

Supporting the Diffusion of Senior Villages

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Keywords: Long-term care; aging; senior villages

Executive Summary: With estimates that the elderly population will account for 20 percent of the US population by 2050, it is increasingly important that the American Association for Retired Persons (AARP) support alternatives that reduce long-term care costs and maximize independence for seniors. Senior villages are a viable option for achieving these objectives and must become a more viable option for long-term care. The AARP should take action in pursuit of increasing the number of senior villages nationally, minimizing their costs, and ensuring feasibility of their adoption. I recommend that the Executive Vice President and Chief Public Policy Officer of the AARP start an outreach campaign to promote senior villages as a long-term care option for the US' elderly population. Establishing senior villages across the country has been a challenge because many Americans do not know that they exist and thus views live-in care facilities as the only option for long-term care. However, there is widespread interest among the senior population to age in their homes. Therefore, the AARP can utilize its mailings and website to promote the development of senior villages by featuring information on, and resources for, starting senior villages in a member's own community. This analysis examines the potential impact of current policy and two alternatives that have some promise of improving senior care. I recommend the policy alternative that addresses the reason for the lack of senior villages, lack of awareness. By beginning an outreach campaign, the AARP could spread awareness about senior villages as a long-term care option by leveraging already gathered information on the subject. Through promoting senior villages, the AARP will ultimately succeed in reducing long-term care costs and supporting seniors' desire to preserve their independence.

I. Introduction

In 2017, approximately 15 percent of the US population was above the age of 65, accounting for about 50 million people (The World Bank Group n.d.). The 2010 census showed that the 65 and older population is growing faster than the total U.S. population (United States Census Bureau 1995; US Census Bureau Public Information Office 2010). At the same time that the senior population is increasing, costs associated with aging, such as medical care and live-in facilities are also increasing (De La Maisonnette and Martins 2015), with nursing home care increasing 50 percent between 2004 and 2017 (Gurnon 2017). Average life expectancy in the US is about 79 years (Kochanek et al. 2014). As people age, they may become more dependent on the help of others in completing daily tasks. In 2010,

approximately one million, or two percent of seniors lived in a full-time assisted living facility (Medicine 2010). With the average annual cost of an assisted living facility being \$43,200 (Genworth 2018), even spending only a few years in such a facility poses a financial burden to most elderly persons and their families.

Despite these moves out of original homes into assisted living facilities or nursing homes, seniors overwhelmingly desire to age in place. Seventy-six percent of people aged fifty and older prefer to age in place, meaning to stay in one's own home comfortably despite advancing age (Binette and Vasold 2018). Senior villages help address reducing long-term care costs while preserving senior independence. The in-home services provided by these organizations enable

seniors to stay in their homes longer and avoid moves to supported living or nursing homes. They offer a network of services, including transportation, health and wellness programs, home repairs, and social and educational activities. The mission of senior villages is to reduce isolation, to promote the interdependence, health, and purpose of their members, and to reduce overall cost of care (Village to Village Network 2019). Although there are costs to establish senior villages and obtain membership, these costs are 200 times less than those associated with live-in facilities, like nursing homes and assisted-care facilities (Genworth 2018; Village to Village Network 2019).

i. Background on long-term care

Long-term care for elderly Americans has a nearly 100-year history beginning in the 1930s with the passage of the Social Security Act of 1935. However, this legislation failed to address the growing need of a long-term care option that did not rely on family members to care for their elderly relatives. Destitute and frail seniors swamped poorhouses, the only place that provided some form of care for the elderly at that time (Gawande 2017). Between the 1930s and 1950s, poorhouses closed, leaving elderly residents to turn towards hospitals for long-term care. Then, in 1954, hospitals lobbied the government for aid to handle the increase in patients “needing an extended period of ‘recovery.’” Custodial wings were built with the government aid. These wings were the beginning of the modern nursing home (Gawande 2017). However, these places were established to decrease the hospital population, not provide a safe and pleasant environment for seniors.

Nursing homes are “total” institutions, meaning they are full-time residences cut off from wider society. All aspects of daily life are overseen by central management. The regimented schedule is similar to those of inmates in prison or patients in a mental institution. These restrictions mean that individual agency is largely lost in nursing homes. In the 1980s, Keren Brown Wilson introduced assisted living facilities, which were meant to phase out nursing homes altogether (Gawande 2017). Here, independence and freedom were intended to be prioritized. However, while less stringent in terms of daily routines, assisted living facilities still require seniors to move out of their homes and submit to the structured schedules of the institution.

