

HOUSING OPTIONS FOR RURAL SENIORS

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Background

Like most rural states, Vermont is graying. Not only are current residents aging, but we are also seeing an in-migration of retirees, some attracted to our quality of life, some relocating to be near family. We are challenged, not just to find sufficient resources for our graying population, but to consider how to deliver services that elder populations depend upon. Thirty years ago, it was not unusual for persons in their 50s and early 60s to move into elderly housing. Today, most residents are in the 75-85 cohort. This makes it essential to rethink how we deliver housing and health care and how each can benefit the other.

Over 25 years, the Vermont Housing & Conservation Board (VHCB) has been a funder of 1,670 homes for the elderly. These developments are a vital resource to the stability and identity of our communities. Towns as small as Cabot, population 1,433, have insisted on the need for elder housing. A local group developed a simple eight-unit complex in its village center so that folks did not have to move 25 miles away from the community they have known, nourished, and loved.

Issues/Challenges and Opportunities

VHCB has found the developments that provide the greatest service to our aging residents have several important elements. First, they are located in or near the center of our rural villages convenient to services without depending on a car. Second, they offer affordability and, we hope, rental assistance that the HUD Section 202 and RD Section 515 programs have provided for a generation.

Third, they provide a setting in which folks can age in place. They have facilities that promote a sense of community and individual well being, such as common gathering places. They provide access to services such as medical, nutrition, or transportation assistance.

Equally important is investment in the preservation and modernization of the facilities built a generation ago. That means investments in accessibility, in energy efficiency, and, sometimes, in the costs of transfer to new owners.

Our challenge today is to develop the policies and the programs that let us account for the money that housing saves our health care system so that some of those savings can be used by housing providers to keep people healthy and out of emergency rooms, hospitals, and nursing homes.

Finally we must enhance both the capital and operating resources that will let us both preserve and reinvest in the housing stock that has served our communities so well for a generation while also building to meet the growing demand that our graying population requires.

Discussion Questions

- Can we find the resources to make home access modifications so people can stay in their homes despite disabilities?
- Can USDA Rural Development get a change to its authorizing statute so that service coordination can be part of a 515 project's operating budget?
- Can we use housing as a platform, as it is in a Vermont Medicare demonstration program, for the delivery of services that help people stay healthy, stay out of nursing homes, and reduce falls, isolation, and mental health problems?