or apartment connected to a larger house. Most seniors thought that this is a good idea, but not necessarily for their own family situation.

12. Fear of Moving

Moving can be very stressful for seniors. It involves a lot of physical and mental energy to clean out a house or apartment one has lived in for years. As such, many are staying in homes longer than they want to or should.

B. Issues Identified by Senior Service Providers in the Northwest Suburban Housing Collaborative Communities

1. Affordability

There is a need for more affordable senior housing in all communities for those with incomes under \$30,000. There is not enough housing to meet current needs. The strong early interest in Mount Prospect Horizon (which is under construction) demonstrates this need.

There is also an increasing need for affordable housing for those ages 55-64 years of age who have lost their jobs, may be in danger of losing their homes, or have mental health issues.

2. Coordinated Transportation

The current system is disjointed among townships, Pace and non-profit organizations. Township services are usually available only for trips within the township, but the communities are in multiple townships and in two counties. As such, there is a need to coordinate transportation across township and county lines for trips other than medical appointments. Escorted Transportation Services is an excellent volunteer program that covers all communities but only provides rides to and from medical appointments. It has fewer volunteers now than in the past and can't guarantee that drivers will be available when needed.

3. Home Maintenance and Repair Services

The Rolling Meadows' handyman program is well run and well used by seniors. It subsidizes the services of a reliable handyman for those with lower incomes. Seniors are assured that the handyman is honest and will not take advantage of them.

Other needed services include snow shoveling and assistance with home maintenance chores. In years past, neighborhood teenagers would help seniors, but most now have busy school and after-school schedules and are not available or interested, even when paid. Several communities have volunteer programs through the village, companies and non-profit organizations to help for a day or two. However, ongoing programs are needed.

4. Multiple Service Providers in Each Community

The five communities offer a wide range of services for seniors. However, there are multiple entities in the communities and they have their own geographic boundaries and purposes. This can make it difficult for seniors to know who they should contact. Organizations providing services include:

- Municipalities
- Park Districts
- Townships
- Senior Centers
- Catholic Charities
- Other non-profit organizations

5. Increasing Ethnic Diversity

The Northwest suburbs are becoming increasingly diverse at all age levels. There are many more seniors whose native tongue is not English. These include seniors of Hispanic, Russian, Korean, Chinese, Polish, Indian and Arabic origin. Senior facilities need to be sensitive to these changes and hire staff conversant in these other languages, in addition to providing signage and handouts in predominant languages.

C. Issues Identified by Realtors and Senior Housing Managers in the Northwest Suburban Housing Collaborative Communities

1. Slower Leasing and Sales in Market Rate Facilities

While the for-sale housing market has improved, this doesn't necessarily result in more leasing activity at senior buildings. Some seniors are selling homes not due to market recovery, but because they have reached the point where it is no longer feasible to maintain a home. This leads some into foreclosure and can also lead to credit problems when they try to move into senior housing. In situations where seniors have been unable to sell their houses, family members are helping to pay their rent in senior housing while the homes remain on the market.

Many seniors still want to remain in their homes as long as possible. Some buildings have seen older move-in ages and higher care needs for seniors by the time they do move into senior housing. When they move in at an older age, the typical length of stay is shorter, leading to more turnover.

Seniors choosing to live with family members also slows leasing activity in senior buildings. Those who can live with adult children may delay their move to a senior facility. Some residents must leave senior facilities and move in with their adult children when the children are experiencing financial problems. In those situations, the senior's income is needed to cover household expenses.

2. Affordability Issues

Many senior renters are rent-burdened in non-senior buildings. There is a great need for more affordable senior housing. Even seniors upgrading care levels in market rate properties feel rent pressure. Some have paid high rents in independent living and have trouble affording assisted living when the need arises. Others struggle to find affordable dementia/Alzheimer's care, leading to increased willingness to share semi-private rooms and suites at a discount.

Senior housing managers often try to address cost burdens with rent decreases on vacant units, rent freezes for residents in need, fee discounts, shared rooms and suites, and internal moves to smaller and/or shared apartments.

3. Desire to Stay in Their Communities

Relationships with the villages in which they live are important to seniors. They want to be addressed and accounted for by politicians and local officials. Seniors benefit from general quality of life measures provided at little or no cost, such as community festivals, concert series and other events that provide a sense of place and connection in addition to entertainment.

4. Increasing Sophistication of Seniors and Their Adult Children

Seniors are looking for more educational, health and fitness opportunities in addition to social activities such as Bingo. Today's relatively sophisticated seniors and families with access to the Internet are more aware of care options than they were even five years ago.

5. Increasing Numbers of Seniors with Mental Health Issues

Seniors who recovered from addiction or experienced abuse earlier in life have specific social and care needs, be they physical, mental, social or emotional, though these needs may not be obvious. Some seniors currently live with addiction and mental disorders such as depression, anxiety, paranoia, and anorexia/bulimia. They may or may not be undergoing counseling and treatment. Family awareness, involvement, and attitudes with respect to these issues in their loved ones also vary. Dementia may exacerbate such disorders. There is a need for additional local mental health facilities focused on adults and seniors, not just on children and teens.

6. Impact of Managed Care

Managed care reforms may lead to more seniors remaining in their homes with supportive services, and others who would otherwise go to nursing homes may be channeled towards assisted/supportive living. Facilities will need to be prepared to adjust their services and staffing to meet these changes.

VII. DEMOGRAPHICS AND SENIOR HOUSING NEEDS

A. Population Trends

Tables 7 and 8 below show the population and household trends in the five communities in total from 2000 and projected to 2018. The data are based on the 2000 and 2010 Census, and estimates and projections from Experian, a demographic data vendor. In total, the five communities have almost 267,000 people as of 2013. The population is projected to increase by almost 1% by 2018.

In 2013, an estimated 14% of the population, equal to almost 38,300 persons, is ages 65 or older. By 2018, the senior population is projected to increase by 13%, with those ages 65-74 projected to increase by 21% and those ages 75+ by 5%. The 55-64 year old cohort, which includes the Baby Boomers, is significantly larger than the two older groups, and it is projected to increase by 7% over the next five years. Over time, the Baby Boomers will be candidates for senior housing, but in the near term they are not yet old enough or inclined to live in senior housing. As of 2010, the vast majority of households headed by seniors were owners -- 85%, a higher share than for the population as a whole (75%). Tables 16 and 17 in the Appendix provide more detail on the trends for the individual municipalities.

**Table 7
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
SENIOR POPULATION BY AGE GROUP - 2010-2018**

Age Group	2010	2013	2018	Change 2010-2013		Change 2013-2018	
				Number	Percent	Number	Percent
55-64	32,825	35,060	37,591	2,235	6.8%	2,531	7.2%
65-74	18,651	19,266	23,364	615	3.3%	4,099	21.3%
75+	18,635	18,997	19,995	363	1.9%	997	5.3%
Total 55+	70,110	73,323	80,950	3,213	4.6%	7,628	10.4%
Total 65+	37,285	38,263	43,359	978	2.6%	5,096	13.3%

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian and U.S. Census

Table 8
NORTHWEST SUBURBAN HOUSING COLLABORATIVE
COMMUNITIES - POPULATION CHARACTERISTICS

	Total	
	Number	Percent
<u>Population</u>		
2000 Census	267,104	
2010 Census	264,178	
Change, 2000-2010	-2,926	-1.1%
2013 Estimated	266,613	
Change, 2010-2013	2,435	0.9%
2018 Projected	269,054	
Change, 2013-2018	2,441	0.9%
<u>Households</u>		
2000 Census	103,240	
2010 Census	103,873	
Change, 2000-2010	633	0.6%
2013 Estimated	105,069	
Change, 2010-2013	1,196	1.2%
2018 Projected	106,447	
Change, 2013-2018	1,378	1.3%
Average Household Size, 2013	2.5	
<u>Population by Age, 2013</u>		
Under 5	15,409	5.8%
5-14	33,600	12.6%
15-24	30,858	11.6%
25-44	70,648	26.5%
45-54	42,774	16.0%
55-64	35,060	13.2%
65 and older	38,263	14.4%
Median Age, 2013 (years)	40.5	
<u>2010 Occupied Housing Units</u>		
All Owner-Occupied Units	77,927	75.3%
All Renter-Occupied Units	25,577	24.7%
Senior Owner-Occupied Units	20,295	84.9%
Senior Renter-Occupied Units	3,617	15.1%

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian; U. S. Census via National Historic GIS

B. Senior Income Trends

Table 9 below shows the income distribution for seniors by age in 2013 and projected to 2018. Younger seniors (65-74) have higher incomes than those 75 and over because they may still be working or haven't used as much of their savings for retirement expenses. Over one third of seniors ages 65-74 have incomes over \$75,000, while one fifth of those ages 75+ are in the higher income bracket. On the lower income end, slightly less than 25% of those ages 65-74 have incomes under \$30,000, while 42% of those 75+ have incomes this low. Tables 18 and 19 in the Appendix provide more detail on these income trends.

Table 9
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
SENIOR HOUSEHOLDS BY AGE AND INCOME

Age/Income	2013 Total		2018 Total		Change 2013-2018	
	Number	Percent	Number	Percent	Number	Percent
Households 65-74	11,835		14,215		2,380	20.1%
Under \$10,000	411	3.5%	364	2.6%	-47	-11.4%
\$10,000-\$19,999	904	7.6%	892	6.3%	-12	-1.3%
\$20,000-\$29,999	1,541	13.0%	1,556	10.9%	15	1.0%
\$30,000-\$34,999	623	5.3%	612	4.3%	-11	-1.8%
\$35,000-\$49,999	1,711	14.5%	1,778	12.5%	67	3.9%
\$50,000-\$74,999	2,590	21.9%	2,978	20.9%	388	15.0%
\$75,000+	4,051	34.2%	6,038	42.5%	1,987	49.0%
Households 75+	13,037		13,586		549	4.2%
Under \$10,000	750	5.8%	634	4.7%	-116	-15.5%
\$10,000-\$19,999	2,563	19.7%	2,411	17.7%	-152	-5.9%
\$20,000-\$29,999	2,143	16.4%	1,979	14.6%	-164	-7.7%
\$30,000-\$34,999	1,042	8.0%	994	7.3%	-48	-4.6%
\$35,000-\$49,999	1,966	15.1%	1,983	14.6%	17	0.9%
\$50,000-\$74,999	1,977	15.2%	2,160	15.9%	183	9.3%
\$75,000+	2,592	19.9%	3,425	25.2%	833	32.1%
Households 65+	24,872		27,801		2,929	11.8%
Under \$10,000	1,161	4.7%	998	3.6%	-163	-14.0%
\$10,000-\$19,999	3,467	13.9%	3,303	11.9%	-164	-4.7%
\$20,000-\$29,999	3,684	14.8%	3,535	12.7%	-149	-4.0%
\$30,000-\$34,999	1,665	6.7%	1,606	5.8%	-59	-3.5%
\$35,000-\$49,999	3,677	14.8%	3,761	13.5%	84	2.3%
\$50,000-\$74,999	4,567	18.4%	5,138	18.5%	571	12.5%
\$75,000+	6,643	26.7%	9,463	34.0%	2,820	42.5%

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian

C. Potential Need for Additional Senior Housing

Generally seniors with incomes over \$50,000 are considered to have sufficient resources to afford market rate housing, while those with incomes under \$30,000 are eligible for affordable housing under a variety of housing programs. There is generally a gap in housing for those in the \$30,000-\$50,000 income range, as their incomes are too high for affordable but too low for market rate senior housing. Some seniors in this income bracket are able to afford market rate housing if they are homeowners and use the proceeds of a home sale to pay the rent in a senior building.

The potential senior housing need is the number of units required to meet the projected needs over and above the existing, already approved, under construction and planned senior units in the five communities.

- Independent living need is based on the number of households age 65+.
- Assisted living need is calculated based on data from the Census on disabilities by age. Most assisted living residents are over 75 years old. In Cook County, 52% of the population 75+ has disabilities and these are the target group for assisted living.
- Memory care need is based on the number of people ages 65+ with memory care issues (13% of the population according to the Alzheimer's Association) and the share within this affected group of those who have moderate (31%) and severe dementia (21%) that would prevent them from living alone.