Historically, Medicare and Medicaid have financed long-term care for the vast majority of the US’ aging population. Medicare, though, only covers limited stays in nursing homes (mainly after hospital discharges) and skilled nursing care. The program strictly stipulates that custodial care, defined by Medicare as “non-skilled personal care, like help with activities of daily living like bathing, dressing, eating, getting in/out of bed/chair, moving around, and using the bathroom” is not covered (Medicare n.d.). Instead, Medicaid is typically used to cover long-term care for those who cannot afford it. Rules are complex and vary state to state, but typically seniors are only eligible if they have \$2000 or less in assets for individuals or \$3000 for a couple (Gurnon 2017). Thus, relatively few seniors are covered by federal aid. Of the 49.2 million American seniors in 2015 (US Census Bureau 2018), only 7.2 million were receiving aid from Medicaid compared to the nearly 49 million seniors receiving Medicare aid (Schoen Bandelei 2015). According to the Centers for Medicare and Medicaid Services per person personal healthcare spending for the 65 and older population was over five times higher than per child spending and three times higher than the spending per working-age person in 2012, highlighting the astronomical cost of care for seniors (Centers for Medicare & Medicaid Services 2018; Ng, Harrington, and Kitchener 2010). Given the relatively limited scope of both Medicare and Medicaid for senior care, some, if not all, of the costs of such care are generally paid for with out-of-pocket funds or private insurance.

II. Justification for support of senior villages and policy change

Senior villages and nursing homes exist along an “independence” continuum, with senior villages representing one option that most promotes independence for long-term care and nursing homes representing one of the options that least promotes senior independence. Nursing homes emerged in the 20th century out of a desperate need for somewhere to place and care for the elderly. Because of this emergent need, the simplest initial solution was to create a total institution modeled after hospital care. Since then, the United States has been working to create options that are not so regimented and centralized (Gawande 2017).

First, families cared for their elderly relatives. With the Industrial Revolution, families lacked the time to care for the elderly, so seniors turned to poor houses for care. As the poor houses closed, hospitals began caring for the elderly, establishing the total institution model that became modern nursing homes. After the development and spread of the regimented nursing home model for long-term care, interest in options for long-term care that focus on senior independence and reduced costs has become an increasingly important priority for the aging population, the AARP, and the US government. This interest led to the development of a more independent long-term care option, assisted living facilities. Now, after nearly 100 years of reassessing and reworking the standard of long-term care, one grassroots organization, Village to Village, has designed a long-term care option that both preserves senior independence and decreases long-term care costs. This solution is senior villages (Village to Village Network 2019).

I assess the impacts of different long-term care options in terms of three major priorities: cost (to the individual and to the government, if covered at all), availability (number and geographic spread of locations across the US, opportunity to join), and senior independence (in-home aging, freedom of daily living activities, and access to resources). Appendix A includes a matrix with three of the main long-term care options—nursing homes, senior villages, and retirement communities—compared in regard to these priorities. Nursing homes, which are live-in facilities, are expensive and do not offer as much independence for seniors, but they are nationally available. Retirement communities are expensive, but they are relatively nationally available and offer independence for seniors. Senior villages are inexpensive and offer independence for seniors but are not nationally available.

Based on the aforementioned priorities laid out by this analysis for long-term care, senior villages offer a desirable option. Although senior villages rank lowest on availability, addressing challenges in raising awareness and expanding the development of villages is relatively easy with an information campaign, as opposed to attempting to address the high cost and/or lack of senior independence fundamental to live-in facilities and retirement communities. Annual membership fees for senior villages hover around

\$400 making villages a more affordable option for care as opposed to nursing homes which annually average over \$80,000 nationwide (Genworth 2018). Further, establishing networks of resources to help seniors successfully live independently is inexpensive as it utilizes existing infrastructure in the community (Village to Village Network 2019). Senior villages connect members with providers for home maintenance, safety, and other domestic services allowing them to remain independent in their homes for longer. Additionally, as people age and become less able to perform routine daily activities, like grocery shopping or mowing the lawn, it becomes increasingly important that the resources needed to accomplish these tasks are accessible.

By providing in-home access to resources that enable senior independence, well-being, and high quality of life for seniors, senior villages help reduce long-term care costs with fewer infringements on individual agency. Given that the AARP is a large, well-funded and nationally-recognized interest group that advocates on behalf of better senior living, they are well positioned to support the development of senior villages.

