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OCTOBER 2019

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INSIDE

How to find the best home aide

The latest on “granny pods”

A safe space for LGBTQ elders

Remodeling tips

And much more!

Betsy Clark and Margaret Lewis (above) volunteer for Palisades Village, a D.C. nonprofit that provides services like free rides to appointments, help with shopping and home chores, exercise classes and social events to make it easier for older homeowners to remain in the neighborhood as they age. The DMV metro area is a hotspot for such villages — more than 70 are currently operating or in development.

Photo courtesy of Palisades Village

Villages help residents to age in place

By Audrey Partington

As the saying goes, there's no place like home. Three out of four adults over 50 want to remain in their homes as they age, according to AARP's 2018 Home and Community Preferences Survey.

Furthermore, a majority of adults surveyed said they would be interested in joining a so-called "village" — a nonprofit supported by volunteers who provide services that help residents "age in place" rather than having to move from a familiar neighborhood.

Free rides for seniors are the most requested service provided by villages. In the village model, volunteer drivers provide door-to-door service or arrange rides through referrals to county-subsidized transportation.

Volunteers may also perform a variety of tasks, from decluttering, to technology assistance, to grocery shopping, to friendly calls and visits to isolated seniors.

Villages may be structured as concierges (providing referrals to vetted service providers), membership organizations with annual dues and paid staff, or as non-fee, all volunteer organizations.

Beacon Hill, a neighborhood in Boston, is credited with creating the country's first such village 20 years ago. The idea sprang from a conversation among neighbors in 1999 about their desire "to stay engaged in our own neighborhood in this vibrant city."

The nonprofit Beacon Hill Village enrolled its first members in 2002. Today, the group has more than 400 members and is

a model for many others.

Nationwide, there are nearly 300 villages in 45 states and the District of Columbia, plus an estimated 150 additional ones in development, according to the Village to Village Network, founded in 2010 to foster collaboration among the nation's villages.

D.C. area has many groups

In 2014, the *Washington Post* called our area the "epicenter" of the village movement. Since then, the number of operational villages has nearly doubled to 75.

Of these, 18 are in the District, 17 in Virginia, and 40 in Maryland, according to the Washington Area Village Exchange (WAVE), a nonprofit that "encourages the growth and improvement of the village movement within the Washington area."

Nearly all of Maryland's villages are located in Montgomery County. As of this month, 27 are operational and 10 are in development, according to Pazit Aviv, the county's Village Coordinator. The number of villages in Montgomery County has nearly doubled in the past five years.

Part of the reason is that the county has a critical mass of active, experienced volunteers eager to make a difference in their communities.

"Many area seniors are federal retirees, having worked in public policy, public

health, leadership development, or non-profit management," Aviv said, explaining the growth in the county's villages. "But it's also a mindset. Montgomery County people are community oriented."

Each village is unique to the community it serves.

"Villages come in all shapes and sizes," Aviv said. "Some charge a membership fee, others provide free services with the help of volunteers. Some focus on social events, others on transportation. Some have paid staff, some are managed solely by volunteers."

Membership dues vary among the nation's villages, ranging from under \$500 a year for an individual to \$1,000 a year for a household. The fees at many villages are on a sliding scale, based on income, and a growing number of villages subsidize low-income members.

Learning from other villages

Shortly after several residents of Olney, Maryland, agreed to form a local village in 2011, they applied for nonprofit status. Barbara Barry, one of the organizers, contacted Bethesda's Burning Tree Village Board of Directors for assistance.

"Our founding documents are heavily based on theirs. Because of their willing-

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Villages

From page B-2

ness to help, I was able to adapt them to our village in a few days," Barry said.

Within a year, Olney Home for Life (OHFL) was incorporated as a Maryland nonprofit, established a board, and enlisted a cadre of volunteers to provide free transportation to senior residents of Olney, Sandy Spring, Ashton, Brookeville and Brinklow.

Its volunteers also transport residents from other parts of the county to MedStar Montgomery Medical Center for cancer treatment. Located in Olney, the hospital, as well as county government, are two of the organization's largest funders.

In the spirit of collaboration that characterizes senior villages, three D. C. villages — Dupont Circle, Palisades and Northwest Neighbors — partnered several years ago to share the services of a social worker, with funding from the D.C. Department of Aging.

"People are living longer and will require more extensive services," said Eva Lucero, executive director of Dupont Circle Village (DCV).

To address that need, DCV has since hired its own social worker as well as a registered nurse who serves as a "health-care navigator" for area seniors.

The positions are supported by the organization's 250 dues-paying members, corporate and government grants and individual donations. The organization also subsidizes

more than 30 low-income members.

"We've been proactive in implementing 'Care Groups,' which are networks of volunteers who provide a range of services to one person," Lucero said. The groups often address short-term emergency situations following a hospitalization.

"The human touch given to me by each one of my care group members has been extraordinary beyond words," said a DCV member who asked to remain anonymous. "The Dupont Circle Village and the way it cares for its members is one of the most extraordinary finds in my 79 years of life."

On any given day, DCV offers members an array of activities such as docent-led tours of museums, exercise classes and book clubs.

Held in members' homes, the village's "CelebSalons" present neighborhood notables in fields such as politics, healthcare and the arts. Most recently, the group hosted radio talk show host Kojo Nnamdi.

"I'm inspired by the talents and wisdom of our members," Lucero said. "They are 'shattering the stereotype' of aging, which is our village's tag line."

With more than 500 dues-paying members, Capitol Hill Village (CHV) is the oldest and largest village in the District of Columbia. With two licensed social workers on staff, CHV offers three levels of care, including referrals, short-term and long-term support.

They work closely with a group of multi-generational, trained volunteers in their Vil-

lage Connections program, under Katie Garber, director of volunteer and care services.

"There's a shortage of care workers," said Garber. "It's hard for agencies to place them in the District if it requires commuting into the city for a four-hour shift. Our Advocacy Corps is working on the issue of affordable housing for care workers as well as for seniors because the two issues are connected."

Virginia's villages

More than half of Virginia's villages are in Fairfax County. In 2014, the county issued its 50+ Community Action Plan, with many recommendations that support such villages.

