



HOUSING ASSISTANCE COUNCIL

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RURAL VOICES

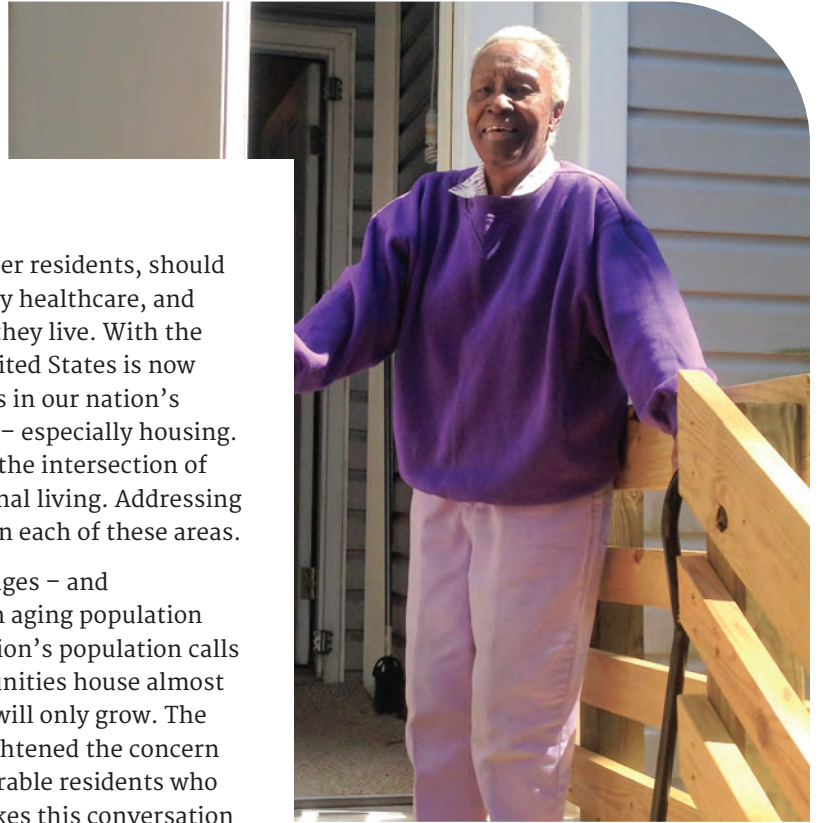


HOUSING AN AGING RURAL AMERICA

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Dear Friends,

All members of our communities, particularly older residents, should have access to safe and affordable housing, quality healthcare, and a nurturing support system, regardless of where they live. With the transition of baby boomers into older age, the United States is now squarely in one of the largest demographics shifts in our nation's history that will impact every facet of our society – especially housing. Quality and affordable housing for seniors lies at the intersection of healthcare, social well-being, and intergenerational living. Addressing this comprehensive issue requires collaboration in each of these areas.

Housing for rural seniors presents unique challenges – and opportunities. In rural America, the impacts of an aging population are already being felt. Nearly one-fifth of the nation's population calls rural and small towns home, yet our rural communities house almost a quarter of the country's elderly, and this trend will only grow. The recent world-wide health pandemic has also heightened the concern and care for our older and potentially more vulnerable residents who disproportionately reside in rural America and makes this conversation more immediate.

At the Housing Assistance Council, we welcome the value, possibilities, and challenges that seniors bring to rural communities across the nation. Sharing information, innovation, and success through these rural voices is just one way HAC is helping rural communities better house our citizens – from youngest to oldest.

HAC thanks AARP Foundation for their generous support of this edition of *Rural Voices*.

Sincerely,

Peter Carey
Chair

Maria Luisa Mercado
President

David Lipsetz
Executive Director

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Listening to Older Adults

Rural seniors face special challenges during the pandemic and beyond; solutions involve housing and more.

By Emily Allen

The coronavirus pandemic has brought about unique challenges for our nation, and older adults are among those affected most profoundly.

There is often a misperception that older adults in America have what they need — that Social Security and Medicare will cover all of their expenses. But the truth is that more than 37 million people over the age of 50 are either already in poverty or just one life event away from slipping into it. The country's [housing crisis](#) has only grown more severe in the wake of the pandemic, leaving older adults more vulnerable despite moratoriums that protect some tenants and homeowners against evictions and foreclosures.

Further compounding these challenges are the longstanding needs of low-income older adults, their reticence to ask for help and their isolation from community resources. Their voices may be quiet, but their needs should call out to all of us — and, together, we must answer that call.

According to 2012–2016 American Community Survey data, 10.6 million older adults (65+) are living in rural areas, many of them in single-family houses. Those homes have been, for the most part, safe enclaves during the pandemic, offering the protection of physical distancing. At the same time, however, they far too easily become encapsulating, isolating seniors from the help they need to secure the essentials (food, healthcare, transportation, etc.).





Isolation, worsened by current circumstances, is one of the major challenges facing older adults on fixed incomes. Studies conducted by AARP Foundation show that [social isolation](#) affected nearly one in four older adults before the coronavirus pandemic struck, and we expect this number to grow.

Addressing social isolation's deleterious effects on health has long been one of the pillars of AARP Foundation's work. Our vision is a country free of poverty where no older person feels vulnerable, and our approach centers on two key areas: economic opportunity and social connection. AARP is one of the largest organizations representing rural residents, and AARP Foundation serves as its charitable affiliate.

Throughout the Foundation's work, we seek solutions to empower low-income older adults with the skills and resources to increase their financial stability, and the tools to stay connected to their communities.

Research indicates that social isolation has a profoundly negative impact on health, especially for low-income older adults. A [landmark study](#) conducted five years ago shows that prolonged social isolation has a health effect equivalent to smoking 15 cigarettes a day. The subjective experience of loneliness — related to but distinct from social isolation, which is an objective condition with measurable factors like the size of one's social network, the availability of transportation and the ability to take advantage of local support services — may increase the risk of premature death by as much as 45 percent.

AARP Foundation both operates and supports programs that harness new technologies and existing methods to alleviate isolation and loneliness. Our [Connect2Affect online platform](#) provides resources to help people stay connected.

Humans need connection, and the benefits of these connections extend well beyond the individual. When each of us remains engaged, bringing our experience and life lessons to our interactions with one another, communities themselves are at their healthiest.

Rural communities are vibrant and foster strong connections — and yet limited access to services can counter these positive experiences. Health care practitioners, especially those working in community health centers and rural health clinics, interact with low-income older patients in a way that many others don't; this presents an opportunity to develop proactive, coordinated approaches to solving isolation.

While the solution does not rest solely in the health care space, we must build bridges between health care and community resources. AARP Foundation funded a consensus study with the National Academies of Science, Engineering and Medicine to explore ways to strengthen these partnerships. The report, [Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System](#), outlines key recommendations that we are exploring and beginning to implement.

The coronavirus pandemic has in some respects broken down barriers to our collective work. For example, more health care practitioners and patients have shown a willingness to use telehealth services. These adaptations may actually be paving the way to bring health care back into the home, as in the days when the local doctor made neighborhood rounds toting the familiar black bag. Rural communities promise to be major beneficiaries of such developments.