Unfortunately, there is not widespread knowledge of senior villages, so their establishment is limited, especially in rural communities where access to long-term care options particularly is even more difficult (Skoufalos et al. 2017). Approximately 25 percent of US seniors live in a small town or other rural area (Skoufalos et al. 2017). In addition to fewer options for care, nursing home in rural areas are less likely to have Medicare-certified skilled nursing beds or special care units, meaning the needs of rural seniors may not be met (Coburn & Dwyer, 2008). Further, the options available in rural communities are typically live-in facilities which are more costly than assisted living or senior villages (Coburn and Bolda 2001).

While there is national interest in a long-term care options like senior villages, people are unaware that such an option exists. Between 2010 and 2016, the number of senior villages quadrupled, indicating a high degree of interest, however the total number of operational villages was only 155 (Graham, Carrie L et al. 2017, 3). With an average membership of 146 people, only about 23,000 or about a half of a percent of Americans aged 65 and over were village members

(Graham, Carrie L et al. 2017, 6; The World Bank Group n.d.). Thus, live-in facilities are over-utilized and senior villages are under-supplied and under-utilized (Aboody & Lev, 2000). At the current rate, the senior population is expected to reach 95 million people by 2060, nearly doubling the senior population from 2015 (US Census Bureau 2018). Without more affordable long-term care options, costs for care may account for 1.3 percent of the United States' gross domestic product (GDP) by 2060, virtually doubling the average percent of GDP spent on long-term care between 2006-2010 (De La Maisonnette and Martins 2015). Senior villages are 200 times cheaper than nursing homes with senior village membership costing roughly \$400 annually compared to a national annual average of \$80,000 for nursing homes (Genworth 2018; Village to Village Network 2019).

Without widespread knowledge of senior villages, innovative government projects targeting reduced long-term care costs are blind to a viable option for many seniors that merges public and private interests. This gap in knowledge presents an opportunity for the AARP to support senior villages as they are uniquely situated to address this issue.

In the next section, I evaluate three policies on their potential to increase the number of increase senior village awareness and reduce individual burden to establish villages, minimize cost to the AARP and to government for pursuing any policy changes; and feasibility of policy adoption by the AARP and implementation by the government if relevant.

III. Evaluation criteria of priorities for policies alternatives

To increase the expansion of senior villages, policy alternatives should consider two factors: reducing cost and improving feasibility. Overall, I evaluate the cost-benefit considerations of the suggested change and the likelihood that such a change would be adopted.

i. Minimize cost

Long-term care costs are astronomical, both for the government and for the individual, relative to the in-home aging most seniors would prefer to have, with the annual average nursing home cost being \$80,000 (Genworth 2018) compared to annual senior village membership of about \$400 (Village to Village Network

2019). These costs are only continuing to rise, projected to increase by 66.4 percent between 2010 and 2040 (The SCAN Foundation 2013; Congressional Budget Office 1999). However, implementing new policies can also be expensive. When attempting to minimize the cost of an action, it is important to look at who will be paying those costs.

One evaluation criterion for this goal focuses on costs to the AARP. Individual costs are not a part of the evaluation criteria for the senior villages promoting policy alternatives because the AARP is the organization financing the policy change. As previously described in the above section, senior villages are the most cost-effective option for individuals. Moving forward, I will detail the various ways in which the AARP can disseminate knowledge about senior villages. As a non-profit organization, the AARP is cost-conscious. Undertaking a dramatic change could present an overly burdensome expense.

A second evaluation criterion focuses on government costs. Investments usually involve short-term costs but should lead to longer-term benefits in the form of cost savings.

ii. Feasibility

For the purposes of this analysis, I define feasibility as the ability for a policy alternative to be accepted and implemented. While the previous goals are relevant for designing alternatives that could reduce long-term care costs, they must be feasible. The main evaluation criteria to consider is likelihood of adoption. To be implemented, it is critical that an alternative is likely to be adopted (Weimer and Vining 2015).