These include the Neighbor to Neighbor (N2N) model for establishing a volunteer-based senior village, and the creation of a ride scheduler system that organizations can use to match riders with drivers. Launched in 2016, Northern Virginia Rides (NV Rides) is being used by many of the county's villages.

Reston for a Lifetime adopted the county's N2N program in 2016, and developed RCC Rides in association with NV Rides. Like many senior villages, Reston for a Lifetime is partnering with one of the area's homeowner associations (Reston

See **VILLAGES**, page B-4

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Finding the right home healthcare aide

By Eleanor Laise

When it comes to home-care workers — the aides who provide in-home personal assistance and healthcare support to seniors — Brenda Case has seen it all.

Case, age 55, a real estate agent in Grand Junction, Colorado, was for several years a full-time caregiver for her mother, who had severe rheumatoid arthritis. And in that time, a constantly rotating cast of home care workers came in and out of the home that Case shared with her mother.

There was a nurse who was wonderful. There was a bath aide who never came to work at all. And there was an occupational therapist who insisted that Case's mother should practice job skills such as moving coins from one bucket to another — even

though the patient had no intention of returning to work.

"My 70-year-old mother didn't need to go out and get a job — she needed to lift her arms to the microwave and get a cup of tea," Case says. "But that was never part of the regime."

Turnover was high, Case said, and she sometimes switched agencies in order to retain the aides she liked — or avoid the ones she didn't. In the three years leading up to her mother's death in 2015, Case said she worked with seven different home care agencies.

A shortage of workers

Seniors and their families are struggling to find in-home help as a growing aging

population — combined with the low pay, physical demands and irregular hours of home care jobs — have led to a severe shortage of home care workers.

Between 2016 and 2026, home care work is projected to be the fastest-growing U.S. occupation, with more than 1 million new jobs expected, according to PHI, a research and consulting organization focused on the direct-care workforce.

Home care agencies are already having trouble hiring and retaining enough workers to meet the demand.

"The impact on families is enormous," said Robert Espinoza, vice president of policy at PHI. Even if they surmount the initial challenge of finding a worker who can meet their specific needs, consumers face low odds of hanging on to that worker for any length of time, according to Espinoza, because turnover in the industry tends to hover around 60%.

All too often, family members have to cut back their work hours or quit their jobs completely to fill in the gaps.

How to find the right help

Here are four steps to help you find and retain the right in-home help.

Pin down your caregiving requirements.

Before you start your search, "it's so important to take a step back and think about what you really need," said Leah Eskenazi, operations director at the Family Caregiver Alliance.

If your mother would feel most comfortable with a female, Spanish-speaking caregiver who has a driver's license and experience in dealing with dementia patients, for example, it's best to be clear about that at the outset.

See **HOME HEALTHCARE**, page B-7



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Villages

From page B-3

Association) to encourage more neighborhoods to establish villages.

Time banks

Some villages have begun to adopt an older concept called a "time bank." Under this arrangement, the village keeps track of how many hours residents volunteer to help their neighbors. In return, they qualify to receive help from other residents for the same amount of time if and when needed in the future.

In Maryland, volunteers at the Silver Spring Time Bank give rides to the airport, help with taxes and even assist with car-buying research.

In Fairfax County, the Reston Useful

Services Exchange (USE) operates in the same way, according to Patricia Rohrer, the county's Long-term Care Program Developer and Village Liaison.

"USE is unique in that it's the most inter-generational of the Fairfax County villages and also the only 'time-bank' variety," Rohrer said. "When you volunteer to give a service to someone, you bank the hours and can get any volunteer service back in exchange."

Anyone can establish a village if there's enough interest. Local governments can provide guidance to residents wishing to form villages. But ultimately, it's a grassroots movement.

"Look around [your] neighborhood and see if there are some older folks that might be in need of something," Rohrer said. "Then begin to have the conversation with others about trying to address those needs."

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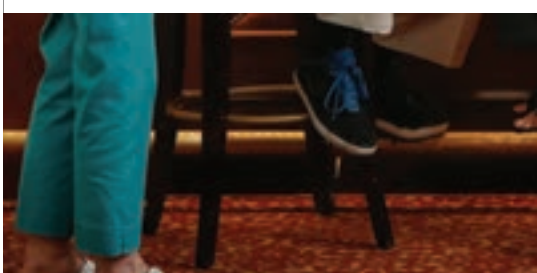
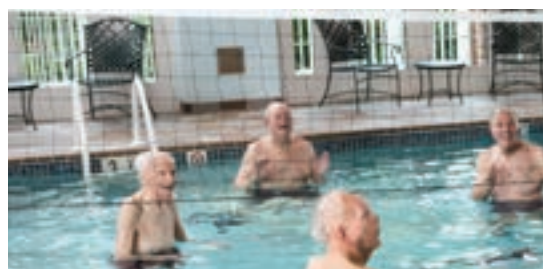
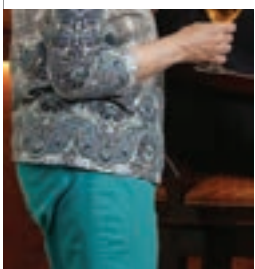
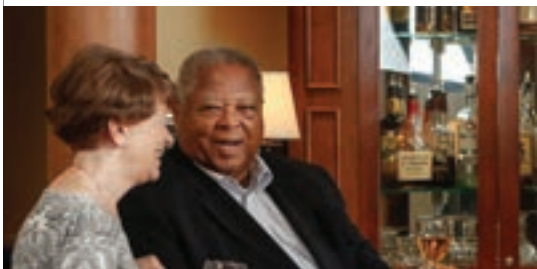
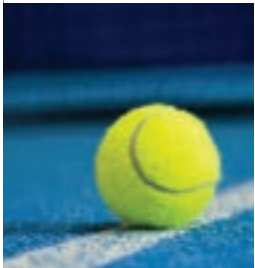
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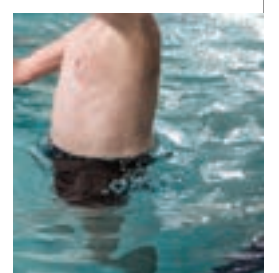
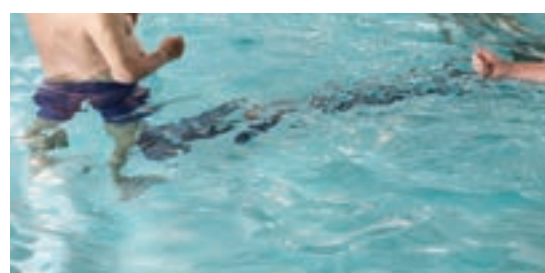
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Should you move or stay once retired?