What about the home itself?

AARP research shows that as many as 80 percent of older adults want to continue [living at home as they age](#). It may offer protection from a pandemic, but is it inherently safe? Too many older adults on fixed incomes are unable to maintain their homes adequately. The very first thing we can do is provide information and resources to ensure that home really is a safe space. Programs like AARP Foundation's [Here to Stay: Home Upkeep for All™](#) are designed to help older adults learn the vital maintenance tasks that can keep a home livable even on the tightest of budgets. Community support can also help ensure a safe environment for seniors who choose to continue living in that comforting place called home.

The needs of older adults in the rural space cannot be overemphasized. Those who live in rural areas are on average [older, poorer and sicker](#) than those living in urban areas. [CDC research](#)



The coronavirus pandemic has in some respects broken down barriers to our collective work. For example, more health care practitioners and patients have shown a willingness to use telehealth services.

shows that the differences in socioeconomic factors, health behaviors, and access to health care services contribute to greater disparities.

Unsurprisingly, [social isolation](#) is more acute in rural areas where physical distances, lack of public transportation and fewer community resources pose particular barriers to social engagement. Rural seniors face challenges accessing rural doctors, mental health care and hospitals, all of which serve as vital sources keeping them healthy and mobile and yet continue to decline. In a



2018 policy brief, the University of Minnesota Research Center identified five key rural-specific issues related to addressing social isolation: transportation, technology, demographics, access to resources, and rural culture.

All of these challenges are especially devastating for rural people of color, who are more likely than their white counterparts to have low income and be housing insecure. As Housing Assistance Council [research](#) has shown, the isolation and relative segregation of people of color in rural areas contributes to poverty and unsafe living conditions for marginalized populations.

As is the case nationwide, rates of COVID-19 infection have been alarmingly high among people of color in rural areas. Per capita infection rates are high in persistently poor

African-American and Native rural communities; in fact, the Navajo Nation and surrounding communities have some of the [highest reported](#) COVID-19 infection rates in the U.S.

Steps Toward Solutions

As we look for solutions, there are several actions we can take to harness the power of the private and public sectors to bring about longer-term systemic change in rural areas:

- Support the creation and expansion of affordable housing programs, in particular, those that incorporate health care programs and services in the home.
- Support opportunities to include screening and detection for loneliness and isolation in clinical settings.
- Capitalize on existing programs and provisions in the Older Americans Act (such as meal-providing programs) to help keep older adults living at home.
- Support the expansion of high-speed internet in rural areas to support the increased use of telemedicine and other efforts to maintain social connection.
- Improve the “last mile” mobility for older adults getting to and from public transportation.
- Continue to support and expand critical volunteer programs, such as the [Corporation for National and Community Service Senior Companion Program](#), that provide assistance to older adults living independently, as well as respite services for their caregivers.
- Bring an equity lens to all that we do, ensuring that racial disparities are addressed in a culturally appropriate way as we design solutions to meet the needs of rural America.

The pandemic has trained a spotlight on the needs of the most vulnerable among us, in rural settings and in the nation at large. Perhaps one good to come out of this is that it has forced us to listen to the voices of those who were already suffering. We must come together to offer a helping hand. Let us dedicate ourselves, in our national healing, to listen to and raise their voices.



Emily Allen is Senior Vice President of Programs at AARP Foundation.



Policy Solutions Address an Inadequate Housing Supply

Increased investment in senior affordable housing would ensure all rural seniors have a place to call home.

By Linda Couch



Seniors ages 65 years and older are struggling to afford safe and decent housing. [Only one in three seniors](#) eligible for federal housing assistance receives it, a share that has shrunk steadily in recent years. Between 2013 and 2015, [seniors made up two-thirds](#) of the increase in worst-case housing needs, defined, in part, as very low-income renters paying more than half of their income on housing. The limited supply of housing affordable to elderly households with the lowest incomes forces seniors to choose between their housing, healthcare, and other life necessities.

Financial woes

Those aging into senior housing eligibility, who are now between 50 and 64 years old, appear to be even [less prepared financially](#) for retirement, holding onto more mortgage and other debt past age 62. Nearly a quarter of rural seniors are carrying mortgage debt into retirement, unable to access that home equity. The increasing prevalence of mortgage-holding seniors, coupled with retirement

savings depleted by the stock market's downward response to the coronavirus, could spell even more trouble for seniors in the years to come.

Senior homeowners making less than \$15,000 per year who have mortgages are [somewhat more likely](#) (79 percent) than comparable renters (72 percent) to be housing cost burdened. Senior homeowners, with or without mortgages, still come out ahead of renters. According to the [Joint Center for Housing Studies of Harvard University \(JCHS\)](#), in 2016 homeowners over 65 had a median home equity amount of \$143,500 and net wealth of \$319,200. By comparison, the net wealth of the median same-age renter was just \$6,700. There is also an asset gap by race. For a variety of systemic reasons, seniors of color are less likely to own homes and have fewer assets and therefore may have trouble paying for the housing and services they need through retirement.

Accessibility

In a harsh twist, cost-burdened owners and renters are likely

Nearly a quarter of rural seniors are carrying mortgage debt into retirement, unable to access that home equity.

paying for homes where they cannot age in community. Generally, the older the housing stock, the fewer accessibility features the housing has. Rural areas, where many seniors live, tend to have older housing stock. We also know that multifamily housing is more likely than single-family housing to have accessibility features, and that the vast majority of seniors live in single-family, detached homes. In 2017, according to [JCHS](#), nearly a third of households 65 and over lived in low-density communities.

A recent [JCHS](#) report tried to determine the share of homes inhabited by seniors with extremely low incomes that are wheelchair accessible, meaning they had zero-step entries, a bedroom and a bathroom on the main level, and had extra wide doorways and hallways, along with other features. Unfortunately, the researchers could not answer their question because there were too few instances, instead having to concede that “an appallingly small share of all units is fully wheelchair accessible, resulting in insufficient sample sizes for making estimates.”

Policy solutions

LeadingAge, the association of nonprofit providers of aging services, including affordable housing for older



adults living on low incomes, works with Congress, state and local policymakers and other stakeholders to preserve and expand our nation's supply of affordable communities for older adults. Those policy solutions must include affordable and accessible housing, and they must include direct, intentional connections of this affordable housing to services and wellness benefits that will allow older adults to age in the community of their choice. Increasingly, the community of choice for seniors is more likely to be rural than urban.

The coronavirus has allowed telehealth to leapfrog over 20 years of baby steps for the nation. However, in rural areas, access to healthcare and services needs to be improved and fine-tuned. As the country establishes a new normal, perhaps we will learn how much the historic underinvestment in rural areas for broadband and telehealth platforms in affordable housing communities slowed the nation's comeback. Primary healthcare providers, often in short supply in rural communities, could be lured to rural communities in a post-coronavirus world.