IV. Current policy

i. Outreach campaign

Currently, the AARP has already developed substantial information regarding aging in-place options. These pages can be accessed by searching for them online. However, they are not prominently displayed on the website nor on any the mailings distributed to members, including magazines and informational cards.

ii. Medicaid: home and community-based services waivers

Seniors account for only 8 percent of those enrolled in Medicaid, but account for 14 percent of Medicaid spending (Center on Budget and Policy Priorities 2016). In 2014, 53 percent of all Medicaid long-term care spending was on home and community-based services, accounting for \$80.6 billion (Medicaid 2014, 2018). Under 1915(c), states can develop home and community-based services (HCBS) waivers to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting (Medicaid n.d.). In 2009, nearly one million individuals were receiving services under HCBS waivers. Guidelines are vague and focus on the individual rather than the community at large, but in general provide a combination of standard medical and non-medical services. Standard services include, but are not limited to, case management (i.e. supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose other types of services that may assist in diverting or transitioning individuals from institutional settings into their homes and community (Medicaid n.d.). Senior villages are not currently included under HCBS waivers.

iii. *Establishing senior villages*

Individuals within a community must initiate and manage senior villages. Village to Village Network, an organization formed in 2010, provides support and access to resources for individuals trying to start villages in their communities (Village to Village Network 2019). There are marginal start-up costs and annual membership fees. Currently, senior village establishment relies on self-initiation by an individual.

IV. Policy alternatives

i. *Outreach campaign*

As there is widespread interest in aging in-place, but not widespread knowledge that senior villages can be an option (Graham, Carrie L et al. 2017, 3), my first policy alternative is the initiation of an outreach campaign by the AARP to highlight senior villages as a viable long-term care option.

An outreach campaign would provide substantial visibility to senior villages. In this campaign, the AARP would utilize previous research on aging in-place and

prominently display it on the covers of mailing distributions and on their website. The AARP has 38 million members (AARP n.d.), meaning there is opportunity for national visibility. In addition to reaching out to members with informational distributions, the outreach campaign should be directed towards state Medicaid officers. This would increase awareness about long-term care options and potentially lead to changes in HCBS waivers.

I propose a campaign that features different aspects of senior villages. Every month, the highlighted article on senior villages would be featured on the AARP's website and mailing distributions. This campaign would build awareness about senior villages as a long-term care option. Members would be connected to resources to further educate themselves on the benefits of senior villages and how to begin the process of establishing a village in their community. Half of all people aged 50 and up have smartphones, meaning they have access in the palm of their hand to check their email and websites (Bradbury n.d.). Further, from September 2017 to May 2018, *AARP The Magazine* was the most widely-read print magazine. About 39 million people, even more than the 38 million AARP members, read the magazine each issue (FOLIO: Magazine Staff 2018). Because of the large readership, featuring articles on senior villages in the AARP magazine would have a high likelihood of increasing senior village awareness.

ii. *Lobby rule change*

Senior villages are not considered eligible for HCBS waivers. Therefore, the third policy alternative involves lobbying the Centers for Medicare and Medicaid Services (CMS) to make a rule change under 1915(c) allowing states to include senior villages in their HCBS programs. Savings to Medicaid occur when community health workers focus their efforts on identifying people at-risk for entering nursing homes and meeting their needs, on average a 23.8 percent reduction in per participant annual Medicaid spending (Felix et al. 2011).

Another stipulation of this rule change would provide pilot project funding to states that wish to participate. This funding would go toward a staff member within state Medicaid offices who would be tasked with advertising senior villages and establishing them across the state in areas with interest and need.

Interest and need would be assessed by the costs of care in that area and the number of HCBS program applications submitted. CMS would collect data and assess the costs of senior villages in comparison to expenditures on other long-term care options.

To pursue this alternative, the AARP should employ lobbyists to work with CMS. In addition, the AARP should organize a national lobbying day and invite members to participate, drawing attention to the issue.

While the AARP is the largest organization dedicated to senior citizens, collaborating with other organizations would strengthen the lobbying effort. The Consumer Consortium on Assisted Living (CCAL) is a non-profit national consumer advocacy and education organization that raises awareness about and advocates for the widespread implementation of person-centered living principles, policies, and practices in home and community-based supports and services for elders and individuals with disabilities living at home, in the community, or in assisted living facilities (Consumer Consortium on Assisted Living 2019). CCAL works to facilitate conversations between HCBS consumers, families, and service and support providers. Joining their efforts with the AARP would help bring in expertise on HCBS programs.

Additionally, the National Consumer Voice for Quality Long-Term Care (formerly NCCNHR), another advocacy group, should be included in the lobbying effort. This organization focuses on ensuring that consumers have sufficient information about all their long-term care options (The National Consumer Voice for Quality Long-Term Care 2019) (NCVQLTC). Since 1975, the over 1000 members of NCVQLTC, have advocated for improved standard of long-term care. Their initiatives on affordable and quality care options would further strengthen support and activism for policies that aid senior village establishment.