At this time the State of Illinois is not expanding the Supportive Living Facility (SLF) program, and this is the only program that funds affordable assisted living in the state. There are no programs that fund affordable memory care facilities, though the State of Illinois has a very small pilot program similar to the SLF program for low-income seniors with dementia. However, funding is an issue given the State's difficult fiscal condition. As such, independent living is the only affordable housing type likely to have a source of funding in the foreseeable future. The only option for low-income seniors who need memory care is a nursing home that accepts Medicaid.

As shown in the tables that follow, some communities are projected to have a surplus of units in a given housing type (shown in parenthesis as a negative number). However, in the five communities combined there is a potential need for slightly more than 1,000 market rate and almost 1,600 affordable senior units over the next five years. VSKA also identified

a need for approximately 800 independent living units for moderate income seniors in the \$30,000-49,999 range; however, at present there are no programs that finance senior housing affordable to this income group. Since seniors indicated a willingness to move to neighboring communities for senior housing, the need should be considered for the five Collaborative communities in total.

The tables that follow show the calculations for the five communities individually and combined for the different senior housing types. Generally when the market penetration rate (the number of units divided by the target population) exceeds 20%, the market is considered to be saturated or close to it. When this happens, occupancy at existing facilities is often lower than optimal because there is too much competition. In some cases, older facilities that may not have been updated to current standards will suffer, while a new and better facility may do well.

Higher income seniors are less likely to move into senior-only housing because they can afford care in their homes if needed. As such, we used a target overall market penetration rate of 15% for market rate and moderate income housing and 20% for affordable housing to determine the need for additional housing.

Table 10
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
INDEPENDENT LIVING MARKET PENETRATION AND POTENTIAL NEED

	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018
Market Area Households 65 Years + by Income	8,647	9,475	3,584	4,162	5,692	6,219	4,910	5,674	2,039	2,271	24,872	27,801
Under \$20,000	1,530	1,415	595	569	1,177	1,060	881	854	445	403	4,628	4,301
\$20,000-29,999	1,258	1,158	630	600	790	759	651	654	355	364	3,684	3,535
\$30,000-34,999	588	557	198	194	466	445	286	288	127	122	1,665	1,606
\$35,000-49,999	1,398	1,380	414	451	851	863	666	687	348	380	3,677	3,761
\$50,000+	3,872	4,967	1,746	2,348	2,408	3,095	2,427	3,192	757	999	11,210	14,601
Existing and Planned Market Rate Independent Living Units	1,246	1,246	0	0	0	0	133	249	0	0	1,379	1,495
Penetration of Existing and Planned Market Rate Units of HHs 65+ with Incomes 50,000+	32.2%	25.1%	0.0%	0.0%	0.0%	0.0%	5.5%	7.8%	0.0%	0.0%	12.3%	10.2%
Existing and Planned Affordable Independent Living Units	308	308	0	0	412	503	109	109	0	0	829	920
Penetration of Existing and Planned Affordable Units of HHs 65+ with Incomes under \$30,000	11.0%	12.0%	0.0%	0.0%	20.9%	27.7%	7.1%	7.2%	0.0%	0.0%	10.0%	11.7%
Potential Market Rate Need or Excess Supply*	(665)	(501)	262	352	361	464	231	230	114	150	303	695
Potential Affordable Need or Excess Supply**	250	207	245	234	(19)	(139)	197	193	160	153	833	647

* Potential need based on total market penetration rate of 15%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

** Potential need based on total market penetration rate of 20%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

Note: Numbers may not sum to stated totals due to rounding.

Source: Valerie S. Kretchmer Associates based on estimates & projections by Experian

Table 11
 NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
 POTENTIAL NEED FOR INDEPENDENT LIVING FOR SENIORS WITH INCOMES OF \$30,000-49,999

	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018
Market Area Households 65 Years + by Income												
\$30,000-34,999	588	557	198	194	466	445	286	288	127	122	1,665	1,606
\$35,000-49,999	<u>1,398</u>	<u>1,380</u>	<u>414</u>	<u>451</u>	<u>851</u>	<u>863</u>	<u>666</u>	<u>687</u>	<u>348</u>	<u>380</u>	<u>3,677</u>	<u>3,761</u>
Total \$30,000-49,999	1,986	1,937	612	645	1,317	1,308	952	975	475	502	5,342	5,367
Existing and Planned Independent Living Units for this Income Group	0	0	0	0	0	0	0	0	0	0	0	0
Potential Need*	298	291	92	97	198	196	143	146	71	75	801	805

* Potential Need based on total market penetration rate of 15%
 Note: Numbers may not sum to stated totals due to rounding.

Source: Valerie S. Kretchmer Associates based on estimates & projections by Experian

Table 12
 NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
 ASSISTED LIVING MARKET PENETRATION AND POTENTIAL NEED

	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018
Population 75+ with Disabilities by Income	3,521	3,677	1,465	1,577	2,343	2,418	1,729	1,863	786	826	9,844	10,361
Under \$20,000	804	745	338	320	621	558	495	477	241	220	2,500	2,321
\$20,000-29,999	593	527	268	255	356	337	285	277	119	116	1,621	1,512
\$30,000-34,999	289	274	95	90	247	236	106	106	46	49	783	754
\$35,000-49,999	569	565	207	218	357	363	214	222	134	141	1,481	1,509
\$50,000+	1,265	1,565	557	693	761	924	630	784	242	298	3,455	4,264
Existing and Planned Market Rate Assisted Living Units	160	160	114	114	0	0	0	0	0	0	274	274
Market Penetration Rate of Existing and Planned Assisted Living Units of Population 75+ with Disabilities and Income \$50,000+	12.6%	10.2%	20.5%	16.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.9%	6.4%
Existing and Planned Supportive Living Units	0	0	0	0	0	0	0	0	101	101	101	101
Market Penetration Rate of Existing and Planned Supportive Living Units of Population 75+ with Disabilities and Income Under \$30,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.0%	30.0%	2.5%	2.6%
Potential Market Rate Need*	30	75	(30)	(10)	114	139	95	118	36	45	244	366
Potential Affordable Need**	280	254	121	115	195	179	156	151	(29)	(34)	723	666

* Potential need based on total market penetration rate of 15%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

** Potential need based on total market penetration rate of 20%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

Note: Numbers may not sum to stated totals due to rounding.

Source: Valerie S. Kretchmer Associates based on estimates & projections by Experian

Table 13
 NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
 ALZHEIMER'S AND MEMORY SUPPORT MARKET PENETRATION AND POTENTIAL NEED

	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018
Population 65+ with Moderate and Severe Dementia	879	1,478	392	703	592	997	514	916	210	360	2,587	4,453
Incomes under \$20,000	156	221	65	96	122	170	92	138	46	64	481	688
Incomes \$20,000-29,999	128	181	69	101	82	122	68	106	37	58	384	567
Incomes \$30,000-34,999	60	87	22	33	48	71	30	46	13	19	173	257
Incomes \$35,000-\$49,999	142	215	45	76	88	138	70	111	36	60	381	601
Incomes \$50,000+	394	775	191	396	250	496	254	515	78	158	1,167	2,341
Existing and Planned Market Rate Memory Care Beds	211	257	150	150	0	0	0	0	32	32	393	439
Market Penetration Rate of Existing and Planned Memory Care Beds of Population 65+ with Moderate and Severe Dementia and Income \$50,000+	53.6%	33.2%	78.5%	37.8%	0.0%	0.0%	0.0%	0.0%	41.1%	20.2%	33.7%	18.8%
Existing and Planned Affordable Memory Care Units	0	0	0	0	0	0	0	0	0	0	0	0
Market Penetration Rate of Existing and Planned Memory Care Beds of Population 65+ with Moderate and Severe Dementia and Income Under \$30,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Potential Market Rate Need*	(152)	(102)	(121)	(91)	38	74	38	77	(20)	(8)	(218)	(49)
Potential Affordable Need**	57	80	27	39	41	58	32	49	16	24	173	251

* Potential need based on total market penetration rate of 15%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.
 ** Potential need based on total market penetration rate of 20%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.
 Note: Numbers may not sum to stated totals due to rounding.

Source: Valerie S. Kretchmer Associates based on estimates by Experian

VIII. POTENTIAL IMPLEMENTATION OPTIONS

During the course of the analysis, VSKA identified the key senior housing issues based on our interviews, visits to senior housing, analysis of demographic trends and discussions with planners in the Northwest Suburban Housing Collaborative municipalities. Options are described below based on the priorities identified by seniors, service providers and municipal staff, and the ability of the communities to work on them in the near and longer term.

1. Promote more affordable senior housing using Low-Income Housing Tax Credits and other sources of funding through federal, state and county programs.
 - Identify potential sites and reach out to developers to build affordable housing.
 - Educate local plan commissions and village boards on the merits of affordable senior housing in their community.
 - Lobby U.S. Congressmen and Senators on the importance of funding for affordable housing.
 - Lobby state legislators, the Governor and the Illinois Housing Development Authority (IHDA) on the importance of senior housing in the allocation of tax credits and other affordable housing funds.
 - Consider local and county funding sources such as tax increment financing (TIF), Community Development Block Grants (CDBG), HOME, project-based Housing Choice Vouchers through the housing authorities, affordable housing trust fund, other local grants, reduced price for publicly-owned sites, and a community land trust to keep housing affordable.
 - If preferences are to be given to local residents, consider residents of the five communities eligible for such preferences.
2. Create a senior services resource guide that identifies all of the available services in the five communities. This would provide further details on the services included in Chapter V.
3. Work with transportation service providers to facilitate trips across township and village boundaries and better publicize the range of transportation services available.
 - Work to achieve level-of-service parity across transportation options.
 - For example, not all transportation options provide door-to-door service with someone to help the senior walk to the door. Not all seniors are aware of the

difference despite efforts by township service coordinators to arrange appropriate rides for individuals.

4. Expand Rolling Meadows' successful home repair program to other communities with additional contractors in each community. Snow removal is another issue that lends itself to a similar type of program whereby the communities contract with individuals or firms to assist seniors with shoveling their walks, sidewalks and driveways.
5. Explore a home modification program to show seniors what they can do to make their homes safer and easier to live in as they age. This could include:
 - Hiring one or more architects to prepare prototypes for the most common single-family housing types in the communities. These plans could be used by contractors who could make the modifications. A list of architects and contractors could be made available to interested seniors.
 - The National Association of Home Builders (NAHB) has an Aging-in-Place Remodeling Checklist (attached in the Appendix) that could be a model.
 - Develop and coordinate a standardized senior home assessment in which safety and usability levels would be assessed. This should include a checklist of potential modifications according to cost and ease to implement. These could range from those requiring contracted work to simple changes like replacing door knobs with lever handles and purchasing portable shower seats.
 - Hire and/or designate officials to perform outreach for the assessment, possibly including a targeted door-to-door campaign, set up visits, administer the assessment, and communicate recommendations in a standard written format. A single point of contact or team of people serving all of the communities is preferred to keep services from becoming fragmented.
 - Link the recommendations from this assessment to the expanded home repair program.
6. Review local zoning, subdivision, and building codes and make modifications as needed to allow for more flexible living arrangements. This could include:
 - Accessory apartments, converting garages into rooms for seniors, home sharing, and group homes for seniors provided by a not-for-profit agency.
 - Lower parking ratios for senior housing based on the age and health of the targeted residents.

7. Continue to encourage ADA compliance in economically feasible ways when updating local codes and undertaking infrastructure improvements. Features such as pedestrian ramps on both sides of crosswalks and tactile curb panels help a wide range of citizens, including seniors, who have a higher disability rate as a group than the population as a whole.
8. Make streets and sidewalks more senior-friendly by pursuing economical “complete streets” measures. These can include:
 - Adding or upgrading sidewalks on streets used by seniors.
 - Wider sidewalks that provide a comfortable environment for pedestrians moving at different speeds.
 - Sidewalk extensions to shorten crossing distance and reduce car turning radii, leading drivers to exercise caution when making right turns.
 - Identifying any poor drainage or ponding in crosswalks and building repairs into capital improvement plans.
 - Crossing signals with walk time countdowns and longer walk times at traffic lights in areas populated with seniors.
 - Medians with pedestrian safety islands on wide and busy streets traversed by seniors.
 - Benches at key locations used by seniors.
 - Shade trees to help those resting on benches.
9. Continue to give all possible support to the Arlington Heights Senior Center, which is used by many in the other Collaborative communities, sometimes in addition to their own senior centers.
 - This center has a very high activity level and wealth of offerings.
 - Explore opportunities to brand this as the Regional Senior Center while not detracting from the other area senior centers or from its place as a point of pride in Arlington Heights.
 - Formalize its importance to the region’s senior citizens.
10. Further explore the “Village” concept. The Village to Village Network is a national movement that provides a social community to keep seniors engaged and active, allowing them to age in place. Key elements are:

- Annual membership fee (in the range of \$500) that covers a range of social activities, transportation with volunteer drivers, and recommendations for service providers
- The nearest “Villages” are the North Shore Village (Evanston and Wilmette) and Lincoln Park Village (serving the Near North Side, Lincoln Park and Lakeview neighborhoods of Chicago).
- The “Village” typically has a full time director and one to two full or part time staffers. It does not have a physical location; rather, it partners with existing facilities such as senior centers, libraries, park districts, etc. for programs.
- Typically, it takes a significant volunteer effort of one to two years to organize a “Village” and raise the necessary funding.
- With so many excellent programs already offered in the NWSHC communities, it may or may not be a model to pursue. However, it may be worthwhile for the Collaborative to further research the concept, meet with directors of the North Shore and Lincoln Park Villages to determine whether it makes sense here.