The nation's housing supply must increase to ensure seniors are housed. Several decades and numerous housing acts after the U.S. Housing Act of 1937, fewer and fewer households are receiving the housing assistance they need. [According to HUD](#), in 1989, 35 percent of its units were headed by someone 65 or older, while in 2017, the rate decreased to 27 percent. Maybe the coronavirus will expose the financial precariousness so many households experience and policymakers will no longer be able to ignore the reality long faced by millions of households: the rent is too darn high. If tens of millions of renters and homeowners desperately need housing help because of the economic downturn, how far are we really from finally establishing an entitlement to housing assistance?

Even before the coronavirus struck, Congress was paying more attention to senior housing than it had in previous years. In 2017, HUD's flagship senior housing program, the successful Section 202 program, was revived after several years of no funding for new construction. Congress has funded new Section 202 homes



every year since. While the numbers are small and all the new dollars barely scratch the surface of need, the program's revival reminds us not to give up hope on a good program.

HUD's Section 202 program, established in 1959, spurred the creation of USDA's Section 515 program, which was originally authorized in 1962 by the [Senior Citizens Housing Act](#). Set up to work similarly as the Section 202 program but for rural areas, the Section 515 program today serves mostly seniors and persons with disabilities. Like too many housing programs, the Section 515 program struggles annually just to stay afloat. As the nation begins to move on from the coronavirus, we must work to ensure the Section 515 program not only survives but thrives.

HUD is also in the midst of an exciting demonstration showing how investments in wellness nurses and service coordinators to provide supportive services at Section 202 communities result in improved health and savings. Today, only half of all Section 202 communities have a service coordinator, a HUD-funded staff person who works to ensure residents have access to the services and supports



The coronavirus has allowed telehealth to leapfrog over 20 years of baby steps for the nation.

they need to age successfully in community. [A bright spot](#) on affordable senior housing's horizon is that the Rural Housing Service has announced it will allow its Section 515 communities to use project funds for Service Coordinators. In addition to advocating for more affordable housing, LeadingAge is working to ensure every federally assisted community has a service coordinator, not just those in the 400,000 unit Section 202 program. [Research](#), thus far, has been clear. Service coordinators help residents age with better health outcomes, and they reduce costs to the health care system and the housing provider.

The ultimate goal for affordable senior housing is for HUD's

housing programs, USDA's rural housing programs, and the Treasury's Low Income Housing Tax Credit to work in concert with the Department of Health and Human Services to completely integrate health and wellness services into every affordable housing platform. Financing these programs through Medicare and Medicaid would result in significant savings.

In 2019, LeadingAge worked with Congress on language directing HUD to collaborate with the Center for Medicare and Medicaid Services on how Medicare and Medicaid funds can support programs that use affordable senior

housing as a platform for coordinating health, wellness, and supportive services and programs. By early 2020, HUD had included this language in its own budget's work plan to Congress.

LeadingAge is focusing its energy on solutions that will sustain seniors of today and tomorrow with affordable, accessible housing integrated with health and wellness services, a healthcare workforce ready to serve people where they live, and a vision for aging that is grounded in choice, dignity, and respect.

Linda Couch is Vice President of Housing Policy at LeadingAge.



Home Repair as Healthcare

ReFrame Association members consider the social determinants of health in home repair projects.

By Becca Davis, JC Lyle, and Julie Keel

To most people, affordable housing means vouchers, rental assistance, tax credits, and newly constructed homes with low-interest loans. However, for many senior citizens living in rural America on a fixed income, home preservation in the form of repairs may be the best and most affordable housing solution, especially if the work is completed by a nonprofit. In addition to being cost-effective, home repairs improve the mental and physical health of aging residents.

Aging in place

Moving to an assisted living facility or rental unit is inconceivable for many homeowners. This is especially true for those who live on land that has been passed down through the generations. Remaining in a place that has been in their family for decades can be a source of pride for older adults, even if the homestead is in great need of maintenance and accessibility modifications. However, many seniors are physically unable

to complete necessary home renovations and cannot afford to hire someone to complete the work so that they can age in place.

Nonprofit organizations are addressing this problem by providing free and low-cost repairs. [ReFrame Association](#) is a national network that supports safe and healthy housing by connecting, educating, and promoting home repair nonprofits. Since the association incorporated six years ago, 67 member organizations have repaired nearly 35,000 homes in 43 states. Half a million people have been involved with this endeavor, including over 100,000 people living in repaired homes (approximately a third of whom are seniors), and hundreds of thousands of volunteers, staff, and subcontractors completing renovations.

Home repairs facilitated by nonprofits provide dignity to those who desire to live out their older years in the place they call home – and modifications typically cost less than alternative affordable housing arrangements do. For rural seniors with a strong sense of place,

home renovation can mean preserving not only a structure but also identity and self-respect.

Intergenerational living

Many rural seniors live with their children and/or grandchildren. It's common to observe grandparents raising grandchildren in rural communities. They may babysit while the parents work or have custody of their grandchildren if the parents are incarcerated or unable to care for their kids due to other challenges such as drug and alcohol addictions. In other cases, three or even four generations live in a single household due to necessity and poverty. Addressing the health and safety hazards in the home benefits multiple generations.

Asset-building is an important part of breaking the cycle of poverty and a house is typically the largest asset that a low-income senior homeowner has. By preserving it, the home's worth increases and so does the value of the inheritance that will be passed along to the next generation. Nonprofits such as [Christian Service Mission](#) in Alabama help aging homeowners prepare their wills to ensure that the houses

they repair will stay in families for generations to come. This extra service offers seniors inner peace in addition to their improved physical safety from the renovations.

Housing as a social determinant of health

Dilapidated floors, inadequate or broken railings and stairs, and high tub walls may cause falls, especially as homeowners age in place. Falls are the leading cause of injury-related deaths among senior citizens; approximately [one in four U.S. residents aged 65 and older report falling each year](#).

Through the North Carolina Department of Health and Human Services, Medicaid has launched the Healthy Opportunities Pilot program, which pays for certain non-clinical services that are proven to impact health, including home repairs. Data from the pilot program are being collected and analyzed to transform Medicaid and address fundamental drivers of health because [research shows that up to 80 percent](#) of a person's health is determined by social and environmental factors.

Health is so greatly impacted by the condition of a house that every \$1 invested in home repairs saves \$19 in Medicare and Medicaid costs, according to [studies](#) compiled by the North Carolina Housing Finance Agency. Critical home repairs and accessibility modifications allow residents who may otherwise be forced into institutional care to age in place instead.

For example, staff from [Wilmington Area Rebuilding](#)





[Ministry](#) found an ambulance leaving when they showed up to conduct an initial assessment at the home of Ms. Dorothy in rural North Carolina. They stopped the driver to ask if the homeowner was in the ambulance. The driver told them, “No, she falls every week or so and we come out to pick her up and check her vitals.” After the organization installed railings and grab bars and cut a safety step in her tub, her home is no longer a danger zone and Ms. Dorothy doesn’t call 911 on a regular basis.