AARP, CCAL, and NCVQLTC bring distinct expertise to the issue of senior living and long-term care and would each play a significant role in enacting proposed rule changes. Collectively, the collaboration of these three organizations would produce a persuasive lobbying effort, incorporating the views of multiple stakeholders and drawing attention to a possible solution to rising long-term care costs.

V. Assessment of alternatives

I assess the impacts of all policy alternatives in terms of three major goals: increasing the number of senior villages, minimizing cost, and feasibility. Appendix B includes a matrix that compares the three policies in terms of these goals.

i. Current policy

i.i. Increase number of senior villages

Continuing current policy would maintain the slow pace of senior village diffusion across the US. Since the foundation of the first senior village in 2002 at Beacon Hill Village, there have since been 231 villages opened and an additional 87 villages in development. Senior villages are predominantly located in suburban or near-urban areas (Village to Village Network 2019). Information about senior villages is available on the AARP website, but not broadly disseminated, thus current policy does little to increase senior village awareness. Additionally, because senior village establishment requires the individual to know about and start the process, individual burden is incredibly high. Therefore, current policy does not increase senior village awareness or reduce individual burden to senior village establishment.

i.ii. Minimize cost

For the AARP, current policy costs are low because information on aging in-place already exists and is available on its website. Short-term costs for the government are high, as maintaining current is expensive due to the sheer number of people that rely on Medicaid to cover long-term care costs. In the long term, continuing with current policy is extremely expensive. Increases in the aging population will lead to higher spending by the government for long-term care. Overall, current policy keeps costs low for the AARP and maintain the high-levels of government spending on long-term care.

i.iii. Feasibility

As this is current policy, there is high political feasibility. However, there has been broad concern about rising long-term care costs. Moving forward, the status quo may not be as politically feasible as discontent with increasing long-term care costs push legislators to make changes.

ii. Outreach campaign

ii.i. Increase number of senior villages

This policy alternative would have a moderate effect in increasing the number of senior villages. The outreach campaign would draw attention to senior villages as a long-term care option and potentially draw national interest in establishing them. In this way, this policy alternative ranks highly in its ability to increase awareness of senior villages. However, in terms of reducing individual burdens for village establishment, the outreach campaign ranks low to moderate. The campaign may potentially encourage self-initiation in starting a senior village while also providing resources to aid in that establishment, but this alternative does not fundamentally change how senior villages are started. This alternative may also motivate state Medicaid officers to sponsor changes to help ease the barriers to establishing villages.

ii.ii. Minimize cost

For the AARP, costs are low to moderate, because this alternative mostly relies on existing information. There would be some additional costs to conduct interviews with Village to Village Network staff and senior village members and designing features to engage members and state Medicaid officers. Additionally, some cost would be incurred in reaching out to state Medicaid officers. For the government, costs are low because this alternative does not involve government intervention.

ii.iii. Feasibility

This alternative has high feasibility. Because this proposed action does not require government action, the AARP can decide on its own whether or not to adopt it.

iii. Lobby rule change

iii.i. Increase number of senior villages

Lobbying a rule change would have a moderate effect in increasing the number of senior villages. The particular rule change proposed would change the Medicaid HCBS waiver guidelines to allow for pilot project funds towards the establishment of senior villages. Further, a staffer should be tasked with canvassing potential senior village sites, gauging interest in the elderly community, and facilitating the

establishment of a local senior village with local citizens. States that opt in to be a part of the pilot project would have the potential to spread awareness across the state, but people in other states probably would not hear about senior villages. There is also the potential for media coverage as the rule change is lobbied, because it would be a rather large collaborative effort. However, this policy alternative would have a low to moderate impact on increasing the awareness of villages because it relies on other organizations communicating with their members about the lobbying effort and the successful passage or implementation of the rule changes.

iii.ii. Minimize cost

Lobbying is expensive and time-consuming. In 2016, the AARP spent nearly \$9 million on lobbying activities, placing the organization in the top 50 lobbying spenders that year (Wilson, 2017). Additionally, collaborating with CCAL and NCVQLTC may also be a costly endeavor, both in time and money. In the short-term, if the rule change were accepted, then it would increase government costs, as implementing a new rule is expensive. However, in the long-term, government costs are moderate as there is the potential for an ultimate reduction in costs as seniors are directed from live-in care facilities and towards senior villages, where they can age in-place. Given the lobbying presence of the AARP, it is not unrealistic to consider a new endeavor that lobbies support for senior villages. However, the lobbying campaign would potentially be most effective after garnering more awareness for senior villages first.

iii.iii. Feasibility

Lobbying a rule change ranks low to moderate in terms of feasibility. A rule change is more politically feasible than proposing entirely new legislation, but it still requires political support. Collaborating with other organizations focused on long-term care increases the feasibility of the rule change being accepted because multiple stakeholders would be voicing their support for the proposed change. Additionally, because rising long-term care costs have been identified as a problem, it is possible that proposing a rule change that could allow the government ultimately to reduce spending would be accepted. However, this alternative requires the collaborative efforts of different groups, posing a potential barrier to successfully lobbying for it.

