

REVIEWS

tween private sector and government subsidized solutions.

Transportation is going to change as our society includes more retirees. Greater numbers of both active retirees and varieties of disabled retirees will complicate transit services. As these seniors give up their cars and ride mass transit to destinations other than work nodes, we will have to take a new look at types of transit, different routes and schedules, and improved barrier-free access to public transportation.

The field of "Community Development and Neighborhood Planning" will change as the number of seniors with disabilities increases. The aging population will also affect infrastructure and capital facility priorities, location and contents of parks, and the meaning and importance of barrier-free design in our public buildings and private homes.

Planning politics and ethics will be challenged, because more retirees means fewer taxes, and planners will have to pit the needs of the aging against the needs of the next generation. The delegates to the Second World Assembly on Aging have started debating the macro issues brought on by having fewer people in the workforce. These include cutting back on welfare benefits, increasing the years of work before legal retirement, replacing costly human services to the frail and disabled with cheaper technological solutions, and even eliminating prolonged death and dying through euthanasia. Many of these issues will find their way into regional, municipal, and neighborhood planning debates as well. So while we have seen relatively little written on the subject of aging and planning in the *Journal* thus far, we predict that aging and planning will become a hot item in the not too distant future.

Leonard Heumann

For the Review Editors  
Robert Olshansky  
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## BOOKS

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### **Housing, Health, and Support Services for Seniors**

*A Quiet Crisis in America: A Report to Congress by the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century*

Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century. U.S. Government Printing Office, Washington, DC, 2002. 127 pages. Price pending (also available at <http://www.seniorscommission.gov>).

*Meeting Our Nation's Housing Challenges*

Millennial Housing Commission. U.S. Government Printing Office, Washington, DC, 2002. 124 pages. Price pending (also available at <http://www.mhc.gov>).

In the spring of 2002, two overlapping, Congressionally mandated commissions—the Millennial Housing Commission (MHC) and the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century (Seniors Commission)—issued their reports. Senior housing was explicitly omitted from the MHC's work. This rather strange lack of coordination is one telling manifestation of a basic theme of the Seniors Commission report: the extreme disconnect among government programs and agencies—revealed for seniors in the very separate, often conflicting, ways that their housing and health needs are met (or, more likely, not met). And omission of seniors from the MHC's work leaves a strange void, as if somehow what seniors need by way of housing is totally unrelated to the housing problems, needs, and programs of others (bearing in mind that with luck, we will all become seniors some day).

The makeup of each commission is, of course, not irrelevant to what they produced. Commissioners were appointed to both bodies by the chairs and ranking minority members of several House and Senate committees and subcommittees.

As a body, the 22-member MHC lacked coherence, although it was heavily weighted toward housing developers, real estate investors, and bankers, with a sprinkling of state and local housing agency representatives. Co-chairs were former Congresswoman Susan Molinari (R-NY), now president/CEO of The Washington Group, a lobbying firm with many housing industry clients, and Richard Ravitch, a New York City-based housing developer, chair of the AFL-CIO Housing Investment Trust, and past chair of the Bowery Savings Bank and the New York State Urban Development Corporation. Members' politics ranged widely, from, on the left, Cushing Dolbear, founder of the National Low Income Housing Coalition, to, on the right, Robert Rector of The Heritage Foundation. The Seniors Commission's 13 members were a mixture of providers, developers, researchers, clergy, and lenders. Co-chairs were Ellen Feingold, president of Jewish Community Housing for the Elderly (a Boston-based nonprofit), and Nancy Hooks of the American Association of Homes and Services for the Aging. It was a mixed bunch as well, but with clear sides, reflected in the fact that the final report was signed by a seven-person majority, with the remaining six issuing a minority report. In contrast, the entire commission signed the MHC report.

Both reports contain first-rate problem statements. The MHC's opening section, "Why Housing Matters," offers an excellent, succinct statement of the various critical dimensions of the housing issue: its importance for family budgets; its relation to family stability; how it affects the life outcomes of children; its centrality to wealth creation; its links (or lack thereof) to a range of economic, social, and political opportunities; how individual housing conditions relate to community life; and the weight of housing in the nation's economy. The Seniors Commission lays out in persuasive detail the "quiet crisis" of its report title. While today 1 in 12 Americans is 65 years of age or older, by 2020 1 in 6 Americans will be in that age bracket, and by 2030 the senior population will represent 20% of the total. A combination of Baby Boomers aging and longer life spans account for the increases. Beyond sheer numbers, there are serious issues of poverty, hous-

ing availability, health problems, and service supports that compound the national concern that ought to exist. A special concern is the increase in the population of very old people and the frailty that goes with being in one's 80s.