Another nonprofit, [Chesapeake Housing Mission](#) in Maryland, is tracking the cost savings and improved health outcomes from 13 critical home repair projects. Initial results from partnering with the local hospital show that emergency room visits and hospital admissions have been reduced by 60 percent for these clients. The building materials for the projects cost approximately

\$25,000 and have already saved \$400,000 on healthcare expenses. Falls among these seniors in a six-month period have also been reduced from 39 to zero because of the installation of grab bars, railings, or ramps.

Improved health outcomes: a case study

“The floor had fallen in, and I was worried to death,” explained Velma Scissom, age 75. Velma has lived in her house in rural middle Tennessee for more than 50 years. “Ever since I sold my store, being on a fixed income doesn’t leave much money left for repairs,” Velma shared. “I get so overwhelmed at the end of the month trying to stretch what little money I have left that there was no hope for me to fix the floors.” Termites and moisture compromised her floor system.

[Mountain T.O.P.](#), a home repair

nonprofit, utilized a Housing Preservation Grant from USDA Rural Development to fund major repairs to Velma’s home and significantly improve her health. Almost immediately after the nonprofit’s volunteers removed the old floor covering and framing, there was a marked difference in the air quality in Velma’s house.

Velma’s floors weren’t just a safety hazard; they also posed a serious respiratory risk. “There was a lot of mold growing on the ground and foundation. The house is sitting on the side of a hill and water pools in the corner of her house where the floors collapsed,” shared a staff member with the organization.

People who experience home-based toxins like mold are [more likely to experience poor mental or physical health](#). In short, it is not just about the floors. Velma’s physical and emotional well-being are tied together. Because her floors are now

repaired, she also has peace of mind. She no longer has to worry about the condition of her home.

Velma was also able to connect socially with the nonprofit's volunteers. "They were wonderful," she shared. "Mountain T.O.P. is like family. Y'all have to come visit when you are in the area. I'll let you stay on my blow-up mattress on my new floor!"

Rural challenges are worth overcoming

Nonprofits serving rural communities have to overcome significant challenges when repairing homes for seniors: logistical difficulties of delivering construction materials to remote locations, skepticism of outsiders (when non-local volunteers complete the work), and hazardous conditions such as mold, asbestos, and lead-based paint,

among other things. However, knowing that home renovations improve health outcomes makes it worth finding solutions to these obstacles. It's not just a good deed to provide accessibility modifications and other home repairs for older adults, it's a form of much-needed healthcare.

Becca Davis is the Co-Founder and Executive Director of ReFrame Association. JC Lyle is Executive Director of Wilmington Area Rebuilding Ministry. Julie Keel is Program Director at Mountain T.O.P.

Looking Back

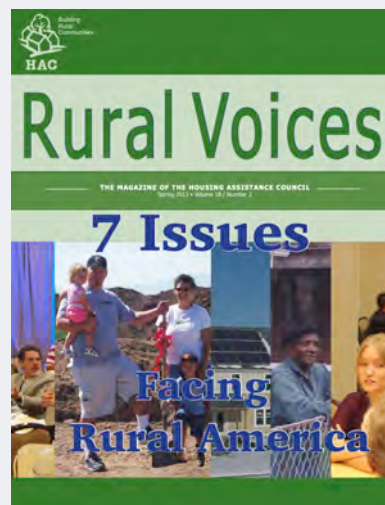
HAC has always considered it a priority to provide affordable, safe housing for rural seniors.

Please visit previous *Rural Voices* articles that highlight this important topic:



[Seniors Look to Resident-Owned Manufactured Housing Communities](#)

VOLUME 18: FALL 2013



[Housing Options for Rural Seniors](#)

VOLUME 18: SPRING 2013



[Rehab - Renew: Housing Rehabilitation for Seniors](#)

VOLUME 17: WINTER 2012

Housing an Aging Farmworker Population

Self-Help Enterprises' comprehensive approach to housing meets the needs of aging farmworkers in rural California.

By Tom Collishaw

The farmworker population is both reflective of the broader rural community and reminiscent of other historic American immigrant populations. Like the overall population, farmworkers are living longer, but as they age, they are more vulnerable to poverty, lack of adequate health care, and environmental threats (most recently manifested by the scourge of COVID-19). Culturally, most farmworkers consolidate their households, rather than seek congregate living and care arrangements for aging family members. These larger households can stress housing stock but persist as a traditional immigrant community trait.

Self-Help Enterprises (SHE) is a nonprofit housing and community development organization that has served the San Joaquin Valley in California since 1965. To date, the impact of SHE's work in an eight-county area includes

nearly 6,400 self-help homes, 1,636 affordable rental units, 6,700 single-family home repairs and/or rehabilitation, and the provision of 33,000 clean water and sewer hookups. The San Joaquin Valley remains the most productive farming region in the world, where a variety of fruit, nuts, grains, and row crops are cultivated on a massive scale. The region is also characterized by persistent poverty, with large urban centers, such as Fresno and Bakersfield, only a few miles from disadvantaged rural communities where farmworkers provide the

backbone to large agricultural enterprises. This urban/rural dichotomy plays out in unusual ways; for example, the rural areas in these metropolitan counties are ineligible for some resources such as the colonias setaside in the Community Development Block Grant funds California receives from HUD.

In many respects, SHE's approach to the needs of seniors reflects the population it predominantly serves – farmworkers of Hispanic descent. SHE serves the housing needs of aging farmworkers in several overlapping ways –





As they age, they are more vulnerable to poverty, lack of adequate health care, and environmental threats (most recently manifested by the scourge of COVID-19).

designing and building homes so that people can age in place, building or acquiring farmworker rental housing, developing single-family self-help housing, and conducting single-family, owner-occupied housing rehabilitation programs.

Universal design

Universal design makes an environment accessible and usable to as many people as possible, regardless of age, size, or ability. SHE embraced universal design concepts in the 1990s, recognizing that many of its participating

homebuilders and renters have long tenures, truly aging in place. Many of these standards were obvious enough that we asked ourselves why we had not adopted them sooner, while others created particular challenges. Raising electric outlets, lowering light switches, and using levered door handles exclusively – these were all no-brainers. Other standards – such as having a no-step entry, uniform clearances in all doorways and hallways, and including at least one bathroom that is handicapped-accessible – posed cost and construction challenges, and also affected





room sizes. Now all of these features have become standard in all of our housing design and construction activities.

While adopting these design criteria did not specifically target seniors, we know from experience that many of our self-help homebuilders and renters become long-term residents in their housing units. This is natural and perhaps obvious; many are moving into their best, and often first, high-quality housing unit that is suitable for long-term human habitation. We also know that many of our residents absorb aging family members into their households, which can create additional stress on housing units. Universal design addresses both of these realities.

Farmworker rental housing

SHE has been an active developer of rental housing

opportunities for farmworkers since 1979 when it purchased and rehabilitated an aging farm labor camp in Merced County through the USDA Section 514/516 Farm Labor Housing program. Since then, we have utilized USDA, the Department of Labor National Farmworker Jobs Program, and a variety of other sources to develop a total of 493 units of rental housing specifically reserved for farmworkers. This constitutes nearly one-third of SHE's overall rental housing inventory, yet we estimate that over two-thirds of our units are occupied by farmworker households.