By Janet Bodnar

Now that I'm retired, people often ask me if I'm planning to move. The short answer: Not anytime soon. My husband and I live in a location that's easily accessible to activities, friends and family members, both near and far. Our house is large enough to accommodate out-of-town guests but not so big that we rattle around in it. Our mortgage is paid off, and I don't have a burning desire to live anywhere else — at least for now.

That makes me pretty typical of retirees, according to a study by Age Wave and Bank of America Merrill Lynch. Their research shows that 36% of retirees do not anticipate moving in retirement. But more than one-third (37%) of retirees have moved, and 27% expect to move at some point.

Among those who have relocated, about half downsized. But a surprising 30%

moved up to a larger home. "That stunned us," said Ken Dychtwald, CEO of Age Wave. Those who upsized "wanted a house where they could add an office or where grandchildren could come and spend the summer."

Respondents in the Age Wave study said their primary reason for moving was to "be closer to family." But no single reason — and no single destination — makes sense for everyone.

"Decades ago, people thought of relocating to places where they vacationed, such as Phoenix and Miami," Dychtwald said. "Now, they look for somewhere that's stimulating, has access to excellent healthcare and a community of folks to interact with."

Before you make a move, make sure that you and your spouse agree on the destination. It's not uncommon for one of you to dream of being closer to the grandkids

while the other prefers to bask in a warmer clime. Ask yourself if you'd still be happy if the temperature soared or the grandkids didn't visit often.

And consider your finances. If you're hoping to unlock your home equity, Fidelity estimates that transaction and moving costs can eat up as much as 13% of the sale price of your home. "Do your homework and learn from the successes and failures of others," Dychtwald said.

Reality check

A good place to start is with the experience of Kiplinger's readers such as Mark and Sharon Koenig. The Koenigs agreed on several criteria for a retirement location when they moved from South Carolina: a climate with less heat and humidity, a place their scattered kids would visit, proximity to a major airport and a community

that would allow them to meet new friends.

They settled on an active living community near Denver, and "things couldn't have worked out better for us," Mark said.

A number of people turn into reverse snowbirds as they get older. After a "wonderful, 20-plus-year vacation in Florida," Joe and Ginger Cissell said, they moved back to Wisconsin to "reconnect with old friends, be closer to the family we love and start a new adventure."

Sometimes a retirement move hits a speed bump. Together with another couple, Tom and Gayle King bought a home in Belize. The other couple decided almost immediately that an ex-pat community wasn't for them and returned home.

The Kings traveled back and forth for several years before selling the house and returning to New Mexico because, Tom said, "I didn't have enough to keep me busy." Before retiring overseas, he advises, "rent for at least one year, or one season, to see if you like it."

That's good advice wherever you decide to go. And be prepared to adapt. One New Jersey couple, Nancy and Garry, had always planned to spend time at their Florida condo when Garry retired. But when the time came, it was hard for Nancy to step away from her volunteer activities, including a youth group and a basketball program.

The solution: During the couple's initial 3½-month stay in Florida, Nancy returned home for a basketball fundraiser. And she is stepping up her volunteer time over the summer.

"The best thing is to talk it through," she said. "I figured out a way to spend time with my husband in Florida and still get joy from my volunteer work."

Janet Bodnar is editor-at-large at Kiplinger's Personal Finance.

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meet on Oct. 9.

Home healthcare

From page B-4

For seniors who primarily need companionship and basic help around the house, a personal care worker (who may have minimal training) may be the right fit.

If you need a worker who can perform some clinical tasks such as wound care, however, look for a home health aide who has more training.

Training requirements can vary from state to state, but home health aides working for agencies that accept Medicare must have at least 75 hours of training.

Weigh an agency versus direct hire.

A home health agency can offer some key advantages. If the worker gets sick, an agency will send over a replacement, whereas if you hire someone directly, you're on your own.

If you need a variety of skills — perhaps a worker with nursing skills for a short period but a personal care aide thereafter — an agency will make it easier to coordinate that.

An agency will also check the worker's background, verify his or her training and handle the employment paperwork, taking some administrative tasks off your hands.

You'll need to work with a Medicare-certified home health agency if you want Medicare to cover your care. To qualify for that coverage, you must need skilled services such as nursing or physical therapy and be "homebound," meaning leaving

home is difficult or not recommended because of your condition.

For consumers paying out of pocket, however, the higher cost of an agency may be a deal-breaker. If you go through an agency, you may pay \$20 to \$40 an hour, depending on where you live, whereas if you hire someone directly, you'll negotiate the wage, which in many cases could be about \$10 to \$15 an hour, Espinoza said.

Start your search engine.

To find home health agencies, contact your Area Agency on Aging or use Medicare's Home Health Compare website (medicare.gov/homehealthcompare).

Caregiver support groups and local chapters of organizations focused on specific conditions, such as the Alzheimer's Association and American Cancer Society, may offer referrals to home health agencies.

Consumers hiring workers directly often rely on recommendations from friends and co-workers — but technology can make the search process a bit more sophisticated. Care.com and CareLinx, for example, connect consumers with home care workers in their areas.

And in 19 states, "matching service registries" match consumers with home care workers based on needs and availability. Some registries require workers to have a background check and a certain level of training, while others have no such requirements. You can find details and links to the registries at pinational.org.

No matter how you find your in-home help, check candidates' background and references, "preferably from past employment situations or people who have been under the individual's care," said William Dombi, president of the National Association for Home Care and Hospice. For tips on checking an aide's background, see the Family Caregiver Alliance's fact sheet at caregiver.org/hiring-home-help.

Monitor the situation.

When you've found the right caregiver, check in frequently to make sure the relationship is working for both parties.

Lynette Whiteman, executive director of Caregiver Volunteers of Central Jersey, has engaged multiple in-home workers for her mother, who has Alzheimer's. She had to let go of one aide who was caring for her mother overnight, after her mother said the worker had slapped her.