11. Work with CMAP with respect to its upcoming project to develop an Aging in Place Guide. The information included in Chapter V on available senior services in the five communities will be helpful to CMAP.

IX. APPENDIX

- A. Table 14 - Northwest Suburban Housing Collaborative Area Senior Properties
- B. Table 15 and Map - Senior Facilities Near but Outside of the NWSHC Communities
- C. Table 16 - Northwest Suburban Housing Collaborative Population Characteristics
- D. Table 17 - Northwest Suburban Housing Collaborative Communities, Senior Population by Age Group – 2013 and 2018
- E. Table 18 - Northwest Suburban Housing Collaborative 2013 Senior Households by Age and Income
- F. Table 19 - Northwest Suburban Housing Collaborative 2018 Senior Households by Age and Income
- G. Table 20 - Northwest Suburban Housing Collaborative Communities, Senior Population by Age and Disability
- H. Table 21 - Estimated Population by Age and Severity of Alzheimer’s Disease in Northwest Suburban Housing Collaborative Communities
- I. National Association of Home Builders, [Aging-in-Place Remodeling Checklist](#).
- J. Rutgers School of Social Work, [A National Overview of Villages: Results from a 2012 Organizational Survey](#), December 2012.

Table 14

NORTHWEST SUBURBAN HOUSING COLLABORATIVE AREA SENIOR PROPERTIES

September 2013

Name and Location	Year Built	# of Units/ Beds	Rental		Square Footage	Rent/S.F.	Amenities and Comments
			Type (Bed/Bath)	Range \$			

MOUNT PROSPECT

Affordable Independent Living

Mount Prospect Horizon 1703 E. Kensington Road	Planned	91					
		70	1/1	\$328-728	682	\$0.48-1.07	LIHTC. New construction. Units will have stove, Energy Star refrigerator, Energy Star dishwasher, carpet, blinds, Energy Star ceiling fans in living room & bedroom(s), emergency call system, & individually controlled HVAC. Rent to include water heating, cold water, sewer and trash removal. Tenants pay for gas heat, electricity, phone & cable; utility allowances - 1 BR: \$78; 2 BR: \$90. Amenities: community room with projection TV & kitchen for parties, exercise room with fitness equipment, arts & crafts room, game room with billiards table, computer lab with internet access, library with fireplace, activities, manager's office, on-site maintenance manager, coin operated laundry on each floor, patio with gas grill, & gazebo.
		21	2/1	716-877	925	0.77-0.95	

Huntington Towers 551 & 571 W. Huntington Commons Road 847-640-1337	1978	214	Studio	30% of Income	580 630 750	NA	HUD Section 8. High-rise brown brick buildings for seniors and younger disabled people. Managed by A&R Katz. One-person income limit is approx. \$42,000. Units equipped with stove, refrigerator, drapes, carpet, wall A/C unit, emergency pull cords, individually controlled heat. Vinyl tile in kitchen and bath. Laminate counters. Storage for 1 & 2 BRs. Heat and appliances are electric, which is paid by tenants. Utility allowances: \$31 - studio; \$33 - 1 BR; \$38 - 2 BR. Laundry rooms and community room. Parking lot used for picnics. Wait list has 300 people and is closed with 5-7 year wait. 15 units open per year and fill immediately. About 10% of residents work. All residents receive Social Security. Approx. 75% receive SSI. Younger disabled have wait list priority. Only approx. 2 younger disabled currently with perhaps 3 on wait list. All units have grab bars. 18 accessible units, but not with all features. These have tubs, not showers, and just one has roll-under counters. Cabinets, flooring/carpet, and appliances have been replaced as needed. Many residents speak English as 2nd language, with mix of people of Russian, Korean, and Polish decent, among others. Korean residents attracted by/use nearby Korean senior center. Many residents receive homemaker and other assistance; has been increasing trend. A plurality of residents in their 80s, but range from 60s to 90s.
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Name and Location	Year Built	# of Units/ Beds	Rental Range		Square Footage	Rent/S.F.	Amenities and Comments
			Unit Type (Bed/Bath)	\$			
Centennial North & South 900 E. Ardyce Drive 847-259-1080	North- 1979; South- 1982	198					HUD Section 8. Mid-rise brick buildings in residential area. 62+ years or disabled. Units have stove, refrigerator, carpet, emergency pull cord (North bldg. only). Rent includes heat, water & trash removal. Tenants pay electricity. On-site community areas: library/card room, laundry rooms, beautician by appt. Wait list has 300+ names (8-10 years).
		192	1/1	30% of income	550-600	NA	
		6	2/1		760		
ARLINGTON HEIGHTS							
Affordable Independent Living Linden Place 700 E. Golf Road 847-228-1212	1981	110	1/1	30% of income	562-612	NA	Section 8 with IHDA multifamily loan. 80 family townhomes at same location. Units have stove, refrigerator, carpet, blinds. Laundry, library, social room. Long wait list. It was not possible to set up a meeting with management during the study period.
Albert Goedke House 215 W. Miner 847-253-5450	1975	118	1/1	30% of income	525 (approx.)	NA	Cook County Housing Authority. Mid-rise brick building in Downtown Arlington Heights. 62+ years or younger disabled. Units have stove, refrigerator, blinds, emergency pull cords. Rent includes heat, water & trash removal. Tenant pays electric; utility allowance \$45. On-site community room with kitchen, library, laundry & activities. Wait list closed with 300 names.
Cedar Village of Arlington Heights 320 W. Campbell 847-506-1010	NA	80					HUD. Mid-rise tan brick building in Downtown Arlington Heights. Units have electric range, refrigerator, carpet, A/C sleeves, window shades & emergency pull cords. Included in rent are heat, water, electricity & trash removal. 5 units are handicapped accessible. Amenities include community room, crafts area, coin-operated laundry, & transportation. Wait list has 130+ names (2-5 years). 1 vacant unit now to be filled from wait list.
		20	Studio	30% of income	415	NA	
		60	1/1	30% of income	500-540		

Name and Location	Year Built	# of Units	Unit Type (Bed/Bath)	Rental Range \$	Square Footage	Rent/S.F.	Amenities and Comments
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Market Rate Independent Living

Luther Village 1220 Village Drive 847-506-1919	1990	720					Independent market-rate cooperative with for-sale condos and townhomes. Monthly fee covers property taxes, maintenance, 24-hour security, activities, a dining minimum, cable TV, lawn care, snow and trash removal, and other support services. No 2nd person fee. Some 2 BR Residences floor plans have 2 baths. 55-acres with campus center at "Wittenberg Commons," restaurants, billiards and multipurpose rooms, indoor pool, whirlpool and fitness center with massage therapist and person trainer, scheduled transportation, wellness clinic, library, computer center, bank, salon, "country store," interdenominational chapel, walking paths, ponds, pier for fishing, and gardens. Housekeeping, pharmacy, and hospitality suites for visitors are available. Residences include heat and water in monthly fee. All residents pay electricity. Residences have underground reserved parking for \$15/mo. Villas and Courtyards have garages. Some Residences floor plans include washer/dryer and walk-in closet. All Residences have balcony or patio. Complimentary laundry rooms are also provided in most areas. All Residences have washer/dryer and walk-in closet. Some have dishwashers and optional basements and fireplaces. 712 current residents. 15 units available, but 7 of these are under contract. Variety of floor plans
				<u>Monthly fees</u>			
			The Residences (apartments)				
			Studio	\$872	617	\$1.41	
			1 BR	813-1,272	680-938	1.20-1.36	
			1 BR+den	1,281-1,457	880-1056	1.38-1.46	
			2 BR	1,424-2,132	990-1320	1.44-1.62	
			2 BR+den	1,988-2,478	1350-1691	1.47	
			The Villas and Courtyards (townhomes)				
			2/2	\$1,558-\$1,661	1,323-1,425	\$1.11-1.26	
			2/2+loft	1,867-1,958	1,936	0.96-1.01	

Market Rate Skilled Nursing

Manor Care 715 W. Central 847-392-2020	NA	126	Skilled Nursing	NA	NA	NA	Market-rate skilled nursing facility. According to the Illinois Health Facilities and Services Review Board (HFSRB), the facility had 42 Medicaid-certified beds in 2012. Management declined to participate in study.
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Name and Location	Year Built	# of Units/ Beds	Rental Range		Square Footage	Rent/S.F.	Amenities and Comments
			Unit Type (Bed/Bath)	\$			
Market Rate Continuing Care Retirement Communities							
Church Creek 1250 W. Central 847-506-3200	1986	236		<u>Independent</u>	476-480	\$2.73-3.13	CCRC with 236 indpt., 56 skilled nursing, 16 assisted living & 24 memory care. One-time nonrefundable move-in fee of \$3,500 in independent and assisted. 2nd person fee of \$625 in independent and \$1,225 in assisted. Assisted living units have carpet, blinds, emergency call system, individually controlled HVAC; no kitchenettes. Independent living has kitchenettes. Rent includes 3 meals daily, all utilities including basic cable, weekly housekeeping, scheduled transportation, wellness visits by RN, activities & outings; phone \$20/mo. Extra fee for laundry service. Amenities include dining room, concierge services, convenience store, beauty/barber shop, bank, fitness center, library, activity room with computers & Internet service, garden, patios & pond. Assisted living residents require Personal Care I (\$700) at minimum; Level II is \$1,400 & Level III is \$2,200. Included in fees are levels of assistance with activities of daily living, medication management, continence & mobility. 3 vacant units in assisted living, 10 in independent. Wait list: 6+ months for studios in independent (mostly internal transfers) up to 1 year for assisted living and memory care.
		16		<u>Assisted (incl. Care Level 1)</u>	250	\$15.10	
		2	Companion Suite	3,775	250	18.48	
		14	Studio 2nd person fee	4,619 1,225	250		
		24	Companion Suite Studio	<u>Memory (basic service)</u> 3,000-3,500 4,000	250 250	\$12.00-14.00 16.00	
		56	Semi-private Private	<u>Skilled Nursing</u> \$235/day \$288/day	250 250		
The Moorings of Arlington Heights 811 E. Central 847-437-6700	1988	290		<u>Independent</u>	530	\$4.62	CCRC operated by Presbyterian Homes. 60% of assisted residents may have mild memory issues requiring direction or reminders.
		210	1/1	\$2,450	685	3.80-3.85	Independent units have stove, refrigerator, microwave, dishwasher, blinds, carpet, emergency call system; some have balconies. Rent includes breakfast & lunch or dinner, weekly housekeeping & flat linens, scheduled transportation, programs & activities, & all utilities inc. cable, but not phone and computer. Indoor parking \$75/mo. Indpt. entry fees are \$123,835-775,984 and are 0%, 50% or 90% refundable.
		mid-rise bidg.	1/1 2/2	2,600-2,635 2,700	947	2.85	Extensive amenities inc. 45-acre gated community, walking paths, 2 lakes, gazebo, gardens, dining room, café, woodworking shop, art studio, computer center, library, salon, bank, fitness center, swimming pool, whirlpool, private dining rooms, guest suites, health center, chapel & convenience store. Assisted living units have carpet, blinds, kitchenette with microwave & refrigerator, emergency call system, & individually controlled HVAC. Can be furnished. Included in assisted living are 3 meals daily, weekly housekeeping.
		80	2/2+den 2/2 Villa villas	3,340 2,800 3,745	1,500 1,276-2,036 2,100	2.23 1.38-2.19 1.78	morning/evening check-in, medicine reminders, ADL assistance, weekly personal laundry, transportation, activities & outings, & all utilities inc. cable & phone. Couple fee of \$791. Asst. living has no entrance fee and is not restricted to current residents. In nursing, semi-private rooms are 2 beds max. Most moves into higher care levels are internal. Assisted building has some small units that are difficult to lease. No secured memory care wing. 25 additional rehab beds.
		44	Studio 1/1 2nd person fee	<u>Assisted Living</u> \$3,132+ 6,083-6,690 791	140-200 300-400	\$15.66-22.37+ 16.73-20.28	
		49	Semi-private Private	<u>Nursing</u> \$258/day \$396/day	NA	NA	
		31	Semi-private	<u>Memory Care</u> \$275/day	NA	NA	