Most, but not all, of the exclusive farmworker units provide direct rental assistance to the renter household, depending upon their income. All farmworker units allow for retired agricultural workers to qualify to reside in these apartments, and all combine larger family households and

seniors within the same project. In our 311 USDA Farm Labor Housing units, the current census contains 60 seniors. In our broader portfolio of 1,618 units, there are a total of 246 seniors who live at 38 property sites around our service territory.

Mutual self-help housing

SHE has always welcomed seniors to become homebuilders in our legacy self-help housing program, where homebuyers contribute sweat equity and help build their homes alongside their new neighbors. While not the predominant user group, there has always been steady participation by low-income seniors. In the past five years, of the families completing homes through the program, 20 have been senior-headed households, some of which included children, as grandparents have increasingly become guardians of subsequent generations. Self-help housing provides a unique opportunity for senior farmworkers to become homeowners for the first time later in life, and offers stability in housing costs during a period of fixed income in retirement. Many seniors also assist as volunteer helpers to their adult children who participate in the program, providing critical assistance in meeting labor hour requirements.

Single-family housing rehabilitation

By far the most consistent senior housing effort at SHE is its housing rehabilitation efforts, where a significant share of participants is elderly. This was true at the inception of our efforts 45 years ago, and it is still true today. In the past five years



alone, SHE's housing rehab participants have included 225 households headed by seniors.

Throughout the San Joaquin Valley, thousands of dilapidated units populate our rural disadvantaged communities, where homeownership is still the predominant form of housing tenure. Most of these units were not originally built to code, often with owners adding rooms and plumbing as they could afford it. Other owners placed used mobile homes or other manufactured housing on properties they purchased. Some purchased their properties initially through a contract of sale, making monthly payments to a seller for a prescribed period of time. In such arrangements the seller continues to own the home and the buyer is at risk of losing the property by missing a single payment. Most funding programs require them to secure the property in their name if the original seller is cooperative. Fortunately, SHE has been successful in replacing these contracts with standard mortgage documents.

Numerous seniors reach out to SHE with an emergency – a leaking roof, a heater that breaks down, an electrical failure, a water well run dry, or a compromised foundation or flooring. However, in many situations, it may not make economic sense to repair the unit. The practical answer is often to demolish the unit and replace it with a new stick-built or manufactured home.

Much of SHE's single-family housing rehab is funded



through CDBG, HOME, and several state programs in California. Financing for single-family rehab must match seniors' special needs to be effective. First, there should be flexibility on loan-to-value ratios, because often the cost of the rehab or replacement unit will exceed the value, especially when there is still a first mortgage. SHE has found it useful to have equity preservation grants where possible to address this issue. Second, seniors tend to resist taking on any new debt that requires a monthly payment. As a result, SHE has found it most effective to provide or identify zero interest, fully deferred loans for senior housing rehabilitation.

The future

SHE is currently constructing its first seniors-only affordable rental housing development and is also vetting a preservation deal that would

have us purchase four USDA Section 515 senior properties. This represents a growing emphasis on senior housing, perhaps befitting a 55-year-old organization. We are also concentrating on transportation options and access to healthcare and fresh food. For transportation, we are ensuring regular transit options for all residents, including free transit passes and a new car sharing component at several of our rental housing sites. The more remotely rural a project, the more important affordable and available transit is to residents, particularly our vulnerable senior populations. Our new senior project is adjacent to a nonprofit health clinic, which will provide enhanced healthcare and therapeutic opportunities to the residents.

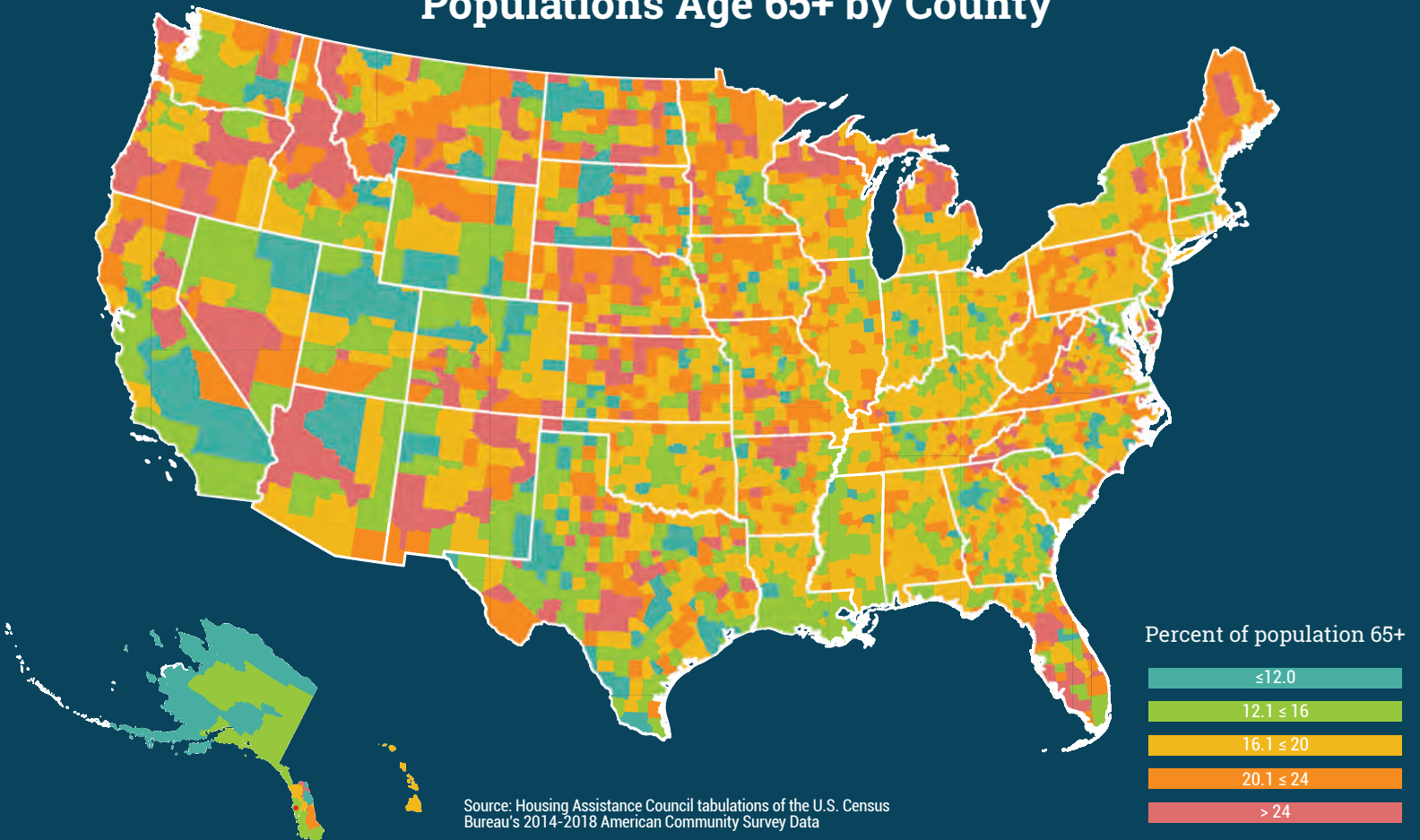
In sum, our work with senior farmworkers, and seniors more generally, is an expanding effort for SHE. Senior populations are growing in our rural areas, even as younger folk are moving to smaller communities of the San Joaquin Valley because of the affordable housing options they provide. Working to address the needs across the age spectrum remains a core goal of the organization.

