+You: Helping older Americans stay safe at home during COVID-19

Monday, October 5, 2020, 9 a.m.

[1:17] Jonathan Reckford: Welcome, everyone. I'm Jonathan Reckford, CEO of Habitat for Humanity International. Thank you for joining us today. I've been looking forward to this conversation, which is one of many we've had during the COVID-19 season about the importance of housing.

Older adults have been hit hardest by this pandemic. The Centers for Disease Control and Prevention estimate that 8 out of 10 deaths reported in the United States have affected adults 65 years or older. As of Sept. 21, the CDC reported just over 199,000 deaths in the United States, of which more than 159,000 were older adults.

Having a safe home to shelter in place is critical for limiting the exposure of older adults to the coronavirus. In addition to the issues of health, the pandemic has created additional challenges for seniors including isolation, food insecurity, limited access to health care and concerns about safely remaining at home. Our guests today will talk about what older adults have been dealing with throughout the pandemic, as well as the holistic care necessary to keep them safe and healthy now and into the future.

Habitat for Humanity has identified aging in place as a strategic priority for our work in the United States, and we are committed to helping older adults stay safely in their homes and in the communities that offer them support.

We are honored to have with us Dr. Alice Bonner, who is a gerontological nurse practitioner and has served in state and federal policy roles. She's currently adjunct faculty and director for strategic partnerships for the CAPABLE program at Johns Hopkins University School of Nursing. CAPABLE stands for Community Aging in Place, Advancing Better Living for Elders. Dr. Bonner also works for the Institute for Healthcare Improvement as a senior advisor in aging.

In 2018, the Harry and Jeanette Weinberg Foundation awarded Habitat $1.25 million to implement the CAPABLE program, which was designed by the Johns Hopkins School of Nursing. Five Habitat affiliates are participating in the program supported by this grant, with an emphasis on combining nursing services and occupational therapy with Habitat's home repair

expertise. COVID has slowed down our work a bit, but so far we've served a little more than half of the 350 older adults we sought to assist with the grant.

So welcome, Dr. Bonner, and thank you.

[3:55] Dr. Alice Bonner: Thank you.

[3:56] Jonathan Reckford: Dan Solomon from the AARP Foundation had a family emergency this morning and sadly is unable to join us. We are pleased and grateful that Dr. John Feather, chief executive officer of Grantmakers in Aging, rearranged his schedule to be here and to share from his wealth of knowledge about developing and advancing opportunities for seniors.

Welcome to you both.

[4:16] Dr. John Feather: Thank you.

[4:17] Jonathan Reckford: Last but not least, I'm happy to introduce Janice Watkins, CEO of Topeka Habitat for Humanity. Since 2017, the Topeka affiliate has helped more than 300 families remain in their homes through their Aging in Place program. Since the COVID-19 pandemic began they've done extraordinary work in helping to make sure that older adults are cared for as they stay home to stay safe. Thank you, Janice, for joining us.

Before we jump into our discussion questions — and our format's going to be first a discussion with our panelists, and then we're going to open it up to questions from the audience as well — but I'd like to start by playing a short video featuring a family who has benefited from Topeka's Aging in Place program.

Please note that we shot this outside to be socially distant and safe, so you hear some background noise, and maybe you see reflections of vehicles passing on the street. But I think you'll be touched by the message.

Patricia and Larry first came to Topeka Habitat while suffering through one of the hottest summers in the city's history with no working air conditioner. They were forced to spend their days at the public library and at the movies to escape the heat of their home. An assessment done by the affiliate also identified plumbing repairs that needed to be made, along with some remedies that would increase accessibility and reduce fall risks.

During the countywide COVID-19 stay at home order, Topeka Habitat delivered the couple food boxes, gardening seeds, and other essential items such as hand soap and toilet paper. Patricia and Larry have become champions of Habitat's mission and consider Topeka Habitat a part of their family. Listen as they describe what aging in place has been like for them since the start of the pandemic.