Name and Location	Year Built	# of Units/ Beds	Rental Range		Square Footage	Average Rent/S.F.	Amenities and Comments
			Unit Type (Bed/Bath)	\$			

Lutheran Home 800 W Oakton 847-368-7579	1892	100					CCRC on same campus as Luther Village. Also has 96 short-term beds and 78 additional rehab beds under construction. 88 rehab beds are typically filled. All nursing rooms including in rehab are private. Assisted living 2nd person fee is \$1,200/mo. Assisted living wait list has 7 names (5-6 months). 2 BR similar to 1 BR w/den, but the latter has no window in den. Units have kitchenette w/stove & refrigerator, emergency call system, individually controlled HVAC, carpet & blinds. Rent includes 3 meals/day, weekly housekeeping & linens, wellness programs, concierge, priority access to health care, activities, outings, scheduled transportation & all utilities incl. basic cable, but not phone. Rehab stays are covered by Medicare. 324 licensed Medicaid beds, with 120 in moderate to severe memory care. No mild memory care beds have Medicaid. Common amenities include dining room, library with computer, chapel, community room, beauty/barber shop, patio, doctor's office & specialist visits. Each nursing floor has own activity room, a activity director and dining room. Nursing rooms have 1/2 baths and share a hall shower. All utilities and phone included, plus continence products included. Patio and screened courtyard. 1 to 6 staff/resident ratio in general nursing and 1 to 5 in more advanced areas. Asst. living residents take priority for transfers to nursing. Moves directly into nursing are permitted. Care levels can increase in general nursing without resident moving, but care level increases in memory care do necessitate moves between wings. Any potential resident with a home worth more than 60% of total assets must place it in Master Trust Program, where a third party employed by Lutheran Home takes over the home and markets it for sale. The sale income is held in trust and used to pay the resident's rent and expenses in perpetuity. Home need not sell prior to move-in. Cherish Place adult day care for \$65/day, which includes transportation. 40-45 people attend daily, 50% of whom use Alzheimer's Medicaid Waiver program, which pays \$50/day of the cost.
	1996		Studio	<u>Assisted Living</u> \$5,502	400	\$13.76	
			1/1	6,076	520	11.68	
		1/1+Den	6,810	650-700	9.73-10.48		
		2/1	6,810	650-700	9.73-10.48		
			<u>Memory Care</u>				
		Private - Mild	\$288/day	200	\$1.44/day		
		Private - Moderate	357/day	200	1.79/day		
		Private - Severe	385/day	200	1.93/day		
			<u>Nursing</u>				
		Private room	\$276-432/day	200	\$1.38-2.16/day		

Name and Location	Year Built	# of Units	Unit Type (Bed/Bath)	Rental Range \$	Square Footage	Average Rent/S.F.	Amenities and Comments
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BUFFALO GROVE

Market Rate Assisted Living with Memory Care

Belmont Village 500 McHenry Road 847-537-5000	2003	122					Attractive building with assisted living & memory care units. One-time, non-refundable community fee of 1 month's rent. Extensive lobby common area in dark wood with comfortable seats, open floor plan, and home-like feel. Units have refrigerator, microwave, emergency response system, individually controlled HVAC, blinds & carpet. Rent includes all utilities (including basic cable) except phone, 3 meals daily, weekly housekeeping & linens laundry, daily trash removal, daily living assistance, 24-hour RN on-site, daily wellness checks, transportation to medical appts. & shopping, escort to meals & activities, & 24-hour monitoring of emergency system.
			Studio	<u>Assisted Living</u> \$4,500-5,950 6,950	NA	NA	
			Studio	<u>Memory Care</u> 6,525-7,000 8,275	NA	NA	
			Studio	<u>Secured Memory Care</u> 6,525-7,000	NA	NA	

Companion rates (possible in large studios)

Assisted	\$3,125-4,325
Memory	4,830
Secured Memory	4,900

Example of extra fees

Incontinence care: \$710/mo.
Medication admin: \$630/mo.
Additional personal laundry: \$170/mo.

Sunrise of Buffalo Grove 180 W. Half Day Road 847-478-8484	1999	54	Assisted	NA	NA	NA	Studios, 1 BR's, and Companion Suites. Attractive building. Comfortable lobby with couches and 2nd floor walk overlooking atrium entry. Kitchenettes have sink and mini-fridge. Apartments have packaged wall HVAC units. Building has "bistro" cafe counter, homelike common room with fireplace, common and private dining rooms. Short term stay option. Management declined to participate in study without corporate approval.
			Memory				

Name and Location	Year Built	# of Units	Unit Type (Bed/Bath)	Rental Range \$	Square Footage	Average Rent/S.F.	Amenities and Comments
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Market Rate Skilled Nursing with Memory Care

Claremont Rehab & Living Facility	1994	177		<u>Long-term Nursing</u>			Attractive brick building with several recent updates. Long term rehab on first floor awaiting update. 2nd floor is rehab; 3rd floor is locked memory care, which is not "homelike" in design. Long-term rooms on first floor have showers. Others have sink & toilet and share hallway shower. 3 meals/day. All services are included, such as wound care, oxygen, continence care and supplies, and full assistance with activities of daily living (dressing, bathing, ambulation, medications, etc.) Memory care residents are mix of mild/moderate. Rooms furnished with wardrobe, nightstand and bed. Personal furnishings allowed. Building amenities include library, computer room, very attractive rear and side patio with play structure for grandchildren, community room, ice cream parlor, family rooms, and lounges on each floor. Some floors are wood parquet. Community room nicely renovated in 2012. Number of rooms split about evenly among the
150 N. Weiland Road 847-465-0200			Semi-private Private	\$253/day 295/day	NA	NA	
		64	Semi-private Private	<u>Memory</u> 242/day 284/day	NA	NA	
			Semi-private Private	<u>Respite/rehab</u> 256/day 298/day	NA	NA	

ROLLING MEADOWS

Affordable Supportive Living

Plum Creek Supportive Living	2006	101					Rehab of former hotel under state SLF program. Age 65+. Most residents in late 70s and early 80s, but full range is 66-101. Average appearance from exterior and in hallways. Attractive common areas including dining room, lobby lounge with cafe, library/movie room, and general purpose rooms. Medicaid residents pay all of their income except \$90/mo. for personal expenses. Units have emergency call system, individually controlled HVAC, carpet, blinds, & kitchenette (refrigerator & microwave). Rent includes 3 meals/day, laundry, housekeeping, activities, aid with personal care, & medicine reminders. No continence care, transfers/escorts, or transportation. Activities director and doctor visits once weekly. Also visits from podiatrist and psychologist. 2 studios currently available with 7 names on wait list. Only 10 private pay residents currently. 0-2 units turnover per month. Building can be filled 100% with Medicaid residents. 2-6 units generally available. 1 BR units always full. 7 people being considered for open units. Admissions process is 2-3 weeks.
2801 Algonquin Road 847-670-8080		75	Studio	State	316	NA	
		26	1/1	Formula	508	NA	
				<u>Private pay rates as of June 2012:</u>			
			Studio	\$3,200	316	\$10.13	
			1/1	4,200	508	\$8.27	

Name and Location	Year Built	# of Units/ Beds	Rental Range		Square Footage	Average Rent/S.F.	Amenities and Comments
			Unit Type (Bed/Bath)	\$			

Market Rate Skilled Nursing

Manor Care 4225 Kirchoff Road 847-397-2400	NA	126 32 94	Memory care Skilled Nursing	NA	NA	NA	Market rate skilled nursing facility with 16 semi-private rooms with 32 beds designated for memory care. According to the Illinois Health Facilities and Services Review Board (HFSRB), the facility had 109 Medicaid certified beds in 2012. Management declined to participate in study.
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PALATINE

Affordable Independent Living

Greencastle of Palatine 450 E. Baldwin Palatine 847-776-9420	NA	75	1/1	30% of income	530-550	NA	Sec. 202 PRAC with max 1-person income of \$25,800. Formerly called Palatine Senior Residences; renamed Greencastle in approx. 2002. Age 62+; no younger disabled, though a few have been grandfathered in from prior times when they were accepted. 3-story, cement and brick in good condition. Basic but well-maintained interior with comfortable lounges on upper floors facing atrium. Appliances are electric. Wall sleeves for AC but not provided; many tenants buy units from previous tenants. Electric baseboard heaters in bathrooms, rest are hot water baseboard heaters. Light fixtures in kitchens and bedrooms. Heat is gas and is included in rent. Tenants pay electricity. Utility allowance - \$29. 8 handicapped accessible units. Kitchens have laminate counters. Some are a newer "green product" with backsplash, installed on unit turnover. Carpet also replaced upon turnover as needed. Smaller units are on corners and do not have large 6-foot closet. Community room with new parquet wood floor and outside lounge. Common kitchen with newer stove, microwave, refrigerator, and sink. Library with used books from Palatine Public Library. Computer room with large print reader, trash chutes, two small spare rooms used as craft room and fitness room (donated machines). Wait list 1.5-2 years. Avg. age is 78. 16 couples. Approx. 25% of residents receive 3rd party homemaker services, most commonly from Catholic Charities. Adjacent to new Mariano's grocery store.
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Name and Location	Year Built	# of Units	Unit Type (Bed/Bath)	Rental Range \$	Square Footage	Average Rent/S.F.	Amenities and Comments
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Market Rate Independent Living

Tamarack 55 S. Greeley 847-991-4700	1971	133					
		1	Studio	\$1,795	500 (approx.)	\$3.59	High-rise building converted from condos in 1986. Age 55+. 1 BR+den rarely vacant and has 15 person wait list of nonresidents. Prices were lowered somewhat, as there was a great deal of turnover in the past year. \$565 couples fee. \$500 fee to transfer within building. Vacant unit priority given to current residents. Home health care company has office on 3rd floor with whom residents may contract, though they are not restricted to this company. All utilities included in rent (except phone and cable). Heat and appliances are electric. Rent includes 3 meals/day, weekly housekeeping, weekly linen and towel service, scheduled transportation within 15 miles for any purpose, activity schedule by enrichment coordinator. Free laundry room. Units have A/C unit, white/wood laminate counters and cabinets, carpet, and trim. Bathrooms have grab bars, tub cut-outs or roll-in stalls, and
		128	1/1	1,895-2,219	503-538	3.77-4.12	
		4	1/1+den	2,800	775 (approx.)	3.61	

Market Rate Skilled Nursing

Plum Grove Nursing and Rehab
24 S. Plum Grove Road
847-358-0311

	NA	67	Skilled Nursing	NA	NA	NA	Market-rate skilled nursing facility. According to the Illinois Health Facilities and Services Review Board (HFSRB), all set-up beds were Medicaid-certified in 2012. It was not possible to set up a meeting with management during the study period.
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Name and Location	Year Built	# of Units	Rental Range		Square Footage	Average Rent/S.F.	Amenities and Comments
			Unit Type (Bed/Bath)	\$			

Affordable Continuing Care Retirement Community

St. Joseph's Home for the Elderly (a.k.a. Little Sisters of the Poor) 80 W. Northwest Highway 847-358-5700	1966	156					Affordable CCRC with rents internally subsidized based on resident need. Admissions based on functional level and fit with community. Run by Little Sisters of the Poor religious order, who live in the facility. Foundation-supported. Older building with a mix of basic and upgraded finishes. Very well-maintained. No strict income limit, but incomes range from \$15,000-28,000. All private rooms. 1 year wait list. All nursing beds are Medicaid certified; by the fully skilled level, no one is paying privately. All utilities included except phone. Laundry room is free. Indpt. apts are unfurnished. Residents must be self-sufficient. Transportation not provided. Meals not included per-se, but residents may eat breakfast or lunch in the dining room at no cost. Units have refrigerator, electric stove, tile floor, laminate counters, carpet, A/C, walk-in shower with small lip, bathroom grab bars, and pull chords. Avg. age in indpt. living is 80. All nursing rooms private with private bathroom. Handful of shelter beds used as transition to intermediate care. 8 rooms with private showers; others use hall shower. Most admissions are at this level. Try to maintain high functional level: all residents walk or use walker. Small number of residents pay privately at first. 1 RN and 1 CNA per floor. Services include medication administration, ADL assistance incl. bathing at least twice weekly, dressing, 3 meals/day, laundry, and housekeeping daily. Residents can bring mini-fridge and some belongings. Skilled care has 1 RN and 5 CNA's. New A/C in 2013 for whole building. Large chapel that also serves community. Physical therapy on-site, contracted physician, activities, shopping bus for sheltered care and up. Indpt. residents may sign up if there is space.
		34	1/1	Independent \$100-950 (most \$300-600) Shelter	600	\$0.50-1.60	
		6	Room	\$45/day	NA	NA	
		58		Nursing			
		29	Intermediate Room	\$125/day	NA	NA	
		29	Skilled Room	125/day			

NA Not Available

Source: Valerie S. Kretchmer Associates, Inc.