Tom Collishaw is President and CEO of Self-Help Enterprises based in Visalia, CA.

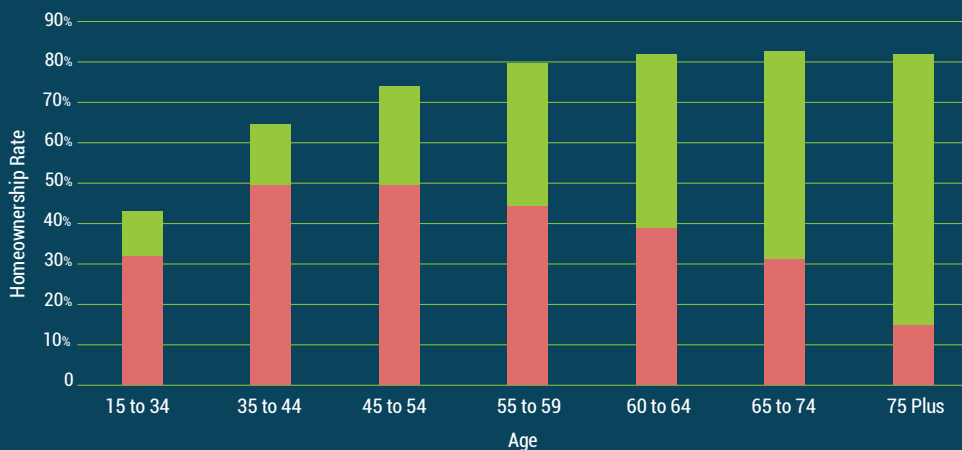
Rural Seniors Count

A snapshot of the issues important to them.

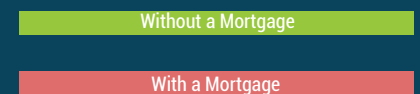
Populations Age 65+ by County



Rural Homeowners by Age and Mortgage Status



Many seniors ages 65 and up in rural and small towns own their homes, but some seniors still have a mortgage.

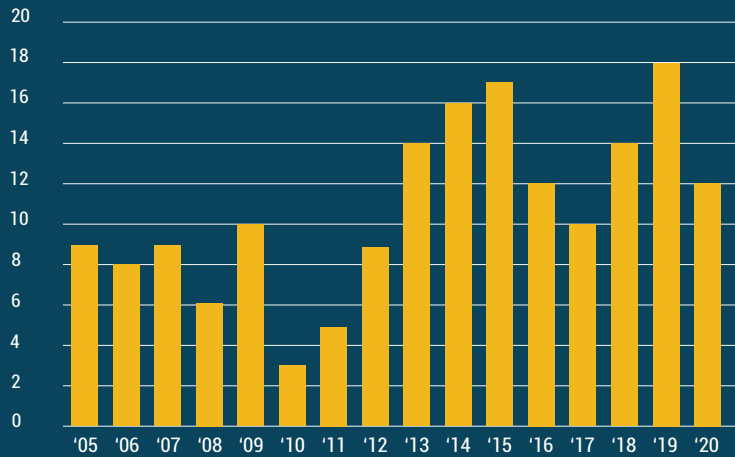


Source: HAC Tabulations of 2014-2018 American Community Survey

Rural Hospitals and Healthcare

Rural hospital closures have accelerated over the last decade. A total of 456 rural counties do not have a Medicare-registered hospital.

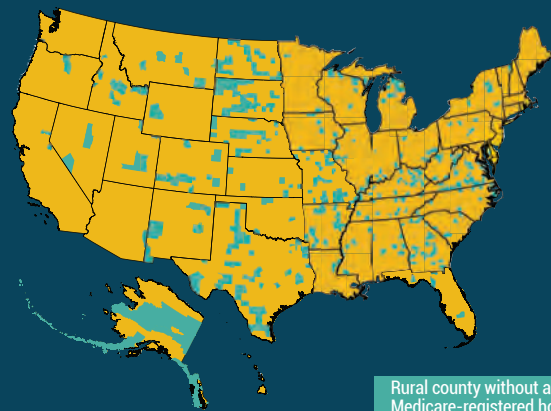
Rural Hospital Closures, 2005-2020



Number of hospital closures

Source: University of North Carolina SHEP Center rural health closures data

Limited Healthcare Access in Rural America



Rural county without a Medicare-registered hospital

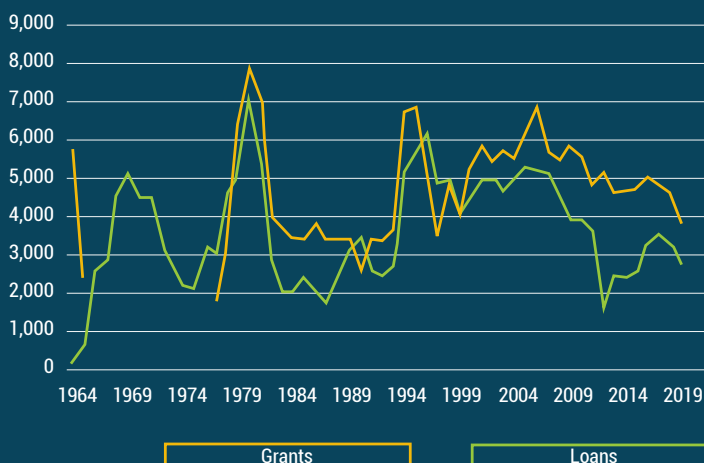
Source: Housing Assistance Council created map from the Center for Medicaid and Medicare Services list of [registered hospitals](#).

Federal Housing Resources for Rural Seniors

USDA's Section 504 grants and loans provide funds to rural homeowners for home repairs and rehabilitation.

Section 504 is a significant source of funding for senior home modifications, but due to budget cuts the number of units repaired has been in decline.

Annual Homes Repaired with USDA Section 504 Funds, 1964-2019



Note: No funding was authorized between 1966 and 1976.
Source: HAC Tabulations of USDA data.

USDA's Section 515 loans provide funds for rural rental housing for seniors and low-income families.

Over the next few decades, the affordability restrictions on thousands of Section 515 units may lapse, putting the residents at risk of losing their homes.

USDA Section 515 Residents

68%

Proportion of tenants who are elderly or disabled

\$13,551

The annual average income of tenants.

Source: HAC Tabulations of USDA data.

Holistic Care for Rural Seniors

Senior service provider, ECIAAA, supports multiple areas of well-being for rural seniors of central Illinois.