Another aide repeatedly asked her mother for money, saying she needed cash for car repairs or to buy a new watch. "If we were not on top of this, I don't know how much money would have gone out the door," Whiteman said.

Technology can help far-flung family members check in on their loved ones and ease the burden on caregivers, Eskenazi said. "Smart home" technology, including smart speakers, can provide medication reminders and reassure families that a senior is getting proper care.

Or you can go the low-tech route: "Have a neighbor or friend stop in unannounced," Whiteman said. "Make sure someone is checking in on the situation if you can't be there."

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Housing Notes

By Susan Ahearn

Community opens in Silver Spring

The Landing of Silver Spring is one of the newest communities providing assisted living and memory care services in Montgomery County.

Located in the Colesville area, the Landing includes 138 apartments: 79 for assisted living and 59 for memory care. The community began accepting residents in July and will hold a grand opening on October 24.

The Landing is operated by Leisure

Care, which is based in Seattle. "This is their first community in Maryland, and we're also just starting to grow on the East Coast," said Connie Miller, the community's general manager.

The new community, which includes studio, one- and two-bedroom apartments, provides meals, activities and transportation for residents. Amenities include Opal, Leisure Care's memory care program, as well as fitness and wellness programs and onsite physical and occupational therapy.

A unique feature of The Landing is the connection to the parent company's travel agency, Travel by Leisure Care. "A resident could sign up to go on a cruise with our company, and we would supply them with a caregiver that would go with them," Miller said.

Miller said The Landing of Silver Spring also wants to assist its neighbors by offering events for the public.

"We are having a 'Lunch and Learn' with the Montgomery County Police Department. They're going to do a presentation on keeping seniors safe," said Miller.

The Landing of Silver Spring is located at 13908 New Hampshire Ave., Silver Spring, Maryland. For more information, call (301) 200-0928.

New day center coming to SE D.C.

"Twice a week, Grace Jones, who has moderate Alzheimer's disease travels 11 miles by bus from her home in Southeast D.C. to Iona's adult day center in Northwest Washington. Some days, the bus ride takes 90 minutes," according to Iona Senior Services, a social service agency for older adults and their caregivers in D.C.

"But, says her daughter Kimberly Morris, it's worth it because, 'My mother deserves the very best.'"

To help residents of Southeast D.C. like Jones, Iona is in the process of building the first adult day health center in Ward 8, located in the Congress Heights neighborhood.

Iona East, as the new facility will be known, is designed to assist residents of Wards 7 and 8 who have Alzheimer's disease or other chronic conditions. Scheduled to open in spring 2020, it will provide healthcare and social activities as well as lunch, art therapy, musical performances and field trips.

According to Iona, which has provided services and programming for older adults in Northwest D.C. for decades, the number of Washington residents over the age of 60 has increased in the past 10 years by nearly 15,000, to more than 117,000 indi-

viduals. The nonprofit organization said more than 20,000 of those residents live in Wards 7 and 8, and have the least access to healthcare and other services in the city.

"There is a real urgency to opening an adult day center in Ward 8," according to Iona's website.

Developed in partnership with WC Smith, Iona East will be located at Stanton Rd. and Alabama Ave., SE. Iona currently operates Iona Senior Services in the Tenleytown neighborhood of Northwest D.C.

A room with a view

Pointe View at Aspen Hill is a new 62 and older community that is coming soon to Silver Spring, Maryland. It is located in a wooded setting off Bel-Pre Road.

The community's one- and two-bedroom apartments are intended for independent adults, and include a full kitchen, large closets and an open floor plan. Monthly rents range from \$854 to \$1,900.

Construction on this mixed-income community by Pennrose Properties LLC is expected to be completed in mid-October. Pre-applications for the 120 one- and two-bedroom apartments are currently being accepted by mail.

Amenities will include on-site parking, controlled-access entry, on-site management and maintenance with 24-hour emergency call service.

Weekly community activities will also be available at Pointe View. Other amenities include a community room, fitness and business centers, a hair salon, and laundry facilities on every floor.

Pointe View at Aspen Hill is located at 3136 Bel Pre Rd., Silver Spring, Md. For more information, call (410) 403-3185. See floor plans and pricing at pennrose.com/apartments/maryland/pointe-view-at-aspen-hill/.

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Back yard ‘granny pods’ address a need

By PJ Feinstein

Remember the above-garage apartment Fonzie rented from the Cunninghams on TV’s “Happy Days”? Today that would be termed an “accessory dwelling unit” (ADU), or a small residence with a kitchen, bathroom and bedroom located on the same single-family lot as a larger house.

Accessory dwelling units have been around for centuries, starting perhaps with carriage houses. In recent years, guest cottages, “she sheds” and in-law suites — all different types of ADUs — have been gaining popularity in the area, as many communities are looking for affordable and flexible housing options.

One type of ADU is nicknamed the “granny pod.” An example would be the MedCottage, designed almost a decade ago by Virginia-based company N2Care and the Virginia Tech College of Engineering as a temporary family healthcare structure.

Each MedCottage has a bedroom, bathroom and kitchenette along with a variety of safety features, making them suitable for older adults who might need special care but still want to live on their own.

Some MedCottage safety features are low-tech, such as safety rails and special rubber floors to minimize injury from falls.

Others rival state-of-the-art hospital rooms, including floorboards that illumi-

nate a path from the bed to the bathroom, cameras that alert a caregiver if the resident falls, and a computer system that reminds forgetful individuals to take their medication from a dispenser. There’s even a toilet seat that can track a person’s weight, temperature and urine content.

Pod pioneer

Dr. Soccorrito Baez-Page of Alexandria, Virginia, made headlines in 2012 when her family became the first in the country to install a MedCottage in their back yard. They did it for her aging mother, Viola Baez, who refused to move into a nursing home.

The granny pod proved the ideal solution. “It was wonderful. It did everything it was supposed to,” Baez-Page said.

Constructed just six feet from Baez-Page’s kitchen windows in the yard, the cottage allowed Baez to live near her daughter while still maintaining her independence.

“It was very convenient,” she said. “It gave my mother her space. It was attached to our deck, so we were in an out of there all the time.”