Table 15
SENIOR FACILITIES NEAR BUT OUTSIDE OF THE NWSHC COMMUNITIES

Facility Name and Address	Independent Living Units	Assisted Living Units	Nursing Beds	Property Type
Schaumburg				
Friendship Village 350 W Schaumberg Road	635	131	248	Market rate entry fee
Sunrise of Schaumberg 790 N Plum Grove Road		82		Market rate rental
Emerald Village 150 W Wise Road	97			Affordable independent
Glenview				
Thomas Place 2200 Patriot Boulevard	144			Tax credit and market rate
Chestnut Square at the Glen 2601 Chestnut Avenue	167			Market rate entry fee
Vi at the Glen 2500 Indigo Lane	296		39	Market rate entry fee
Des Plaines				
Heritage of Des Plaines 800 S River Road	217	36		Market rate rental
Alden Gardens & Courts 1227 E Golf Road		32	95	Market rate rental
Oakton Arms 1665 Oakton Place	103		294	Market rate rental
Asbury Court 1750 Elmhurst Road	218	150		Market rate independent Affordable SLF
Frances Manor 1270 E Golf Road	75			Section 8
Heinrich House 1301 Ashland Avenue	129			Housing Authority

Facility Name and Address	Independent Living Units	Assisted Living Units	Nursing Beds	Property Type
Prospect Heights Emeritus of Prospect Heights 700 E Euclid Avenue		104	30	Market rate rental
Wheeling Addolorata Villa 555 McHenry Road	100	61	98	Market rate rental
Vernon Hills Victory Centre 97-99 W Philip Road	111	120		Affordable rental SLF & independent
Hawthorne Lakes 10 E Hawthorne Parkway	192	56		Market rate rental
Park at Vernon Hills 145 N Milwaukee Avenue	217	54		Market rate rental
Lincolnshire Sedgebrook 800 Audubon Way	467	38	88	Market rate entry fee
The Wealshire and The Ponds 150-170 Jamestown Lane		94	144	Market rate rental
TOTAL	3,168	958	1,036	

Source: Valerie S. Kretchmer Associates, Inc.; NIC

Senior Facilities Near but Outside the Collaborative Communities

Communities

- Arlington Heights
- Buffalo Grove
- Mount Prospect
- Palatine
- Rolling Meadows

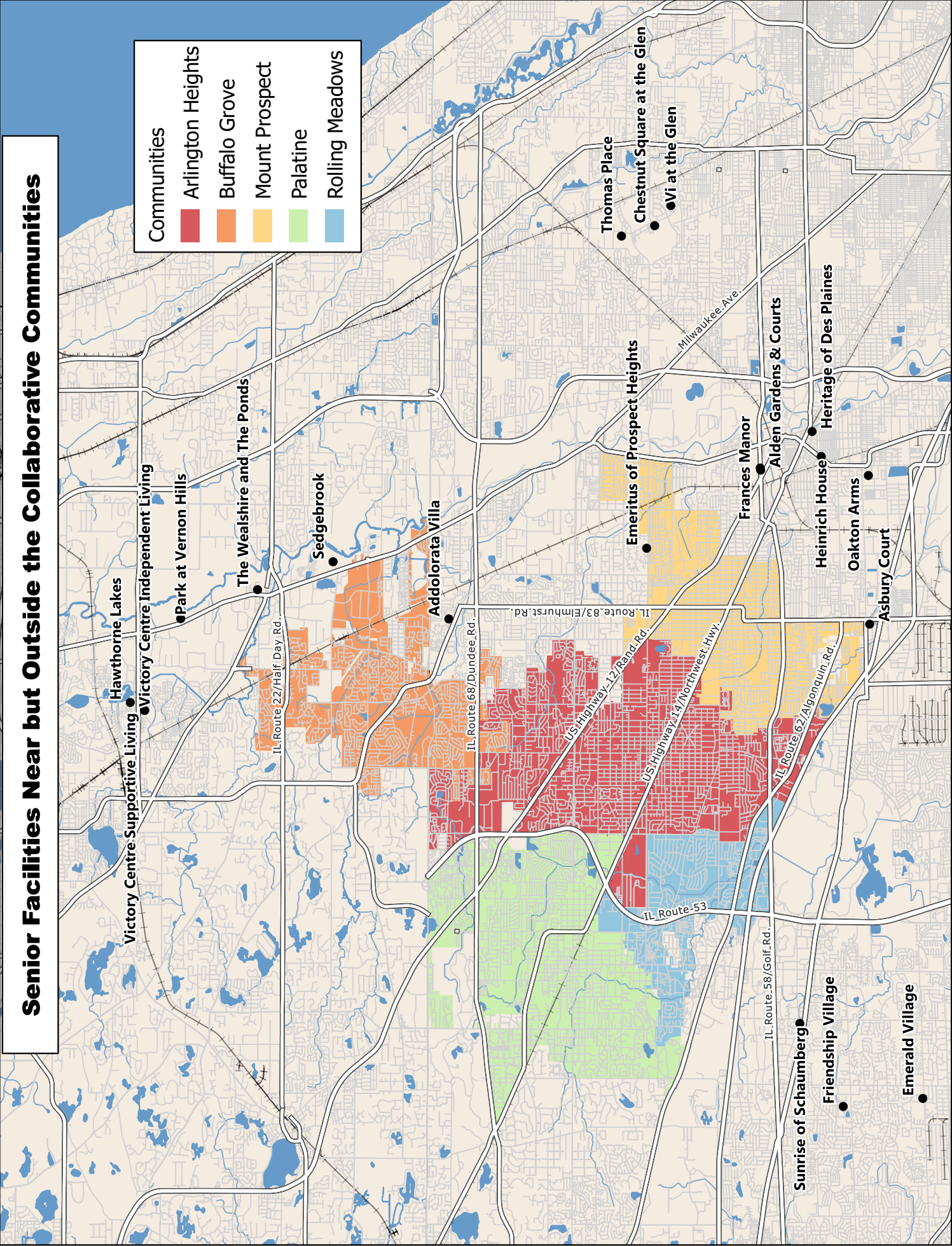


Table 16
NORTHWEST SUBURBAN HOUSING COLLABORATIVE
POPULATION CHARACTERISTICS

	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population												
2000 Census	76,766		43,504		55,591		66,878		24,365		267,104	
2010 Census	75,174	-2.1%	42,163	-3.1%	54,176	-1.1%	68,557	2.5%	24,108	-1.1%	264,178	-1.1%
Change, 2000-2010	-1,592		-1,341		-1,415		1,679		-257		-2,926	
2013 Estimated	75,877		42,497		54,746		69,139		24,354		266,613	
Change, 2010-2013	703	0.9%	334	0.8%	570	1.1%	582	0.8%	246	1.0%	2,435	0.9%
2018 Projected	76,342		42,985		54,663		70,320		24,744		269,054	
Change, 2013-2018	465	0.6%	488	1.1%	-83	-0.2%	1,181	1.7%	390	1.6%	2,441	0.9%
Households												
2000 Census	31,095		16,021		21,301		26,016		8,807		103,240	
2010 Census	30,964	-0.4%	16,499	3.0%	20,582	-3.4%	26,881	3.3%	8,947	1.6%	103,873	0.6%
Change, 2000-2010	-131		478		-719		865		140		633	
2013 Estimated	31,331		16,652		20,848		27,171		9,067		105,069	
Change, 2010-2013	367	1.2%	153	0.9%	266	1.3%	290	1.1%	120	1.3%	1,196	1.2%
2018 Projected	31,639		16,921		20,861		27,800		9,226		106,447	
Change, 2013-2018	308	1.0%	269	1.6%	13	0.1%	629	2.3%	159	1.8%	1,378	1.3%
Average Household Size, 2013	2.4		2.55		2.63		2.54		2.69		2.54	
Population by Age, 2013												
Under 5	4,011	5.3%	1,951	4.6%	3,264	6.0%	4,529	6.6%	1,654	6.8%	15,409	5.8%
5-14	9,371	12.4%	5,322	12.5%	6,918	12.6%	8,953	12.9%	3,036	12.5%	33,600	12.6%
15-24	8,337	11.0%	5,063	11.9%	6,125	11.2%	8,395	12.1%	2,939	12.1%	30,858	11.6%
25-44	18,345	24.2%	10,028	23.6%	14,760	27.0%	20,597	29.8%	6,917	28.4%	70,648	26.5%
45-54	12,331	16.3%	7,707	18.1%	8,242	15.1%	10,728	15.5%	3,767	15.5%	42,774	16.0%
55-64	10,480	13.8%	6,625	15.6%	6,683	12.2%	8,336	12.1%	2,935	12.1%	35,060	13.2%
65 and older	13,002	17.1%	5,802	13.7%	8,753	16.0%	7,600	11.0%	3,106	12.8%	38,263	14.4%
Median Age, 2013 (years)	43.1		43.3		40.1		37.0		38.2		40.5	
2010 Occupied Housing Units												
All Owner-Occupied Units	23,600	76.3%	13,382	82.6%	14,893	72.4%	19,361	72.0%	6,691	74.9%	77,927	75.3%
All Renter-Occupied Units	7,319	23.7%	2,824	17.4%	5,671	27.6%	7,515	28.0%	2,248	25.1%	25,577	24.7%
Senior Owner-Occupied Units	7,005	82.6%	2,749	85.8%	4,862	86.5%	3,936	84.8%	1,743	88.8%	20,295	84.9%
Senior Renter-Occupied Units	1,479	17.4%	454	14.2%	760	13.5%	705	15.2%	219	11.2%	3,617	15.1%

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian; U. S. Census via National Historic GIS.