By Orsolya Ficsor

The East Central Illinois Area Agency on Aging (ECIAAA) and our network of service providers serve seniors in 16 counties. Most of our service areas are rural, where we recognize it can be especially challenging for seniors to access information, resources, and social engagement opportunities. ECIAAA works closely with service providers, leveraging their local expertise to assess senior needs, identify issues, and form partnerships between community organizations to develop and expand services to fulfill community needs. ECIAAA channels funding to organizations that provide a variety of services, including referrals to various resources, benefits applications, in-home services, meals, healthy aging programs, caregiver support, and elder rights. The primary purpose of ECIAAA's programs is to prevent unnecessary institutionalization and allow seniors and people with disabilities to remain in their homes safely with dignity and autonomy.

Meeting the needs of seniors

Angie Baker, the Regional Ombudsman at ECIAAA, shares that one of the main problems rural communities face is access to transportation. Transportation services serve a handful of rural Illinois counties, but they can be unaffordable for some residents. The transportation systems also tend to have inflexible schedules, and may only run on a limited basis on certain days of the week. Kathi Garvey, Executive Director and counselor at Mid-Illinois Senior Services, Inc., based in Sullivan, Moultrie County, echoes Angie's concerns about rural senior transportation. To address this need, Mid-Illinois Senior Services, Inc. created a list of former nurses or caregivers who volunteer to provide transportation, cleaning services, or caregiving to clients who request their services.

Kathi also notes that rural seniors face challenges





with limited affordable housing. There are only two income-based senior housing options in Moultrie County, so seniors are often put on a waiting list.

Those with housing can benefit from ECIAAA's Comprehensive Care Coordination Units, which connect older adults or persons with disabilities to a case manager who visits their homes and evaluates the clients' needs and capabilities to care for themselves. The caseworker then creates a package of services for the individual, including house cleaning, home care, grocery shopping, transportation, home delivered meals, or adult day care services. ECIAAA also funds the Caregiver Advisory Program which provides counseling and resources to caregivers and grandparents who are raising grandchildren. The program helps caregivers receive respite – temporary care for their dependent loved one while they take a break from caregiving duties.

Staffing shortages are becoming an increasing issue for rural long-term care facilities because of inadequate pay, unhappiness among staff resulting in high turnover, and a limited labor force to pull from. However, Angie has found that rural facilities have the advantage of a unique sense of community in which people take care of neighbors and hold each other accountable. People have an awareness of what is happening in the facilities by virtue of a small network where word gets around.

The ECIAAA supports senior nutrition by providing home-delivered or congregate meals funded under the Older Americans Act. ECIAAA has three meal providers including Peace Meal, Catholic Charities Meals on Wheels, and CRIS-Healthy Aging Center. Prior to the COVID-19 pandemic, congregate nutrition sites, often located at senior centers or local restaurants, served a purpose beyond providing nutrition

– they also provided an opportunity for seniors to socialize with others.

As the coronavirus pandemic has complicated usual operations, meal providers are facing significant challenges. Participants who attended congregate meal sites are now sheltering in place and need home-delivered meals. As national food supply chains become strained, ECIAAAA and nutrition providers continue to work tirelessly to meet demand by brainstorming creative ways to ensure that seniors receive essential meals and groceries. We call emergency meal providers throughout the country, collaborate with local food banks, partner with local public transportation, and recruit volunteers to help with grocery shopping and meal delivery.

ECIAAAA funds six adult protective service (APS) providers who investigate when older adults or adults with disabilities are victims of abuse, neglect, and exploitation. In 2019, APS providers investigated over 1,700 cases among ECIAAAA's 16 counties. ECIAAAA also houses the Long-Term Care Ombudsman program. Ombudsmen are resident-directed advocates who protect the rights and needs of older adults in long-term care facilities by investigating and resolving issues and complaints collaboratively with the resident or authorized decision-maker. Ombudsmen work with facility staff, administrators, and directors of nursing to resolve complaints or concerns. They



Staffing shortages are becoming an increasing issue for rural long-term care.

advocate on behalf of 10,000 residents in 161 long-term care facilities.

ECIAAAA is part of a statewide effort to reduce social isolation among older adults. According to [AARP's 2018 Loneliness and Social Connections Report](#), one in three adults over 45 are lonely, and the top predictors of loneliness are physical isolation and the quality and size of one's social network. Prolonged loneliness and social isolation correlate with poor physical and mental health. ECIAAAA facilitates three Reducing Social Isolation Committees that bring together a variety of community leaders in aging services and facilitate a space to share ideas on how they can collaborate to expand initiatives to engage older adults. These committees are especially useful in generating ideas and laying the groundwork for action. Even if there is no immediate solution,

the idea is planted for further development.

Moultrie County also has a large Amish community. For Kim Weber, Caregiver Advisor at ECIAAAA partner organization Mid-Illinois Senior Services, Inc., the Amish make up over 90% of her clients. Rural communities are already facing challenges by lack of access to broadband, but the Amish intentionally do not consume mainstream media, relying instead on newspaper and word of mouth. Kim has been working with the Amish for 16 years and dresses according to Amish tradition when she meets with her clients, recognizing that working with the Amish requires building relationships on trust and familiarity.





Coronavirus challenges

Amid the coronavirus pandemic, ECIAAA service providers have faced numerous challenges including elevated feelings of isolation among older adults. For the ombudsmen, the biggest challenge is that they are not allowed to visit residents, even as the demand for their services has increased because families are concerned about the safety and well-being of their loved ones. Given that long-term care facilities and other senior living settings are especially at-risk across the nation, practicing sheltering-in-place and limiting contact with others is crucial to older adults' health and safety. For seniors without access to the proper technology or those who need assistance

with telecommunication, communication is even more difficult.

Kathi Garvey says that during this time, seniors are feeling very isolated, lonely, and worried. Many are not connected to social media, so most rely on information from television news channels. Under social distancing, Sullivan's five assisted living facilities have had to halt social interaction for those senior residents, a loss of socialization that has taken a toll on senior residents. In response, Kathi and her colleagues continue to provide services over the phone, and they have also been making friendly calls and wellness checks. Kathi has been serving clients at Mid-Illinois Senior Services, Inc. for over 15 years, but she says the pandemic has taught her more

about the importance of checking in on clients' loneliness and mental health.

As the pandemic continues, service providers are seeing a surge in needs for assistance with benefits applications, access to resources, care coordination, and caregiver advising, as families seek assistance with caring for loved ones. There is also a growing demand for delivery of essentials like groceries and household supplies. Meal providers and service providers continue to make regular wellness calls to check in on senior clients and clients with disabilities. Service providers continue to provide remote services, and they also utilize volunteers to provide telephone reassurance and deliver essential items to seniors. Reducing Social Isolation committees are also going strong, as addressing social isolation is especially important when seniors are sheltering in place and find themselves even more isolated than before. Through these comprehensive service efforts, ECIAAA and senior service providers are a driving force for holistic senior care and advocacy.

Orsolya Ficsor is a Stevenson Fellow at ECIAAA.