And since the house was a portable, pre-fabricated structure, it was relatively easy to remove. After her mother died last year, Baez-Page sold it to another family, who moved it to North Carolina.

A growing trend

In its 2018 Home and Community Preference Survey, AARP found that 84% of people over the age of 50 said they’d consider creating an ADU in order to provide a home for a loved one in need of care.

So why aren’t there more of them?

First, they’re relatively expensive. Detached ADUs range from \$30,000 to over \$100,000, and can exceed \$150,000 after installation.

In addition, residents have to contend with residential zoning codes that typically allow only one home per lot.

Granny pods are currently legal in Washington, D.C., as well as Virginia, which passed a state law in 2010 permitting temporary medical dwellings on residential property as long as they are removed when no longer needed.

Maryland encourages more

Montgomery County, Maryland, is in the process of issuing new, relaxed standards for ADUs. While there are 16,000 owner-occupied single-family detached homes in the county, only 414 licensed ADUs are on record.

Last July, the county council voted unanimously to loosen ADU regulations. “The high cost of housing in Montgomery County is pricing people out,” Councilmember Hans Riemer, chair of the Planning and Housing Committee, said in a statement announcing the 9-0 vote.



Tiny houses, garage apartments and back yard cottages are examples of accessory dwelling units (ADUs), often used to provide flexible, affordable housing for older adults who want to live near family members.

“This important change allows homeowners to build housing that works for their families, and to create better options for renters in communities across Montgomery County,” Riemer said.

Under the new regulations, residents can build a back yard cottage or any type of ADU on any sized lot even if they already have a shed or other outbuilding. If the ADU is built within a mile of a Metro stop, the county no longer requires an on-street parking spot.

Last January, Riemer proposed the updates to what he believed were antiquated zoning laws. As he said in an email to the Beacon, “The opportunity to provide a solution for families that want to remain together as they age is one of the highest goals for this legislation.”

For a list of ADU laws in your area, visit <https://accessorydwellings.org/adu-regulations-by-city>.

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Planning too early beats failing to plan

By Patricia Garfinkel

When we were growing up, we were always told to be prepared. Do your homework when you get home from school instead of waiting until midnight, and many other logical preparations.

I had a very unstable childhood. We moved around a lot. I was always adjusting to a new school, trying to make new friends. My parents both loved me, but they didn't love each other.

Being prepared ahead of time was a well-ingrained habit for me. It gave me some stability where it did not exist in my daily life.

Now that I am 80, there is even more truth in that; at least I thought so.

I live far from any family and thought that moving closer to one of my sons would be a good idea, so I started the process with great vigor. I began before even visiting senior living facilities.

I made a list of furniture that I would like to sell or give away, and I put notes on the actual items. I mentioned this to a few friends who live in my huge apartment building in northern Virginia.

Before I knew it, people were asking to look at the furniture. I wasn't quite prepared for that enthusiasm but thought it was a good thing. After all, you can only sit in one chair at a time.

As I write this, I have already sold my din-

ing room set, a sofa bed that guests used, the couch in the living room and an end table.

Then I thought I should thin out my clothes because I would not need a lot of different outfits in a senior community. I started searching in my garment bags for things I would never wear again. This turned out to be many more than I had imagined.

Then I decided that some of my clothes from the old days when I had pitch black hair would not look so good with white hair. And I started pulling out more clothes to give away.

Perhaps this advanced planning was getting out of hand.

For many years when I was growing up, my parents sent me to a psychiatrist — probably thinking it would help them with their problems, too. It didn't work well at the time, but in a much later stage of life it has been very helpful.

I now talk to a psychiatrist once a month by phone. When I told her I was selling my furniture and giving my clothes away to charity, she was speechless. Then she hammered me with, "You are nowhere near ready for a senior living facility. Planning too far in advance is like letting go of the reins and not knowing where to go."

I guess planning too early is as bad as planning too late. We all have a lot to learn.

Aging seems to foster accumulation,

when in fact it should inspire the opposite. There is, in fact, a growing tendency to hold on to things, not in case we should really need them, but more perhaps in blocking out the thought of dying and not needing anything ever again.

Growing up, I remember my aunts going through a deceased aunt's closet and saying, "What the hell did she need this for — a night on the town with her cane and her heating pad?"

It's important to save things, special things, objects of beautiful memories, love letters, necklaces, pocket watches and the like. Aunt Maybell did not mean for you to save her garters and underpants.

Some things are treasures, but many have the status I call "pile-up." Pile-up is anything that could possibly be useful in the future, but just as possibly not.

Many of us also become collectors of fine paintings, maps or jewelry that perhaps even museums might want.

There are still things left that have meaning or worth, especially to grown children or grandchildren. This is where the trouble often arises that causes family disputes.

Something as small as a unique set of coasters from Italy, a hand-carved pipe from New Zealand or a beaded Indian necklace from New Mexico can become a battlefield.

Our children and their children are often quite attached to these items and their history. When we die, some of the grief that loved ones express gets played out in angry competition for these items. This behavior can even create permanent schisms in a family.

A workable solution to avoid these troubles after your death is something I tried when I was in my mid-seventies. At a holiday meal at my apartment with my sons and their children, I made this announcement:

"After dinner, go around the apartment and list the items you would like to have. I will save these pages until I'm ready to move to a senior living facility. Before my move, I will send each of you your choices. If there is competition for an item or a piece of furniture, I will decide, trying to be fair."

As I write this, I am planning to move within five weeks. I have mailed most of the items and furniture already. It has worked out extremely well, and I have had the joy of seeing all these things in my children's homes. There was never a moment of dissension.

This is an excerpt from the book, An Invitation to the Country Called Aging, by Patricia Garfinkel and Myra Sklarew. To order a copy, go to politics-prose.com.



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Making retirement safer for LGBTQ elders

By Ivey Noojin

Moving into an assisted living facility can be a difficult transition. It is even harder, however, for LGBTQ (lesbian, gay, bisexual, transgender or queer) older adults, who have faced discrimination all of their lives.

Cecelia Hayden Smith, a retired drug and alcohol counselor from Essex, hasn't moved into a continuing care community yet. She's heard stories about friends in nursing homes who were raped or weren't allowed to go to the funeral of their same-sex spouse.