[6:04] Larry: It's been a hard time during the pandemic. Things just don't seem to be moving like they … we want them to. It's a lack of hope, I guess. But thanks to people like Habitat for Humanity, they do give us some hope. They care. They bring us things to eat and give us [inaudible] and so on, and it really increases our sense of hope for the future.

[6:28] Patricia: And if it wasn't for Habitat for Humanity bringing groceries and dropping them off and calling us and checking on us and … they just seem to care so much. I don't know what we would've done. And thank you so much.

[6:45] Larry: What they do helps us, and we try to help others after being helped, too. So it does go forward.

[6:55] Jonathan Reckford: I think it's so important just to put a face … we talk about lots of numbers and lots of data, but it's so important to remember that all those represent families and individuals who are facing huge challenges in this current pandemic. Let's start with just a big, open question. What specific benefits to older adults derive from aging in place programs? And why is a holistic approach to older adult care important?

[7:23] Dr. Alice Bonner: Is that to any of us?

[7:25] Jonathan Reckford: Absolutely.

[7:26] Dr. Alice Bonner: Well, I'll kick it off here. I know we're going to talk amongst all of us. I'll just tell a personal story about my mother who is 90 years old, and after my father died about 15 years ago, you know, she was living now by herself in a condo, and she lived in a town where they had settled for … and they'd lived there for 25, 30 years. So it was important to her even as she was developing Alzheimer's disease — which continued to progress and now she's 90 — you know, it was important for her to go into town to restaurants she recognized, to the pharmacist who knew her, to the car dealer who repaired her car, things like that. These were all parts of her daily life. And not all of them were health-related, but some of them were, and it was about the familiarity and going places that really she cared about and where people cared about here, where she had relationships. So I think that's part of what is important to all of us as we get older.

[8:31] Jonathan Reckford: Oh, thank you. We all so desperately need community. John, do you have a view on that?

[8:37] Dr. John Feather: Yeah, no question. And one of the things that the pandemic has done is that for many of the folks, particularly those who receive multiple services through the aging services network, it just struck a very devastating, very quick blow.

So many people had been used to, for example, receiving congregate meals at a senior center, that also being the place where they also might've received other services and then also been

able to see and socialize with people. And then suddenly they were closed. I mean, like, overnight they were closed.

And I think, you know, we have to give it to the aging services providers because they have done heroic work trying to — like your example talked about — reach out to all of these people and say, “What do you need? How can we help you? You may not be able to come to the senior center for meals anymore, but what can we provide for you today?” And that’s been an incredibly important and valuable part of this, but it’s also something that as this goes on longer and longer we’re going to have a harder and harder time filling in those gaps.

[9:50] Jonathan Reckford: Oh, thank you. I … you know, we all need community, and I keep seeing different pieces about the loneliness epidemic, and I know, you know, we need safety, but also we’ve got to find ways to build community.

Janice, what have you seen as you’ve had this … you and your team have had this direct relationship with hundreds of seniors in your community?

[10:10] Janice Watkins: I think pre-pandemic and even in the midst of this pandemic, we have to identify what the importance of home means to every individual. It’s a safe haven. It’s a huge part of people’s identity, and to be able to keep individuals safer at home became very, very important to the work that we do. Whether it is assessing a home repair or identifying that that individual needs connections with someone to deliver food or to provide social networking or to be connected with a faith-based partner, it is so important to know that these individuals were asked to stay at home and their needs were just as great as everyone else’s.

[10:59] Jonathan Reckford: Oh, thank you. And obviously everything we’ve just talked about was true pre-COVID, and then this massive pandemic lands on the world. How is it different or exacerbated by the current crisis?

[11:15] Dr. Alice Bonner: Well, I would say one of the things that we’ve heard about a lot is older adults just not having information that they need or not necessarily being able to interpret overly large amounts of information. So, you know, people living by themselves in the community are worried what do I need to go out in my community? You know, I think by now everyone knows to think about wearing a mask and maybe gloves depending, but [inaudible] information that can be shared and can be confusing.