A View From Washington

The Federal Response to COVID-19



By Samantha Booth

The federal response to the coronavirus pandemic, unfolding over the last several months in Washington, DC, has played out in fits and starts. As rural areas – often medically underserved and with disproportionately large populations of seniors – worked to address a host of COVID-related challenges, Washington has struggled to find the political will to meet the needs of rural places.

In response to the global pandemic and its deleterious effects on Americans' health and the economy, Congress passed three pandemic response bills in March. The first two bills were limited in scope – focused narrowly on the public health response and providing for paid sick leave for employees impacted by COVID-19.

The third bill, however – known as the CARES Act – was the largest stimulus bill in U.S. history, costing around \$2 trillion. In the CARES Act, the Department of Housing and Urban Development (HUD) was allocated over \$12 billion in supplemental funding for existing programs, including \$300 million allocated for Tribal Housing Programs, benefitting many rural and underserved areas of Indian country. HUD's CDBG program received significant infusions of funding, though how much of that money will flow to rural areas will depend on how the states decide to direct those dollars. In addition, USDA Rural Development received funding, though limited – \$145 million for telemedicine, broadband, and rural business loan guarantees. Notably, the Rural Housing Service programs did not receive any supplemental funding despite the need for increased rural rental assistance to cover the gap created by job and income losses.

To address the COVID-related loss of income that homeowners, renters, and landlords are experiencing, the CARES Act included several provisions that banned evictions and foreclosures in federally backed properties and allowed for payment forbearance. The single-family and multifamily programs at USDA were included under these provisions. However, unless these protections are extended, they will wind down in the coming months.

The CARES Act also includes the Paycheck Protection Program (PPP) and a boost to Unemployment Insurance, which has allowed many families to maintain their income and continue paying their rents and mortgages. The PPP is a potentially forgivable SBA loan to help businesses keep their workforce employed. While much of the first round of PPP funding went to larger and less distressed businesses through the big banks, the second round included requirements for set asides for lending by small community financial institutions, including CDFIs specifically. Expanded unemployment benefits gave a \$600 per week boost to state Unemployment Insurance. Families receiving these benefits have been able to pay their rents and mortgages during this time because of this funding, but it is only available through July 31st, unless extended by Congress.

In May, the House of Representatives passed the HEROES Act, which included funding for rural rental assistance; the CDFI Fund; and several large, new rental and homeowner assistance programs. However, the Senate is unlikely to move this large package forward in its current form. It is unclear what a fourth round of COVID-19 relief funding could look like – but rural stakeholders need to have a seat at the table in designing policy solutions that reflect the unique capacity needs of rural communities.

Samantha Booth is the Government Relations Manager at HAC.



HAC FACTS

HAC IS BUILDING RURAL CAPACITY IN THE WAKE OF COVID -19

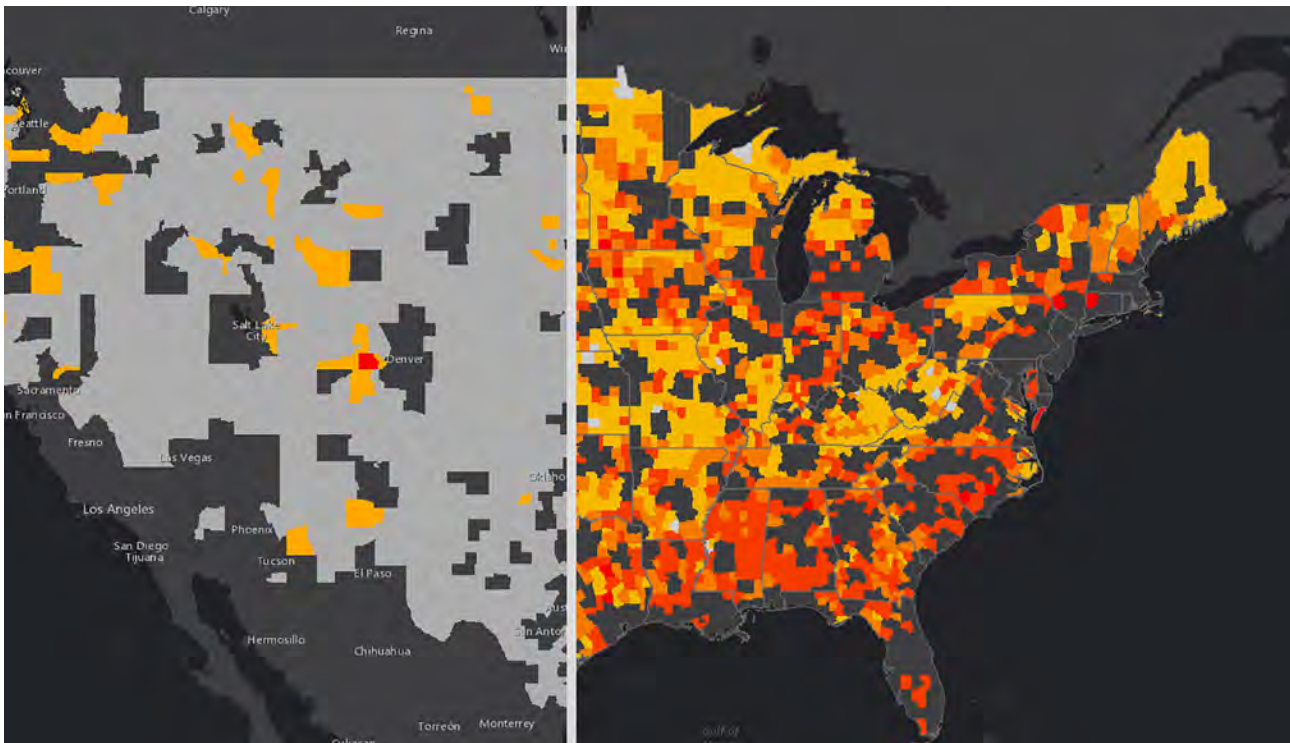
The Housing Assistance Council has been awarded a \$2 million Rural Capacity Building (RCB) grant from the U.S. Department of Housing and Urban Development (HUD). HAC will leverage its \$2 million award with private investments to meet the capacity building needs of over 40 rural communities across the nation, with a special emphasis on helping rural nonprofits and tribal housing agencies adapt and persevere through the COVID-19 crisis.

THREE NEW REPORTS FOCUS ON RURAL PROSPERITY

The Housing Assistance Council, in partnership with The Urban Institute, released [In Search of "Good" Rural Data](#), an analysis of the currently available data resources that detail the realities of rural communities. HAC also partnered with the Aspen Community Strategies Group to publish [Revealing Rural Realities](#), a study of media coverage of rural and tribal communities and how they have been altered in a changing media landscape. [Ground Truth from Rural Practitioners](#) examines the results of a survey of over 350 rural-serving organizations for trends in their services and community needs.

TRACKING COVID-19 IN RURAL AREAS

As the coronavirus pandemic spreads across the country rural areas have not been spared from its impact. In the wake of a disaster the lack of information can often be an obstacle to recovery. HAC has been tracking and publishing [information](#) about the virus as it relates to rural areas, and mapping the [spread](#) of COVID-19 in rural counties.





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