Having been with her wife for 32 years, Smith is familiar with hostility from others due to her sexuality, and is wary of staff members in assisted living facilities. "They say they're welcoming," Smith said. "Welcoming, my foot."

This fear is the reason only 20% of LGBTQ older adults in long-term care facilities are open about their sexual orientation, according to a 2016 report by Justice In Aging, a national organization that fights senior poverty through the judicial process.

Many older LGBTQ adults are estranged from their family members, and therefore must rely solely on contracted caregivers. Without family support, they are more likely to delay obtaining health-care, according to the Williams Institute at the UCLA School of Law — a think tank dedicated to studying issues of gender

identity and sexual orientation.

Overcoming the stigma

SAGE, an advocacy organization based in New York City, has launched a training program for retirement communities around the country aiming to create more understanding for this marginalized group. Its program addresses the specific difficulties LGBTQ older adults face, including abuse, neglect and hurtful comments.

"Most people work with older adults because they have a caring orientation," said Tim Johnston, director of national projects at SAGE. "We are giving them the tools they need to help older adults feel more comfortable."

SAGECare training targets the staff and administrators of assisted living facilities with online and in-person education about the needs and concerns of LGBTQ older adults.

SAGE shares the history of LGBTQ discrimination and invites advocates in the area to personalize this issue with stories about their own experiences. The training is only one hour per year for staff, and four hours every three years for managers and executives.

A former volunteer with SAGE, Smith visited retirement communities to share her own experiences with discrimination. "If you tell your story and you tell your truth,"

she said, "it can never be denied from you."

Baltimore gets training

The Baltimore area is among those learning from SAGECare. The Edward A. Myerberg Center, a community center for older adults in Baltimore, received a bronze certification in 2017. That means that 25% of its employees have received the training.

Nikki Barr, center director for Myerberg, described it as an "educational opportunity" that they embarked on "so we would know how to communicate in a respectful way," she said.

The Myerberg Center is now attempting to expand on its SAGECare training. Barr hopes to hold events with LGBTQ speakers in the future to demonstrate that the center is "a warm and welcoming place."

A safe space

Washington, D.C. will soon have its first affordable housing residence specifically designed for LGBTQ older adults: Mary's House.

Imani Woody, former chair of SAGE for the D.C. area, started working on the project in 2012 to address the issue of LGBTQ discrimination in retirement homes. "I wanted to create a space for all [older adults] to feel comfortable being old," Woody said.

The new community is part of the 2015

National LGBT Elder Housing Initiative, a SAGE program that helps build LGBTQ-friendly living communities for older adults.

Construction of Mary's House is scheduled to begin in January with the 15 units available for lease by October. The project has already received over a million dollars in funding from the city.

What makes Mary's House different from other LGBTQ communities across the country is its communal basis. Instead of individual kitchens in each of the 15 suites, there will be a single dining room for all. In addition, a walled garden will allow residents to grow flowers and food together.

"We're building family in these units," Woody said.

Smith is excited that she will be able to live with her wife in the same unit at Mary's House, which other retirement communities wouldn't necessarily allow.

"People really don't value what this could mean to our community yet," Smith said. There's a great need for communities like Mary's House, she said. "This is just the first house," she said. "We're going to get 20."

To learn more about SAGECare training for your retirement community, visit sageusa.care. For more information about Mary's House, visit maryshousedc.org.



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The Zinger Chair is a personal electric vehicle and is not a medical device nor a wheelchair, and has not been submitted to the FDA for review or clearance. Zinger is not intended for medical purposes to provide mobility to persons restricted to a sitting position. It is not covered by Medicare nor Medicaid. © 2019 firstSTREET for Boomers and Beyond, Inc.

How 'solo agers' can stay happy and safe

By Liz Weston

Retirement coach Sara Zeff Geber visited several Northern California assisted living facilities to interview “solo agers” — people, either single or coupled, who don’t have children to help them as they grow older.

At many facilities, she couldn’t find any. That puzzled her until she realized that adult children are often the ones pushing the move into long-term care facilities.

“Who is it that gets mom or dad to move out of the two-story, single-family home?” said Geber, founder of LifeEncore coaching service in Santa Rosa. “The kids badger and cajole.”

Many people won’t have grown children to look after them as they age, either because they didn’t have kids or the ones they have aren’t available or reliable. Without that help, they face greater risks of isolation, financial exploitation, malnutrition and other ills, said Geber, author of *Essential Retirement Planning for Solo Agers*.

For instance, who will let them know when it’s time to stop driving? Who will notice signs of physical or cognitive decline and find appropriate help? Who will pay their bills, vet their financial advisors and monitor their bank accounts? Who will hire and supervise caretakers or research nursing facilities when they can no longer care for themselves?

Thinking about these realities is hard but necessary, especially for boomers in or approaching retirement, Geber said. The rate of childlessness doubled with boomers, with 20% of women ages 40 to 44 being childless in 2005 compared to about 12% in 1986, when the first boomers hit their 40s, according to Pew Research Center. (The childless rate had declined to 15% by 2014.)

“[Solo agers] need to be thinking about how to stay safe and happy and satisfied with their life and connected throughout their life,” she said.

Step 1: Build a community

People who don’t expand their social networks can find themselves isolated and lonely as friends die or move closer to their grandkids.

Strengthening ties with relatives and making new friends, particularly younger ones, can counteract that trend. So can cultivating relationships with neighbors, coffee shop buddies and other acquaintances.

A 2014 study found people with more of these “weak tie” relationships reported being happier.

Step 2: Choose your home carefully

Your current home may not be the ideal place to grow older, especially if you won’t have many opportunities to socialize after you stop driving.

But not everyone wants or can afford 55-plus developments, assisted living or continuing care retirement communities, which require residents to be healthy when they move in but then offer skilled

nursing or long-term care to those who need it.

Some areas have organized “villages,” nonprofit associations typically created and staffed by residents of a neighborhood to provide services such as transportation and access to vetted service providers. (See “Villages help residents to age in place” on page B-2.)

“Cohousing,” where people build clusters of homes around shared spaces that encourage interaction, is another model available in some cities. (See the *Beacon’s* April 2019 Housing issue for more about cohousing.)