I think a lot of older adults, we hear from them — and you all do I’m sure, too — that they’re worried about coming down with COVID and especially if they have underlying conditions and so forth. So I think there’s a lot of fear and anxiety, even insomnia, among not just older adults but state workers, public health workers and certainly our health care colleagues who are brave and go into the health care settings every day to deliver care because they know it’s needed.

But I do think older adults really do have a good amount of just wanting more information in a way they can digest and understand.

[12:33] Jonathan Reckford: Thank you.

[12:35] Dr. John Feather: I think there is a … you know, there's been positive to this as well. I mean, certainly the huge expansion of tele-everything — telemedicine, telehealth, tele-everything — has been one of the positive stories that has come from this. That a lot of systems that we didn't really think were going to work or, you know, older people … there's still a tremendous stereotype that older people are adverse to technology. And it turns out that, yes, there are older people that don't have access to it because they live in a rural area without broadband, or they can't afford it, or there's a variety of other issues.

But what we've seen — you know, we were just in a conference today about this — is that there's just been an enormous explosion of programs that are being offered online. So a lot of the senior centers and other places that have done things like exercise programs have moved very swiftly to having those be online programs. And it's not that you couldn't have done it before, but people didn't do it before because you had to come into the senior center to be able to receive the programming. Now that's not possible, so they've figured out how to do it.

I also wanted to say something about the limitations of those programs. I mean, you can't do an exercise program for an hour online, and you can't do … I mean, there are things that you can't do with it. You obviously can't serve food online, but you can certainly find out people's need for services and able to better meet those needs.

[14:14] Jonathan Reckford: Oh, thank you. It's a great perspective. I do hope, both in the work environment but in so many ways, that hopefully there will be positive lessons out of the crisis as well as all the pain that folks … we know, as I shared in the data earlier, that seniors have been disproportionately negatively impacted, both from a direct health perspective as well as some of the other pieces you've mentioned. Are there certain subgroups within seniors that are most at risk? How have you seen and as … I know we can't lump everyone into the same category. Which groups are the most vulnerable?

[14:54] Dr. John Feather: Well, unfortunately it always points back to the same directions. It's always the same disadvantaged communities.

So it's true that older people have died at the highest rate, but it's really Black people of age that have died highest rate. And so the thing is once again we're looking at this interesting convergence actually of both COVID-19 and issues around racial justice. You know, those same issues constantly are reinforced, that we have communities that have been discriminated against for a very long time, in housing particularly with zoning and other laws, redlining. And those communities continue to suffer health consequences because of that. And they're not separate from each other; they're very closely interrelated.

[15:46] Jonathan Reckford: Oh, so true, and we've seen … I was at a Federal Reserve meeting last week, and I heard a new term, but they were calling it the "less-than economy." So

it's … rather than a V or a W, it's a mathematical less-than sign, if you can picture, because what we've seen is people that have assets and good housing situations and work that they can do as knowledge workers are doing pretty well, and a lot of these things we're talking about are inconveniences.

But for lower-income families who are often service workers, have weaker access to health care and don't have assets, it has been an absolute catastrophe with huge job loss. And all the things you just talked about, John, I think are so critical. And tying in the health component of that, because you can often see the gaps in housing.

Janice, you have been trying to be on the solutions side of this. What have been the biggest barriers, and how has COVID made the worker harder?

[16:50] Janice Watkins: You know, a lot of the individuals that we serve are single individuals. Whether they have outlived a spouse or they do not have access to a family or a social network, their income is limited already to their housing costs, to their prescription costs, to their ability to meet their basic needs.

And in the housing piece of that, what we were seeing, particularly in the height of the pandemic during our stay-at-home order, that individuals were afraid to access critical services, whether it be home repair services or even going to the grocery store because of this very large fear that they were being impacted in a larger way by the pandemic.