Table 17
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
SENIOR POPULATION BY AGE GROUP - 2013 AND 2018

Age Group	Arlington Heights	Buffalo Grove	Mount Prospect	Palatine	Rolling Meadows	Total
<u>2013</u>						
55-64	10,480	6,625	6,683	8,336	2,935	35,060
65-74	6,207	2,975	4,232	4,263	1,589	19,266
75+	6,795	2,827	4,522	3,337	1,517	18,997
Total 55+	23,482	12,427	15,437	15,936	6,041	73,323
Total 65+	13,002	5,802	8,753	7,600	3,106	38,263
<u>2018</u>						
55-64	11,125	7,184	7,056	9,062	3,165	37,591
65-74	7,296	3,797	5,039	5,320	1,913	23,364
75+	7,096	3,044	4,666	3,596	1,593	19,995
Total 55+	25,516	14,025	16,760	17,978	6,671	80,950
Total 65+	14,392	6,841	9,704	8,916	3,506	43,359
<u>Change 2013-2018</u>						
55-64	644	559	372	726	230	2,531
65-74	1,089	822	807	1,057	324	4,099
75+	301	217	144	259	76	997
Total 55+	2,034	1,598	1,323	2,042	630	7,628
Total 65+	1,390	1,039	951	1,316	400	5,096

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian

Table 18
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
2013 SENIOR HOUSEHOLDS BY AGE AND INCOME

Age/Income	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Households 65-74	3,863		1,830		2,524		2,638		980		11,835	
Under \$10,000	138	3.6%	47	2.6%	138	5.5%	51	1.9%	37	3.8%	411	3.5%
\$10,000-\$19,999	299	7.7%	143	7.8%	199	7.9%	180	6.8%	83	8.5%	904	7.6%
\$20,000-\$29,999	452	11.7%	309	16.9%	309	12.2%	277	10.5%	194	19.8%	1,541	13.0%
\$30,000-\$34,999	195	5.0%	84	4.6%	132	5.2%	147	5.6%	65	6.6%	623	5.3%
\$35,000-\$49,999	625	16.2%	166	9.1%	368	14.6%	385	14.6%	167	17.0%	1,711	14.5%
\$50,000-\$74,999	943	24.4%	386	21.1%	562	22.3%	563	21.3%	136	13.9%	2,590	21.9%
\$75,000+	1,210	31.3%	693	37.9%	817	32.4%	1,036	39.3%	295	30.1%	4,051	34.2%
Households 75+	4,784		1,754		3,168		2,272		1,059		13,037	
Under \$10,000	255	5.3%	132	7.5%	192	6.1%	127	5.6%	44	4.2%	750	5.8%
\$10,000-\$19,999	838	17.5%	273	15.6%	648	20.5%	523	23.0%	281	26.5%	2,563	19.7%
\$20,000-\$29,999	806	16.8%	321	18.3%	481	15.2%	374	16.5%	161	15.2%	2,143	16.4%
\$30,000-\$34,999	393	8.2%	114	6.5%	334	10.5%	139	6.1%	62	5.9%	1,042	8.0%
\$35,000-\$49,999	773	16.2%	248	14.1%	483	15.2%	281	12.4%	181	17.1%	1,966	15.1%
\$50,000-\$74,999	726	15.2%	261	14.9%	474	15.0%	406	17.9%	110	10.4%	1,977	15.2%
\$75,000+	993	20.8%	406	23.1%	555	17.5%	422	18.6%	216	20.4%	2,592	19.9%
Households 65+	8,647		3,584		5,692		4,910		2,039		24,872	
Under \$10,000	393	4.5%	179	5.0%	330	5.8%	178	3.6%	81	4.0%	1,161	4.7%
\$10,000-\$19,999	1,137	13.1%	416	11.6%	847	14.9%	703	14.3%	364	17.9%	3,467	13.9%
\$20,000-\$29,999	1,258	14.5%	630	17.6%	790	13.9%	651	13.3%	355	17.4%	3,684	14.8%
\$30,000-\$34,999	588	6.8%	198	5.5%	466	8.2%	286	5.8%	127	6.2%	1,665	6.7%
\$35,000-\$49,999	1,398	16.2%	414	11.6%	851	15.0%	666	13.6%	348	17.1%	3,677	14.8%
\$50,000-\$74,999	1,669	19.3%	647	18.1%	1,036	18.2%	969	19.7%	246	12.1%	4,567	18.4%
\$75,000+	2,203	25.5%	1,099	30.7%	1,372	24.1%	1,458	29.7%	511	25.1%	6,643	26.7%

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian

Table 19
 NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
 2018 SENIOR HOUSEHOLDS BY AGE AND INCOME

Age/Income	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Households 65-74	4,511		2,299		2,979		3,256		1,170		14,215	
Under \$10,000	120	2.7%	44	1.9%	113	3.8%	59	1.8%	28	2.4%	364	2.6%
\$10,000-\$19,999	289	6.4%	147	6.4%	199	6.7%	176	5.4%	81	6.9%	892	6.3%
\$20,000-\$29,999	446	9.9%	299	13.0%	307	10.3%	295	9.1%	209	17.9%	1,556	10.9%
\$30,000-\$34,999	187	4.1%	88	3.8%	129	4.3%	151	4.6%	57	4.9%	612	4.3%
\$35,000-\$49,999	617	13.7%	193	8.4%	377	12.7%	399	12.3%	192	16.4%	1,778	12.5%
\$50,000-\$74,999	1,077	23.9%	441	19.2%	641	21.5%	653	20.1%	166	14.2%	2,978	20.9%
\$75,000+	1,777	39.4%	1,088	47.3%	1,216	40.8%	1,521	46.7%	436	37.3%	6,038	42.5%
Households 75+	4,964		1,863		3,240		2,418		1,101		13,586	
Under \$10,000	223	4.5%	105	5.6%	162	5.0%	108	4.5%	36	3.3%	634	4.7%
\$10,000-\$19,999	783	15.8%	273	14.7%	586	18.1%	511	21.1%	258	23.4%	2,411	17.7%
\$20,000-\$29,999	712	14.3%	301	16.2%	452	14.0%	359	14.8%	155	14.1%	1,979	14.6%
\$30,000-\$34,999	370	7.5%	106	5.7%	316	9.8%	137	5.7%	65	5.9%	994	7.3%
\$35,000-\$49,999	763	15.4%	258	13.8%	486	15.0%	288	11.9%	188	17.1%	1,983	14.6%
\$50,000-\$74,999	792	16.0%	286	15.4%	514	15.9%	447	18.5%	121	11.0%	2,160	15.9%
\$75,000+	1,321	26.6%	533	28.6%	724	22.3%	571	23.6%	276	25.1%	3,425	25.2%
Households 65+	9,475		4,162		6,219		5,674		2,271		27,801	
Under \$10,000	343	3.6%	149	3.6%	275	4.4%	167	2.9%	64	2.8%	998	3.6%
\$10,000-\$19,999	1,072	11.3%	420	10.1%	785	12.6%	687	12.1%	339	14.9%	3,303	11.9%
\$20,000-\$29,999	1,158	12.2%	600	14.4%	759	12.2%	654	11.5%	364	16.0%	3,535	12.7%
\$30,000-\$34,999	557	5.9%	194	4.7%	445	7.2%	288	5.1%	122	5.4%	1,606	5.8%
\$35,000-\$49,999	1,380	14.6%	451	10.8%	863	13.9%	687	12.1%	380	16.7%	3,761	13.5%
\$50,000-\$74,999	1,869	19.7%	727	17.5%	1,155	18.6%	1,100	19.4%	287	12.6%	5,138	18.5%
\$75,000+	3,098	32.7%	1,621	38.9%	1,940	31.2%	2,092	36.9%	712	31.4%	9,463	34.0%

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian

Table 20
 NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
 SENIOR POPULATION BY AGE AND DISABILITY*

	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<u>2013 Estimated Population</u>												
65-74 Years	6,207	26.0%	2,975	26.0%	4,232	26.0%	4,263	26.0%	1,589	26.0%	19,266	26.0%
% of Population 65-74 with disability	1,616		775		1,102		1,110		414		5,017	
Population 65-74 with disability	6,795	51.8%	2,827	51.8%	4,522	51.8%	3,337	51.8%	1,517	51.8%	18,997	51.8%
Total 75+	3,521		1,465		2,343		1,729		786		9,844	
<u>2018 Projected Population</u>												
65-74 Years	7,296	26.0%	3,797	26.0%	5,039	26.0%	5,320	26.0%	1,913	26.0%	23,365	26.0%
% of Population 65-74 with disability	1,900		989		1,312		1,385		498		6,085	
Population 65-74 with disability	7,096	51.8%	3,044	51.8%	4,666	51.8%	3,596	51.8%	1,593	51.8%	19,995	51.8%
Total 75+	3,677		1,577		2,418		1,863		826		10,361	
<u>Change 2013-2018</u>												
65-74 Years	1,089	17.5%	822	27.6%	807	19.1%	1,057	24.8%	324	20.4%	4,099	21.3%
Population 65-74 with disability	284	17.5%	214	27.6%	210	19.1%	275	24.8%	84	20.4%	1,067	21.3%
Total 75+	301	4.4%	217	7.7%	144	3.2%	259	7.8%	76	5.0%	998	5.3%
Population 75+ with disability	156	4.4%	113	7.7%	75	3.2%	134	7.8%	40	5.0%	517	5.3%

* Disability calculations based on 2011 American Community Survey data for Cook County

Source: U.S. Census and Experian

Table 21
ESTIMATED POPULATION BY AGE AND SEVERITY OF ALZHEIMER'S DISEASE IN NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES

	Arlington Heights		Buffalo Grove		Mount Prospect		Palatine		Rolling Meadows		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2013 Estimated Population	13,002		5,802		8,753		7,600		3,106		38,263	
Population 65 and older	1,690	13.0%	754	13.0%	1,138	13.0%	988	13.0%	404	13.0%	4,974	13.0%
Number/Percent with Alzheimer's Disease or Other Dementia												
Dementia Level												
Mild	811	48.0%	362	48.0%	546	48.0%	474	48.0%	194	48.0%	2,388	48.0%
Moderate	524	31.0%	234	31.0%	353	31.0%	306	31.0%	125	31.0%	1,542	31.0%
Severe	355	21.0%	158	21.0%	239	21.0%	207	21.0%	85	21.0%	1,045	21.0%
2018 Projected Population	14,392		6,842		9,704		8,916		3,506		43,360	
Population 65 and older	1,871	13.0%	889	13.0%	1,262	13.0%	1,159	13.0%	456	13.0%	5,637	13.0%
Number/Percent with Alzheimer's Disease or Dementia Level												
Mild	898	48.0%	427	48.0%	606	48.0%	556	48.0%	219	48.0%	2,706	48.0%
Moderate	580	31.0%	276	31.0%	391	31.0%	359	31.0%	141	31.0%	1,747	31.0%
Severe	393	21.0%	187	21.0%	265	21.0%	243	21.0%	96	21.0%	1,184	21.0%
Change 2013-2018												
Population 65 and older	1,390	10.7%	1,039	17.9%	951	10.9%	1,316	17.3%	400	12.9%	5,097	13.3%
Number with Alzheimer's Disease or Other Dementia Level	181	10.7%	135	17.9%	124	10.9%	171	17.3%	52	12.9%	663	13.3%
Mild	87	10.7%	65	17.9%	59	10.9%	82	17.3%	25	12.9%	318	13.3%
Moderate	56	10.7%	42	17.9%	38	10.9%	53	17.3%	16	12.9%	205	13.3%
Severe	38	10.7%	28	17.9%	26	10.9%	36	17.3%	11	12.9%	139	13.3%

Sources: U.S. Census Bureau; Experian (via Demographics Now); Alzheimer's Association, 2010 Facts and Figures; Hebert, et. al. "Alzheimer's Disease in the US Population," Archives of Neurology, American Medical Association, Vol 60, August 2003



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Aging-In-Place Remodeling Checklist

[Normal View](#)

Have you ever wanted a quick reference for aging-in-place issues? Are you wondering how to incorporate some aesthetically pleasing designs into your projects? If so, the Aging-In-Place Design Checklists might be suited to your needs.

The checklists below contain features you may want to consider for your next new construction or renovation project. They also give you a quick reference for various aging-in-place issues. While these lists are not all-inclusive, they will get you thinking on the right track.