Because the rule change involves a pilot project, it would require a lot of effort to implement effectively. Politically, this policy alternative is somewhat feasible, but it is a two-part process, lobbying and implementation, further complicating its effectiveness.

VI. Recommendation

Based on the policy goals of increasing the number of senior villages, minimizing cost, and feasibility, I recommend that the Executive Vice President and Chief Public Policy Officer of the AARP advocate an outreach campaign supporting senior villages. The outreach campaign is likely to increase awareness in villages and spark interest in community establishment. This action is relatively inexpensive, as it heavily relies on previously collected information. Because the outreach campaign does not involve government action, it is also highly politically feasible. Although this alternative does not fundamentally change how senior villages are established and thereby reduces the individual burden to starting a village, it is the most in line with the mission and scope of the AARP.

I would like to note that while I do not recommend that the AARP lobby for a rule change at this time, I

think there is potential for revisiting the idea later. First and foremost, the concern of the AARP should be on spreading information on senior villages to cultivate national interest and support. If support is sufficiently gained, then the AARP can reassess the policy alternative of lobbying a rule change. Because a rule change relies on public comments and the AARP has 38 million members, if the AARP membership is mobilized, then political feasibility of the rule change would increase.

To start the outreach campaign, the Executive Vice President and Chief Public Policy Officer can call together a social media team to plan marketing campaign. It will also be helpful to gather all the information the AARP has on aging in-place and senior villages. Next, contacting the Village to Village Network could be informative in identifying resources for AARP members. By advocating this campaign, the Executive Vice President and Chief Public Policy Officer could increase the number of senior villages nationally, at low cost to the AARP, and therefore effectively increasing the ability of seniors to maintain their independence and overall reducing long-term care costs.

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Appendix A: Long-Term Care Options

Priorities	Evaluation Criteria	Long-term Care Options		
		<i>Live-in Facilities</i>	<i>Senior Villages</i>	<i>Retirement Communities</i>
Cost	Government Costs	High – Medicaid foots the bill on majority of nursing home costs	Low – government does not cover these costs	Low – government does not cover these costs
	Individual Costs	High – Those ineligible for Medicaid cover the entirety of their nursing home costs	Low/Medium – Annual membership fees	High – Enormous moving and annual membership fees
Availability	Widespread opportunity to join	High – national options, most available	Low/Medium – locations expanding, poor rural availability	Medium – widespread locations, mostly localized in affluent areas
Independence for Seniors	In-home Aging	Low – Seniors are moved out of their homes	High – Stay in original home	Medium – Have to move into new home, but still in independent home
	Freedom of Daily Living Activities	Low – Regimented schedules from facilities	High – Living independently	High – Living independently
	Access to Resources	Low/Medium – Not all Seniors are eligible to receive government assistance for	High – Network established to bring resources to Seniors in their homes	High – Services provided through membership to provide resources to Seniors

Appendix B: Goals and Alternatives Matrix

Goals	Evaluation Criteria	Policy Alternatives		
		Current Policy	Outreach Campaign	Lobby Rule Change
Increase number of senior villages (SV's)	Increase senior village awareness	Low – information available on SV's, but only if you know what you're looking for	High – all materials distributed to members and website would prominently display information	Low/Moderate – potential for news coverage
	Reduce individual burden to establish senior villages	Low – none of the current policies address reducing barriers	Low/Moderate – brings attention to the issue, may increase interest and self-initiation of SV's	High – if enacted, could greatly reduce barriers to establishment
Minimize Cost	Cost to AARP	Low – already have info available	Low/Moderate – utilize available information and make more prominent on website and materials	High – lobbying effort expensive
	Cost to Government	High – maintain spending on long-term care	Low – government wouldn't have additional costs	Moderate – would lead to reduction in long-term care expenditures
Feasibility	Likelihood of Adoption	–	High – no government action and low/moderate costs to AARP	Low/Moderate – rule change easier to achieve than passing legislation, but still requires political agreement; taking on a lobbying campaign would be expensive for the AARP