Or you could look for “naturally occurring retirement communities” where residents socialize and informally look out for each other. These communities can crop up in a variety of locations, including apartment houses, condos, mobile home parks

and even tightknit neighborhoods of single-family homes.

Other possibilities include sharing a place with other solo agers — “Golden Girls” style — or renting a room to a younger person.

Step 3: Enlist or hire your future guardians

Estate planning attorneys recommend all adults have documents in place that allow someone else to make decisions should they become incapacitated. These documents include powers of attorney for finances and for healthcare. (The medical power of attorney may also be called an advance healthcare directive).

Without this paperwork, solo agers could become wards of the court with strangers making decisions for them, Geber said.

Finding someone trustworthy to take

over can be a challenge. A responsible younger friend or relative may be one option. In California and Arizona, people can hire licensed fiduciaries for this role, Geber said. Other states don’t have licensing for fiduciaries, she said, but people may be able to contract with professional guardians.

An estate planning attorney or financial planner may be able to put you in touch with the appropriate professional.

Geber urges solo agers to take care of these tasks without delay. A health crisis or other disaster could upend their lives and they won’t have an adult child to help sort things out.

“The biggest problem I see for solo agers and all baby boomers is the denial” of what aging can bring, Geber said. “Open your eyes, do some planning.”

—AP/Nerdwallet

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Protect your home from deed, title theft

By Patricia Mertz Esswein

Q: I keep seeing ads for services claiming to protect people from home title fraud or deed theft. Is this even a prevalent problem? Is there an easy way for me to confirm that my title is clean rather than paying for a service?

A: In 2008, the FBI identified “house stealing” as the “latest scam on the block.” Since then, it has popped up periodically in cities such as Chicago, Dallas, Detroit, Los Angeles, New York City and Philadelphia.

Is it a growing problem? That’s hard to know because the FBI doesn’t break it out separately in its crime statistics. The American Land Title Association doesn’t have data on the problem, either.

“I suspect that companies that offer title-monitoring service use that [claim] as a marketing strategy,” said Jeremy Yohe, vice president of communications at the association.

The scheme works like this: Fraudsters pick out a house — often a second home, rental, vacation home or vacant house — to “steal.” Using personal information gleaned from the Internet or elsewhere, they assume your identity or claim to represent you.

Armed with forged signatures and fake IDs, they file paperwork with the county’s register of deeds to transfer ownership of your property to themselves or a third party. They then sell the home or borrow against it, stealing your equity.

When they fail to make payments on a loan secured by your property, you could end up in foreclosure or be unable to sell, refinance or pass the home on to heirs.

Home Title Lock is one of the services that says it will monitor your home’s deed 24/7 to prevent title fraud. It costs \$15 a month (\$150 annually, two years for \$298).

DIY title protection is free

But you can protect yourself — for free — simply by periodically checking your

property record on the website of your county’s register (or recorder) of deeds.

Look for deeds that you or your attorney didn’t prepare or sign, or loans you didn’t take out, as well as court filings or liens of contractors, subcontractors, real estate brokers or attorneys whose services you didn’t hire.

Make sure the appropriate authorities have the correct mailing address for you or the person who should receive notices about your property.

In your absence, have mail forwarded or ask someone you trust to pick up mail or visit your home. Visit a vacant house periodically to ensure that no one has taken up residence illegally.

You may get clues when title fraud occurs: You stop receiving your water bill or property tax assessment or bill, for example. Utility bills on a vacant property rise. You stop receiving your tenants’ rent payments and learn that they’ve been making the payments to another person and location. You receive payment books or other information from a lender with whom you haven’t done business. Or you find yourself in default on a loan or notified of foreclosure proceedings.

If you experience or find something amiss, notify the register of deeds and local law enforcement.

In New York City, for example, homeowners who think they are victims of deed fraud are urged to act quickly to report fraud to the city’s sheriff.

Get a certified copy of the fraudulent document from the city register’s office; report the crime to the district attorney’s office in the borough where the property is located; and consult an attorney to help confirm ownership of the property.

Legal action known as “quieting the title” may be required to resolve any questions about ownership of the property.

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BEACON BITS

Ongoing

VOLUNTEER OPS IN MD AND DC

Do you have a few free hours? Mary’s Center, a nonprofit in Maryland and D.C., is seeking weekday volunteers to talk to lonely older adults, help out clinic front desk staff, or sort clothing donations. To learn more and get involved, please contact Maria-Lynn Okanlawon at (202) 483-8196 or email MOkanlawon@maryscenter.org.

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Oct. 10+

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Home equity can become your safety net

By Eileen Ambrose

[Introductory note: A reverse mortgage allows homeowners 62 and over to borrow against the equity in their home while retaining the right to remain in the home as long as they live.

The money can be made available in the form of a lump sum, an annuity or a line of credit with a guaranteed rate of growth, and never needs to be paid back by the homeowner.

The lender will recoup the loan when the homeowner leaves or dies and the home is sold, or the loan can be paid off by heirs if they want to retain the home.]

Reverse mortgages have often been branded as a way for older retirees to raise money only when other sources of retirement income have dried up.

But a growing group of financial planners and academics say that taking out a reverse mortgage early in retirement could help protect your retirement income from stock market volatility and significantly reduce the risk that you'll run out of money.

Here's how the strategy, known as a standby reverse mortgage, works: Take out a reverse mortgage line of credit as early as possible — homeowners are eligible at age 62 — and set it aside. If the stock market turns bearish, draw from the line of credit to pay expenses until your portfolio recovers.

Retirees who adopt this strategy should

be able to avoid the pitfalls of the Great Recession, when many seniors were forced to sell stock from severely depressed portfolios to pay the bills.

The standby reverse mortgage strategy can be effective “both from a practical and a behavioral perspective,” said Harold Evenisky, a certified financial planner. “If people know they've got resources when the market collapses, they don't panic and sell.”

A traditional home-equity line of credit could also provide a source of emergency cash, but you can't count on the money being there when you need it, said Shelley Giordano, founder of the Academy for Home Equity in Financial Planning at the University of Illinois at Urbana Champaign.

During the 2008-09 market downturn and credit crunch, many banks froze or closed borrowers' home-equity lines. “Just when people needed money and liquidity, the banks needed liquidity, too,” Giordano said.