Beyond these worthy problem statements—which, in the case of the Seniors Commission, laudably stresses the need for dignity, security, and independence—both reports do a creditable job of outlining the various existing government (principally federal) programs designed to deal with housing, health, and support services needs.

Where both reports come up way short is in their recommendations. Neither the MHC nor the Seniors Commission majority report is brave enough to put forward goals and numbers, nor dollar figures on the kind of public money it will take to seriously grapple with the housing and health crises so well described (and quantified). And without specific targets and costs, there is no tangible blueprint for action, and no real call to action that might impel Congress to change its priorities. To its credit, the Seniors Commission minority report does make such concrete recommendations. It calls for at least 60,000 units annually of subsidized elderly housing with supportive services, and Congressional allocation of not less than \$200 million to preserve and improve elderly units in danger of being lost to the affordable housing stock. Where the minority differed from the majority, other than in concrete numbers, is in a sense of urgency, a focus on the most needy and vulnerable among the elderly, and a clear call for immediate government action to change spending priorities.

Another failing from both bodies is the absence of significant attention to race. The Seniors Commission minority report points out that between 2000 and 2020, the Black elderly population will grow at twice the rate of the White elderly population, and the Hispanic elderly population at four times the rate. Yet the majority report ignores racial issues, as does the MHC report. That 19 of the MHC's 22 commissioners were White, with not one Latino, Asian American, or Native American member, was not irrelevant to this lacuna. Dealing with racial patterns of residence—who will live near whom,

who will go to school with whom—is still the American dilemma, and any commission charged with making recommendations on housing and health must take existing disparities and the reasons therefor into serious consideration. That both commissions ducked the issue is shameful.

In quick outline fashion, here are other failings in the MHC report:

- Ignoring or giving inadequate attention to rural housing, Native American reservations, the needs of those with physical and mental disabilities, migrant workers, and homelessness.
- Endorsing the more punitive aspects of “welfare reform” by proposing work requirements for those receiving government housing assistance (although such is not recommended for recipients of the largest government housing benefit of all—the tax system's homeowner deduction).
- Pushing marriage incentives, that totally unproven poverty remedy currently being hawked by the Right (although even here it did not go far enough for The Heritage Foundation's Robert Rector, who in an accompanying “Dissenting statement to the Report of the Millennial Housing Commission” stated, “Clearly, the erosion of marriages is a principal factor behind the need for housing assistance.”).
- Supporting an increase in the percentage of income that recipients of government housing assistance must pay, beyond the current 30% figure.

The MHC makes 13 principal program recommendations (plus 15 more minor supporting recommendations) categorized under “New Tools,” “Major Reforms of Existing Programs,” and “Streamlining of Existing Programs.” Some are useful, but none is startling, path breaking, or of major import or impact. Even Rep. James Walsh (R-NY), who introduced the legislation establishing the Commission, expressed disappointment in his accompanying “Statement on the Millennial Housing Commission Report”: “I am concerned that the commission's recommendations do not appear to demonstrate a dramatic departure from the past.”

The Seniors Commission majority offers no less than 45 recommendations (with 11 more coming from the minority). The most important ones speak to the knotty issue of coordinating housing and health/social service policies and programs—a problem that's been around and lamented, with little noticeable improvement, for at least a half century. Everything seems to work against this much-needed marriage: Congressional committee structures; wholly different federal agencies dealing with the two areas (HUD and HHS, replicated at the state level); differing vocabularies; differing professional training, associations, and academic disciplines; and differing financing systems and regulatory structures. Whether further exhortation will produce results is doubtful.

Other important principles enunciated by the Seniors Commission include maximizing choices for seniors, promoting aging in place, facilitation of intergenerational living environments, and the importance of transportation programs (especially in rural areas). Both the majority and minority reports stress the need for adequate Medicaid funding to support quality care, modernization of Medicare to meet the growing needs (especially for home health benefits) of seniors with chronic conditions, and financial incentives, training, and working conditions conducive to recruiting and retaining a quality workforce. As expected, the minority report is more explicit in these matters, most notably with respect to prescription drug benefits. While the majority's weak wording is “Congress should address the need for a prescription drug benefit for seniors” (p. 97), the minority put forward a broader and far more radical recommendation: “Congress should expand Medicare coverage to include *chronic and long-term care* [emphasis added] and prescription drugs” (p. 15 of minority report).

So what do we have now? Unfortunately, two very disappointing reports on key issues for society. What is even more depressing to those of us who believe strongly in decent, affordable housing for all and health care as a human right (for all, not just seniors) is the strong likelihood that almost no serious attention will be paid to the problems these reports so cogently lay out. Both reports were all

but ignored in the media. And unfortunately, the same fate probably awaits them in the Congress.