Exterior

- Low-maintenance exterior (vinyl, brick)
- Low-maintenance shrubs and plants
- Deck, patio, or balcony surfaces are no more than ½ inch below interior floor level if made of wood

Overall Floor Plan

- Main living on a single story, including full bath
- No steps between rooms/areas on the same level
- 5-foot by 5-foot clear/turn space in living area, kitchen, a bedroom, and a bathroom

Hallways

- Minimum of 36 inches wide, wider preferred
- Well lit

Entry

- Accessible path of travel to the home
- At least one no-step entry with a cover
- Sensor light at exterior no-step entry focusing on the front-door lock
- There needs to be 32 inches of clear width, which requires a 36-inch door
- Non-slip flooring in foyer
- Entry door sidelight or high/low peep hole viewer; sidelight should provide both privacy and safety
- Doorbell in accessible location
- Surface to place packages on when opening door

Thresholds

- Flush preferable
- Exterior maximum of ½ inch beveled
- Interior maximum of ¼ inch

Interior Doors

- There needs to be 32 inches of clear width, which requires a 36-inch door
- Levered door hardware

Windows

- Plenty of windows for natural light
- Lowered windows or taller windows with lower sill height
- Low maintenance exterior and interior finishes
- Easy to operate hardware

Garage or Carport

- Covered carports and boarding spaces
- Wider than average carports to accommodate lifts on vans
- Door heights may need to be nine feet to accommodate some raised roof vans
- Five-foot minimum access aisle between accessible van and car in garage
- If code requires floor to be several inches below entrance to house for fume protection, can slope entire floor from front to back to eliminate need for ramp or step
- Ramp to doorway if needed
- Handrail if steps

Faucets

- Lever handles or pedal-controlled
- Thermostatic or anti-scald controls
- Pressure balanced faucets

Kitchen and Laundry

Counters

- Wall support and provision for adjustable and/or varied height counters and removable base cabinets
- Upper wall cabinetry three inches lower than conventional height
- Accented stripes on edge of countertops to provide visual orientation to the workspace
- Counter space for dish landing adjacent to or opposite all appliances
- Base cabinet with roll out trays and lazy susans
- Pull-down shelving
- Glass-front cabinet doors
- Open shelving for easy access to frequently used items

Appliances

- Easy to read controls
- Washing machine and dryer raised 12 to 15 inches above floor
- Front loading laundry machines
- Microwave oven at counter height or in wall
- Side-by-side refrigerator/freezer
- Side-swing or wall oven
- Raised dishwasher with pushbutton controls
- Electric cook top with level burners for safety in transferring between the burners, front controls and downdraft feature to pull heat away from user; light to indicate when surface is hot

Miscellaneous

- 30-inch by 48-inch clear space at appliances or 60-inch diameter clear space for turns
- Multi-level work areas to accommodate cooks of different heights
- Open under-counter seated work areas
- Placement of task lighting in appropriate work areas
- Loop handles for easy grip and pull
- Pull-out spray faucet; levered handles
- In multi-story homes, laundry chute or laundry facilities in master bedroom

Bathroom

- Wall support and provision for adjustable and/or varied height counters and removable base cabinets
- Contrasting color edge border at countertops
- At least one wheelchair maneuverable bath on main level with 60-inch turning radius or acceptable T-turn space and 36-inch by 36-inch or 30-inch by 48-inch clear space
- Bracing in walls around tub, shower, shower seat, and toilet for installation of grab bars to support 250 - 300 pounds
- If stand-up shower is used in main bath, it is curbless and minimum of 36 inches wide
- Bathtub - lower for easier access
- Fold down seat in the shower
- Adjustable/ handheld showerheads, 6-foot hose
- Tub/Shower controls offset from center
- Shower stall with built-in antibacterial protection
- Light in shower stall
- Toilet 2 ½ inches higher than standard toilet (17 to 19 inches) or height-adjustable
- Design of the toilet paper holder allows rolls to be changed with one hand
- Wall-hung sink with knee space and panel to protect user from pipes
- Slip-resistant flooring in bathroom and shower

Stairways, Lifts, and Elevators

- Adequate hand rails on both sides of stairway, 1 ¼-inch diameter
- Increased visibility of stairs through contrast strip on top and bottom stairs, color contrast between treads and risers on stairs and use of lighting
- Multi-story homes may provide either pre-framed shaft (ie. stacked closets) for future elevator, or stairway width must be minimum of 4 feet to allow space for lift
- Residential elevator or lift

Ramps

- Slope no greater than one inch rise for each 12 inches in length, adequate handrails
- Five-foot landing provided at entrance
- Two-inch curbs for safety

Storage

- Adjustable closet rods and shelves
- Lighting in closets
- Easy open doors that do not obstruct access

Electrical, Lighting, Safety, and Security

- Light switches by each entrance to halls and rooms
- Light receptacles with at least two bulbs in vital places (exits, bathroom)

- Light switches, thermostats, and other environmental controls placed in accessible locations no higher than 48 inches from floor
- Electrical outlets 15 inches on center from floor; may need to be closer than 12 feet apart
- Clear access space of 30 inches by 48 inches in front of switches and controls
- Rocker or touch light switches
- Audible and visual strobe light system to indicate when the doorbell, telephone or smoke or CO₂ detectors have been activated
- High-tech security/intercom system that can be monitored, with the heating, air conditioning, and lighting, from any TV in the house
- Easy-to-see and read thermostats
- Pre-programmed thermostats
- Flashing porch light or 911 switch
- Direct wired to police, fire, and EMS (as option)
- Home wired for security
- Home wired for computers

Flooring

- Smooth, non-glare, slip-resistant surfaces, interior and exterior
- If carpeted, use low (less than ½ inch high pile) density, with firm pad
- Color/texture contrast to indicate change in surface levels

Heating, Ventilation, and Air Conditioning

- HVAC should be designed so filters are easily accessible
- Energy-efficient units
- Windows that can be opened for cross ventilation, fresh air

Energy-Efficient Features

- In-line framing with two by six studs spaced 24-inch on center
- Air-barrier installation and sealing of duct work with mastic
- Reduced-size air conditioning units with gas furnaces
- Mechanical fresh air ventilation, installation of air returns in all bedrooms and use of carbon monoxide detectors
- Installation of energy efficient windows with Low-E glass

Reduced Maintenance/Convenience Features

- Easy to clean surfaces
- Central vacuum
- Built-in pet feeding system
- Built-in recycling system
- Video phones
- Intercom system

Other Ideas

- Separate apartment for rental income or future caregiver
- Flex room that can be used as a nursery or playroom when the children are young and as a home office later; if combined with a full bath, room could also be used for an aging parent/aging in place

Source: [Home Innovation Research Labs](#) ToolBase online resources

A National Overview of Villages: Results from a 2012 Organizational Survey

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Members of Mt. Lebanon Village in Pittsburgh, PA participate in intergenerational games with other community members.

Since the early 2000s, Villages have emerged as an innovative model to help people remain in their homes and to connect with their communities throughout later life. Villages have been defined as self-governing, grassroots, community-based organizations that coordinate access to a variety of supportive services to promote aging in place, social integration, health, and well-being. This report provides a national “snapshot” of the implementation of Villages by presenting data from a survey of Villages in the United States (U.S.) conducted from January through June of 2012. The report describes Villages at the national level in terms of their organizational characteristics; finances; community setting and membership characteristics; services; and organizational governance and collaborations.

BACKGROUND

Since the early 2000s, there has been a growing body of research, policy, and practice focused on transforming social and physical environments to improve older adults' quality of life and ability to age in place in the context of their broader communities.¹ During this time, Villages have emerged as among the most nationally prominent models of community aging initiatives. Villages are "self-governing, grassroots, community-based organizations developed with the sole purpose of enabling people to remain in their homes and communities as they age."²

The Village concept emerged in 2001 with the founding of Beacon Hill Village (BHV) by a group of seniors living in the Beacon Hill neighborhood of Boston, Massachusetts, who sought a way to help one another live as long as possible in their neighborhood. Now an independent non-profit organization that is governed by the members themselves and supported by member dues and external donations, BHV helps its members to age in place and to connect with their



Members of the Beacon Hill Village in Boston, MA, walk on the Esplanade.

broader community. The neighborhood residents who founded BHV hired an executive director to respond to members' individual requests for services, develop agreements with external service providers willing to serve BHV members at a discount, coordinate a pool of volunteers to help BHV members with basic shopping and transportation needs, and work with members to organize social and educational events.³ Since BHV's development, more than 85 similar initiatives known as "Villages" have opened in the U.S., with at least 120 more in development.²

While there is great diversity in how Villages structure their services, it is typical for Villages to use a "tiered" service delivery model to address the needs of their members, including some services provided to members directly by Village staff, some services provided through member-to-member volunteers, some provided by non-member volunteers, and some services referred to external "preferred providers" whose services are usually vetted and sometimes discounted for Village members.⁴ Through this tiered service model, many Villages claim to provide "anything and everything" to their members.⁵ Other unique characteristics of the Village model include its focus on social engagement and community-building (such as through member social events and engaging community members of all ages in Village activities), integrating formal and informal systems of support, breaking down service delivery silos, and promoting civic engagement (such as by providing volunteer opportunities for members and involving older adults on governance boards).⁶

This report presents results from a

national survey of Villages in the U.S., which was conducted from January through June of 2012 as part of a larger study of Villages and Naturally Occurring Retirement Community Supportive Service Programs (NORC programs), two different nationally prominent models of community aging initiatives.⁷ Organizations that identified as Villages on the Village-to-Village Network website were invited to participate. Only those organizations that were providing services at the time of the study and that self identified as a Village were included in the study. Out of 80 Villages that were eligible at the time of data collection, 69 completed the survey, yielding a response rate of 86.3%. Participation in the survey involved a representative from each Village working on a questionnaire in advance of an hour-long telephone interview. In collaboration with Rutgers, the State University of New Jersey, researchers at the Center for the Advanced Study of Aging Services at the University of California, Berkeley, directed data collection for Villages.

This report presents key findings to provide a national "snapshot" of Villages throughout the U.S. The report addresses:

- Organizational Characteristics
- Finances
- Community Setting and Membership Characteristics
- Services Provided
- Organizational Governance and Collaborations

ORGANIZATIONAL CHARACTERISTICS

Organizational development. Respondents reported that their organizations first started providing services, on average, three years ago, but lon-

Table 1. Percentage of Respondents Indicating Levels of Involvement of Stakeholders in Creating the Village in the Planning Phases

	Not Involved	Little or Somewhat Involved	Very or Extremely Involved
Older Adults	0%	10.3%	89.7%
Service Professionals	18.8%	48.4%	32.8%
Other Community Residents	17.6%	54.4%	27.9%
Elected Government Officials	59.7%	37.3%	3.0%

geivity ranged from 11 years to less than a year. As Table 1 indicates, most Villages (89.7%) reported that older adults were very or extremely involved in the founding of the organization, especially in comparison to other stakeholder groups.

Auspices. Most Villages (76.8%) constituted freestanding organizations, with only 23.2% reported that they operated as a division or program within a parent organization. There was a great diversity of types of parent organizations hosting a Village. Of the 16 Villages that were not freestanding, six were part of a private social service agency, three were part of a continuing care retirement community or housing provider, and the other seven were part of a care consortium, public social service agency, senior center, home health agency, neighborhood association, church, or health system. Most Villages reported functioning as formal organizations: 97.1% had a written mission statement, 72.5% had a written business plan, and 66.7% had written personnel policies.

Personnel. Although Villages ranged in the number of personnel, 78.8% reported having at least one paid staff person. The average ratio was one paid staff person for every 78 members. When asked to list up to five staff members, the average number of paid staff was 1.73 people, and the

average number of total full-time equivalencies for all paid staff was 1.15. In addition to paid staff, one-third of Villages reported having unpaid staff—people who were not paid, but who held a specific title within the organization other than general volunteer.

Volunteers. Approximately 95% of Villages reported having volunteers, with an average of 44.2 individuals volunteering at least once a month. This constitutes an average of about one volunteer for every 4.2 members. Villages reported approximately four member volunteers for every three non-member volunteers. Villages were asked to report what percent of their volunteers performed certain activities in a typical month. Villages reported that volunteers most frequently engaged in assisting members one-on-one or by leading group activities (25.4% of member volunteers and 31.1% of non-member volunteers). Some volunteers also reportedly assisted with administrative tasks in a typical month (16.5% of member volunteers and 10.2% of non-member volunteers). A relatively smaller percentage of volunteers reportedly advocated on behalf of the Village with external organizations in a typical month (13.0% of member volunteers and 5.7% of non-member volunteers). Furthermore, 50.7% of Villages indicated that engaging

members as volunteers was extremely important for achieving the Villages' goals, and 52.2% of Villages indicated that engaging non-members as volunteers was extremely important.

FINANCES

Budget size. Villages' total annual budgets ranged from \$1,000 to \$674,000, with a median of \$82,643. This represents an average annual budget of \$1,036.23 per Village member.^b As Figure 1 demonstrates, the majority of Villages (57.6%) reported an annual budget of \$100,000 or less. About a quarter (25.8%) had an annual budget between \$100,001 and \$200,000; 13.6% of Villages had an annual budget between \$200,001 and \$300,000; and two Villages (3.0%) had an annual budget over \$300,000.