That won't happen if you have a reverse mortgage line of credit. As long as you meet the terms of the reverse mortgage — you must maintain your home and pay taxes and insurance — your line of credit is guaranteed.

Favorable interest rates now

Several factors make a standby reverse

mortgage particularly attractive now. Homeowners age 62 and older have seen the amount of equity in their homes increase sharply in recent years, to a record \$7.14 trillion in the first quarter of 2019, according to the National Reverse Mortgage Lenders Association.

Low interest rates are another plus. Under the terms of the government-insured Home Equity Conversion Mortgage (or HECM, the most popular kind of reverse mortgage), the lower the interest rate, the more home equity you're allowed to borrow.

Which leads us to one of the most counterintuitive — and potentially lucrative — features of reverse mortgages. Your untapped credit line will increase as if you were paying interest on the balance, even though you don't have to pay interest on money you don't tap.

If interest rates increase — and given current low rates, they are almost guaranteed to move higher eventually — your line of credit will grow even faster, Giordano said.

You won't have to pay back money you tap as long as you remain in your home — a comforting thought if you take money during a bear market. A HECM reverse mortgage is a “non-recourse” loan, which means the amount you or your heirs owe when the home is sold will never exceed the value of the home.

For example, if your loan balance grows to \$300,000 and your home is sold for \$220,000, you (or your heirs) will never owe more than \$220,000. The Federal Housing Administration insurance will reimburse the lender for the difference.

If you have an existing mortgage, you'll have to use the proceeds from your reverse mortgage to pay that off first.

You have plenty of flexibility: Funds left over can be taken as a line of credit, a lump sum, monthly payments or a combination of those options.

Even if there's not a lot of money left over, paying off your first mortgage means you won't have to withdraw money to make mortgage payments during a market downturn, Giordano noted. “A regular mortgage that requires a monthly principal and interest payment can be a real burden, especially when the value of your portfolio is under stress,” she said.

The drawbacks

One of the biggest downsides to reverse mortgages is the up-front cost, which is significantly higher than the cost of a traditional home-equity line of credit.

The FHA allows lenders to charge an origination fee equal to the greater of

See **HOME EQUITY**, page B-18



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Remodel for aging in place with style

By Patricia Mertz Esswein

Your kids are successfully launched and, suddenly, you seem to have more disposable income. This could be a good time to tackle the remodeling projects you've been putting off.

And while you're updating your house for style, consider adapting it so you can age in place comfortably.

Studies show that most homeowners age 50 and older say they want to remain in their house as they age, but most U.S. homes weren't built to accommodate older people's special needs.

For example, only one-third have basic accessibility features, such as a no-step entry and a bedroom and full bath on the entry level, according to a report by the Joint Center for Housing Studies at Harvard University.

If you want to remodel your house to fit

your future needs, begin with an inventory. Walk around your home and note the things that are already difficult for you to navigate.

If you're in good health and it's hard to imagine the loss of mobility, think of returning home after surgery on crutches or with a walker or in a wheelchair. Can you get into your house? Can you access your bathroom? In many cases, the answer will be no.

One of the most popular projects is to install a curbless shower, even if it means removing the home's only bathtub. That has long been a no-no because it could reduce the house's resale value. But that's becoming less of a concern for homeowners today, said Dan Bawden, owner of Legal Eagle Contractors and a certified aging-in-place specialist in Houston.

Installing maintenance-free materials is also important, Bawden said. For example,

quartz countertops in the kitchen and bathroom are super-hard, scratch and stain resistant, and never need sealing, unlike natural stone. Quartz is also less expensive than it used to be.

What will it cost?

For estimated project costs, the annual Cost vs. Value Report from *Remodeling* magazine is a good resource.

In 2019, the national average cost for a minor kitchen remodel is \$22,507, \$66,196 for a major remodel, and \$131,510 for an upscale project. The average cost for a bathroom remodel is \$33,374 for a midrange project that includes design features to fit any age; it's \$64,743 for an upscale remodel.

If you want to add a first-floor master bedroom, the national average cost is \$130,986 for a midrange job and \$271,470

for an upscale one.

However, if you want to widen a bathroom door, put in grab bars and add a curbless shower, that would typically cost about \$11,800 to \$14,000 (prices vary by region).

If you're adding on to your home or building a multistory house, you could prepare for an elevator by stacking 6-foot-square closets. That way, when you're ready, the contractor can just remove the floor between the closets.

For help designing and constructing larger projects, look for a Certified Aging-in-Place Specialist who has completed a program developed by the National Association of Home Builders with AARP. Go to www.nahb.org and search for "CAPS Directory."

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Home equity

From page B-17

\$2,500 or 2% of your home's value (up to the first \$200,000), plus 1% of the amount over \$200,000, up to a cap of \$6,000.

You'll also be charged an up-front mortgage insurance premium equal to 2% of your home's appraised value or the FHA lending limit of \$726,525, whichever is less.

And you'll have to pay third parties for an appraisal, title search and other services. You can pay for some of these costs with the proceeds from your loan, but that will reduce the loan balance. Costs vary, so talk to at least three lenders that offer reverse mortgages, Giordano said.

Because of the up-front costs, it's rarely a good idea to take out a reverse mortgage unless you expect to stay in your home for

at least five years.

Remember, too, that the loan will come due when the last surviving borrower sells, leaves for more than 12 months due to illness, or dies.

If your heirs want to keep the home, they'll need to pay off the loan first. That may not sit well with children who expect to inherit the family homestead, so it's a good idea to discuss your plans with them in advance.

Giordano doesn't see this as a big barrier to a standby reverse mortgage — especially if it helps you preserve other, more liquid assets. "Kids would much rather split up a big fat portfolio than try to decide how to split up the house," she said.

Yes, this new phase of life comes with a lot of uncertainties. And financial advisers say that many new retirees often hold back on spending because of all the unknown bills that may await years down the line.

But Keith Bernhardt, vice president of retirement income at Fidelity, said these retirees often discover a happy surprise.

"They actually find out that they are in a pretty good spot. They are able to be happy and enjoy retirement," he said. "It's not quite as expensive as they thought it was going to be."

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