Chester Hartman

Hartman is president/executive director of the Washington, DC-based Poverty & Race Research Action Council. His most recent books are *Between Eminence and Notoriety: Four Decades of Radical Urban Planning* (Rutgers Center for Urban Policy Research, 2002)—reviewed in this issue of the *Journal*—and *City for Sale: The Transformation of San Francisco* (University of California Press, 2002). He reviewed the 1982 *Report of the President's Commission on Housing* in the January 1983 issue of the *Journal*.

**Empowering Frail Elderly People: Opportunities and Impediments in Housing, Health, and Support Service Delivery**

Leonard F. Heumann, Mary E. McCall, and Duncan P. Boldy, editors. Praeger, Westport, CT, 2001. 296 pages. \$72.50.

Historically, U. S. policies for providing housing and services to the frail elderly have taken a social services approach that relies on professional expertise for development and implementation, with the goal of “helping” a dependent population. This book explores the philosophy of placing more power in the hands of the frail elderly, with the bulk of the book devoted to describing exemplary programs and policies. The examples are international in scope, from North America, Australia, Japan, and Europe. In its focus on empowerment, the book speaks to planners’ interest in citizen involvement and community organizing, extending the conversation to include those with chronic diseases and disabilities, severe mental illness, and longstanding disabilities. As more young people with severe disabilities are enabled to live to old age, many are discovering an abrupt change from a system in the U.S. that has focused on independence and living in the “mainstream” to a more paternalistic social service system for the elderly. Their voices have added strength to the movement to empower older people to take more control of their own lives, despite disabilities.

The editors have contributed two excellent introductory chapters outlining the philosophy of and impediments to

empowerment, along with an integrative and provocative summary. Drawing from a 1976 article by H. R. Moody in *Educational Gerontology* (“Philosophical Foundations of Education for Old Age,” vol. 1, pp. 1–16), they see participation as the first step toward empowering the frail elderly to make their own choices and have an impact on the availability and delivery of services.

The editors argue that impediments to empowerment are “rooted in the value biases of society” (p. 25), and they have developed a useful categorization of these obstacles as provider based, environment based, client based, and society based. The chapters illustrating programs and policies are organized by these categories: four emphasize providers, three the environment, and four the client. The two summary chapters, in addition to their integrative role, focus on society-based impediments.

An issue that surfaces throughout the book is that of risk—clients perceived as making “wrong” or “irrational” choices. Mary McCall asks, “How do we truly empower individuals and yet be willing to deal with the potential consequences of older persons making choices that, as a society, we have a stake in?” (p. 54). In response, Germain Harvey describes a nursing home in Montreal that has attempted to define an acceptable level of risk for residents that is equivalent to that present in society at large. The position of “Living Environment Advisor” has been developed to help residents articulate their interests to “ensure the primacy of the residents’ rights over the routines, interests, and concerns of the organization” (p. 159). This innovation offers the promise of day-to-day attention to “empowerment” vs. “helping” that may be effective in promoting attitude and behavior changes. It addresses one of the most enduring impediments to empowerment, the need for what the editors refer to as a “paradigm shift in beliefs, attitudes, and practices of service professionals” (p. 242).

Environments can limit empowerment by not being accessible to or sufficiently supportive of someone with disabilities. Leonard Heumann has discovered that lack of knowledge among program managers, as well as underfunded and understaffed programs, is a major obstacle that

keeps elders from making home modifications that might allow them to age in place. Impediments to aging in place may also arise from the elders themselves, who often fear the risks of the aesthetic impacts of modifications and their costs, the risk to their children’s inheritance of reverse mortgages, and the loss of privacy entailed in home sharing. Phillip Stafford notes these impediments and has responded with a collaborative assets-based community planning process to create “good places to grow old” (p. 140).

Several chapters provide helpful guidance in assessing clients’ views about residential care facilities, housing needs, and perceived level of empowerment, and in including clients in developing these assessment tools. At the macro scale, chapters explore the implications of national policy on empowerment in Japan, Germany, and Great Britain. Bleddyn Davies’ analysis of the 1989 revision of long-term care policy in Britain reveals its success in increasing empowerment, but at the cost of reducing days spent in the community (increasing days in the nursing home), reducing user satisfaction, and only minimally reducing caregiver stress. He asks whether empowerment, then, is the correct or only goal to be maximized.

In the end, empowering frail older persons will require changes in social values, in the types of services available and how they are delivered, in assignment of responsibility for decision making and care, and in the housing options supported. This book heightens our awareness of the possibilities and dilemmas involved.

Nancy Chapman

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