Budget sources. Villages reported receiving funds from a variety of sources (see Figure 2, next page). The largest source of funding was membership fees, with approximately 50% of Villages receiving at least 45% of their funds from membership fees. Another common source of funding was fundraising revenue and individual gifts. Half of Villages received at least 20% of their budgets from these sources. Private foundations or corporations constituted another common source of funds (11.5% of total budget, on average). Government grants and

Figure 1. Villages' Annual Budget Size

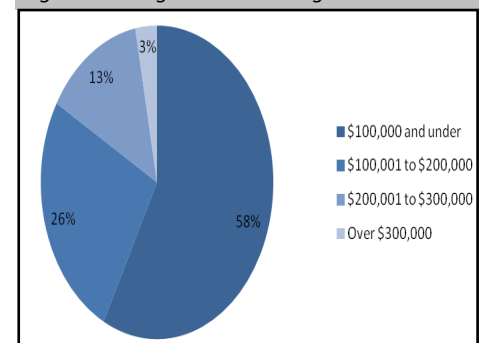
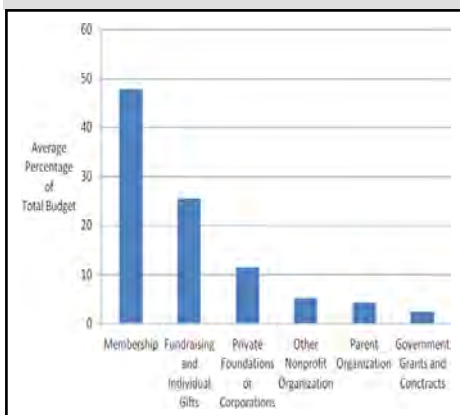


Figure 2. Average Percentage of Total Budget for Most Recently Completed Fiscal Year



contracts, as well as contributions from parent organizations and other nonprofit organizations, each accounted for 5% or less of most Villages' annual budgets.

Membership fees. All but three of the 69 Villages reported charging a membership fee. As Table 2 indicates, among Villages charging a membership fee, the cost of an individual membership varied from a low of \$25 to a high of \$948. Approximately two-thirds of Villages charging membership fees reported offering a reduced rate (or "discounted membership") for members in financial need. Villages reported a variety of ways of determining financial need for discounted memberships. Of the Villages that provide a discounted membership, one-third stated that they had no established criteria to determine eligibil-

Table 2. Costs of Village Membership

	Average Cost	Range
Individual Membership	\$430.75	\$25 - \$948
Household Membership	\$586.91	\$50 - \$1,285
Discounted Membership for Individuals	\$117.30	\$25 - \$375
Discounted Membership for Households	\$157.02	\$25 - \$600

ity for a discounted membership. In these Villages, discounted memberships were often given at the discretion of the Executive Director or given in response to stated need by prospective members. A majority (65.2%) of the Villages that offered discounted memberships had some eligibility criteria, including a yearly income threshold (often between \$35,000 to \$50,000 a year), a figure based on the Elder Economic Security Index^c, a percent (150% to 300%) of the Federal Poverty Level, or other criteria set by social service agencies in their area.

COMMUNITY SETTING AND MEMBERSHIP CHARACTERISTICS

Service area. Villages reported implementing their organizations in a variety of types of communities. While some of the first Villages were developed in specific neighborhoods (e.g., Beacon Hill Village in Boston; Capitol Hill Village in Washington, DC), the most common type of catchment area among all Villages was multiple towns (39.1%), followed by a neighborhood within a town (29.0%), a single town (18.8%), or a county or larger (13.0%). Most Villages have developed within predominantly urban (31.9%) or suburban settings (31.9%), with only 15.9% reporting that they served a predominantly rural area. When asked to report the predominant socioeconomic status of their catchment area, 48.5% reported that they were located in predominantly high or middle-to-high income areas. Another 20.3% reported that they were located in predominantly middle income areas, and 16.2% reported that they were in predominantly low to middle income areas.

Table 3. Sociodemographic Characteristics of Village Members

	Average Percentage of Members
Age^f	
Under 50	0.5%
50 to 64	9.1%
65 to 74	32.3%
75 to 84	39.6%
85 and Over	18.4%
Race/Ethnicity^f	
White	93.6%
Black	2.2%
Latina/o	2.5%
Asian/Pacific Islander	1.4%
Other Race/Ethnicity	0.4%
Functional Status	
Needs Help with Household Chores	23.5%
Needs Help with Personal Care	13.8%
Economic Status^g	
Impoverished	12.4%
Economically Insecure	12.2%
Other	
Female	68.7%
Lives Alone	50.2%

Number and characteristics of members. Village membership size varied substantially, from 13 to 550 members, with a median of 96 members. Table 3 indicates the typical sociodemographic characteristics of members. Members were predominantly ages 65 and older, White, and female. On average, Villages reported that approximately half of their members lived alone, and one quarter needed help with household chores. Approximately 40% of respondents indicated that their organization had adopted deliberate practices to recruit older adults from under-represented groups, such as marketing the Village in lower-income neighborhoods or partnering with organizations that are connected to such groups (e.g.,

churches).

Membership growth: The median difference in total membership between January 2011 and January 2012 was an increase in 21 members. Of the 61 Villages that reported membership numbers, only seven (9.9%) saw their membership decrease (range of -40 to -1); 7.2% of Villages' membership stayed the same; and 82.9% saw their membership increase (between 2 to 251 additional members) during that period.

SERVICES PROVIDED

Service goals. When asked to rank the following goals in order of importance, 71.0% of Villages reported that promoting older adults' access to services was most important, followed by strengthening older adults' social relationships and reducing social isolation (24.6%), promoting older adults' contributions to their community (2.9%), and helping the general community to become more aging-friendly (1.4%).

Types of services provided and modes of service delivery. Villages indicated whether or not they provided each of 25 different types of services within the past year. Because of the multi-tiered approach to service delivery, Villages were given options to state whether a service was provided by Village staff, Village member volunteers, and/or referral to outside service providers. Table 4 summarizes the services that were most likely to be provided by Village staff and volunteers. Table 5 summarizes services that were most likely to be referred to outside service providers.

Service utilization. Villages reported that, on average, 29.0% of members

Table 4. Percentage of Villages Indicating Types of Services Most Likely to Be Offered by Staff or Member Volunteers

	Provided by Village Staff	Provided by Member Volunteers	Referred to Outside Providers
Central Phone Number to Request Services	71%	32%	4%
Professional Coordination of Services	62%	9%	20%
Recreation and Social Events	51%	71%	28%
Transportation	46%	84%	51%
Reassurance Calls	42%	51%	4%
Friendly Visitors	28%	71%	1%
Healthcare Advocacy	25%	25%	9%
Grocery Shopping	22%	59%	7%
Technology Assistance	15%	57%	55%

requested services in a typical month and that 33.8% of members attended group events in a typical month. Transportation was by far the most utilized type of service provided directly by staff or volunteers, with nearly 63.8% of Villages reporting that this type of service was the one that members used the most within the past year. Other frequently utilized services were home maintenance or repair and preventive health screenings.

Preferred provider referrals. A defining feature of Villages is their practice of referring members to outside service providers whose work has been

“vetted” by the Village. Approximately 91.3% of Villages reported having a list of preferred providers, with an average of 72 providers on that list. When asked which services provided by referrals had been requested most frequently within the past year, Villages commonly reported home maintenance or repair; home health care, personal care, or nursing aides; housekeeping; technology assistance; and transportation. Furthermore, Villages reported commonly referring members to providers who offered discounts, with an average of 27.8% of all types of services provided through referral to a discounted provider. The services most

Table 5. Percentage of Villages Indicating Types of Services Most Likely to Be Offered through Referrals to Outside Providers

	Provided by Village Staff	Provided by Member Volunteers	Referred to Outside Providers
Home Maintenance/Repair	10%	58%	84%
Home Health/ Personal Care	3%	9%	75%
Housekeeping	0%	19%	67%
Exercise Groups	9%	23%	49%
Legal Assistance	0%	6%	48%
Financial Services	3%	16%	36%
Home-Delivered Meals	7%	28%	30%
Health Education	10%	9%	29%
Mental Health Counseling	4%	1%	29%
Preventive Health Screening	4%	3%	22%

typically referred to vendors that offered discounts were home maintenance or repair, with 66.7% of Villages reporting that they referred members to providers of this type of service offering a discount). Another service typically referred to discounted vendors was home health/personal care, with 59.4% of Villages reporting that they referred members to providers of this type of service offering a discount. A majority of Villages (71%) reported that they monitor the quality of services and supports received.

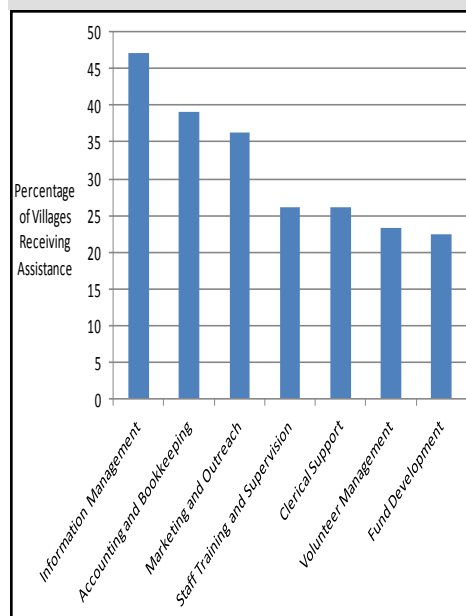
ORGANIZATIONAL GOVERNANCE AND COLLABORATIONS

Governance structures. All but five of the 69 Villages reported having at least one governance or advisory group. Most typically, these groups were identified as an Advisory Council or Board. On average, each group had approximately 11.5 members. Approximately 53% of total governance members were Village members, 25% were service providers, and 16% were other community members.

Collaborations. Findings indicated a variety of ways in which Villages were connected to the broader community. The survey asked Villages to list the top three most important organizations with whom they collaborated or partnered in the past year, and 92.8% of the Villages listed at least one organization. Of these Villages, 39.6% mentioned a healthcare organization as a collaborator (e.g., a home health agency or a hospital), 26.6% mentioned a private community social service agency (e.g., Catholic Charities), and 12.5% mentioned a housing provider (e.g., a property management group). Villages described the various benefits that collaborations yielded, such as the provision of office space, co-sponsoring events, making financial contributions, and receiving referrals. Also, over 85% of Villages that participated in the survey were members of the Village to Village Network, a national peer to peer organization that provides tools and resources, peer-assisted technical assistance, support and training to Villages through webinars, document library and an annual conference.^h

Assistance from other organizations. Villages also reported receiving assistance from their parent organizations, as well as from other organizations and individuals not affiliated with the Village. As Figure 3 demonstrates, they most commonly received assistance with information management (47.1%), and they least commonly received assistance with fund development (23.2%).

Figure 3. Percentage of Villages Receiving Specific Types of Assistance from Parent or Outside Organizations



SUMMARY OF KEY FINDINGS

This study indicates that implementation of the Village model generally corresponds to its definition as “self-governing, grassroots, community-based organizations developed with the sole purpose of enabling people to remain in their homes and communities as they age.”² Summarized to the right are key figures indicating the most typical features of the 69 Villages included in this study.

Percentage as Freestanding Organizations	76.8%
Average Number of Years in Operation	Three years
Percentage with At Least One Paid Staff Member	78.8%
Average Number of Monthly Volunteers	42 volunteers
Median Size of Budget	\$82,643
Median Percent of Total Budget from Membership Dues and Other Member Fees	49.9%
Average Cost of Individual Membership ^d	\$430.75
Percentage Offering Discounted Membership	65.2%
Median Number of Village Members at the Beginning of 2011	72
Median Number of Village Members at the Beginning of 2012	96
Median Membership Change between 2011 and 2012	21 member increase
Percentage Offering a List of Preferred Providers	91.3%
Percentage Reporting an Advisory Group	92.8%

Notes

- ^a Villages listed on the Village to Village (VtV) website included organizations that were members of VtV, as well as organizations that identified as Villages, yet were not members of VtV.
- ^b This figure was calculated by dividing the Villages' total budget for the most recently completed fiscal year by the number of members reported at the beginning of 2012. The median budget was \$744.50 per member.
- ^c The Elder Economic Security Index is a national initiative to create indicators of how much money different subgroups of older adults need to meet their basic needs. For more information, see <http://www.wowonline.org/ourprograms/eesi>.
- ^d The estimate of the average standard membership fees excluded several Villages that reported not charging a membership fee at all. The estimate of the average discounted membership fees excluded organizations that reported discounting the fees to zero.
- ^e Respondents interpreted the meaning of “low,” “middle,” and “high” income without any formal definitions provided by the survey instrument.
- ^f Percentages did not sum to 100 due to rounding error.
- ^g Impoverished was defined as likely eligible for Medicaid or food stamps; economically insecure was defined as likely not eligible for Medicaid or food stamps, but do not have enough resources to manage in an emergency, such as a major home repair.
- ^h This figure was based on administrative data received from the Village to Village Network.

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Members sharing a moment at Ashby Village in Berkeley, CA.

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