And so to Dr. Bonner's point earlier, it was a very necessary thing to get a grasp on that and to be a trusted source of information and to disseminate proper information so that individuals even knew how to navigate getting their stimulus check or ordering groceries online.

It became very overwhelming, and without a built-in support network, which we know that a lot of seniors do not have, it was very important for us to intervene and to ensure that we were doing work that wasn't just housing.

[18:16] Dr. Alice Bonner: And I would add to what the rest of the panel has already said that, you know, individuals … not only is age a major factor or the most important factor in terms of being at risk for having more severe, more serious illness related to COVID, but also people with underlying conditions. So if you have chronic obstructive pulmonary disease, you know, chronic lung disease, chronic heart disease, et cetera, immunocompromised, those kinds of things, you're more at risk for contracting and certainly developing more serious aspects of COVID-19.

The other thing I just wanted to add to John's comment about sort of low-income communities and individuals — as he said, a lot of those people are service workers. So if I'm a higher-income older adult living in my own home, if people are coming into my home to support me, there's that aspect of low-income communities where transmission can be higher. So if you look on the websites, people are reporting from the community about how much transmission is

happening, and again when you look at data, it does appear that when service workers come from these low-income communities very often there's higher rates in congregate settings like nursing homes, assisted living, and senior apartments or senior living complexes.

[19:49] Jonathan Reckford: Right. If … talk a little about … I sort of want to go to pre and then … pre-COVID and then after COVID. Dr. Bonner, would you and Janice talk a little bit about the CAPABLE program, and what was prioritized in terms of what were the most important interventions. And then what has changed — or has that changed in the COVID area?

[20:09] Dr. Alice Bonner: Sure, I can start, and then Janice can jump in.

You know, Habitat's been a tremendous partner in the CAPABLE program. The goals of that program are to support older people in doing what they want to do and in them setting their own goals and working to reach those goals. So some of those goals have nothing to do with health, and some of them are very focused on health. But, you know, if my whole life I've taken a walk every day and that's really important to me, I'm going to tell the CAPABLE providers that that's important to me and that's what we're going to work on. So CAPABLE, as you said, you know, involves a registered nurse and an occupational therapist, and the team is really centered around what does the participant most want to do?

And sometimes it's "I want to stand in the kitchen for long enough to make my own dinner, and I don't want to have to rely on other people." So there's a lot of things like that. And, you know, the home modifications. A lot of people say, "Oh, yeah, we do home modification," and a lot of programs do. But the difference with CAPABLE is it's really integrated into the assessment, how we evaluate how an older person interacts in their apartment, in their environment. And we start with that evaluation and figure out what is the home modification that would really work here? And how do we set it up with the right equipment and supplies? And how do we connect with the handiworker? So it's really an integrative model that's driven by the participant themselves.

So I'll turn it over to Janice, but you know, obviously there's these 10 visits over four of five months, so the RN and the OT are going into someone's home and really checking on each visit how things are going and, you know, is everything in pretty good shape to make sure the older person's safe and things like that.

And in COVID, a lot of those visits got put on pause because older adults called up and said, "We don't feel comfortable right now." So, Janice, what else would you say about the pandemic and how it maybe influenced CAPABLE and Habitat?

[22:24] Janice Watkins: Most certainly adopting the CAPABLE model has been one of the biggest things that our affiliate has been able to do to help this Aging in Place program thrive. Before we were using this holistic assessment and working in this collaborative partnership, we appeared to be addressing band-aids from time to time and getting the same calls and the same individuals asking for help. When we looked at this holistic assessment, when someone called and said, "I have a plumbing repair," but we were also assessing whether or not it was viable for

a washer and dryer to be placed downstairs as opposed to on a main level, the quality of life of these individuals completely changed.

And I think you see that in the testimony of people like Larry and Patricia that started this video because their entire quality has become greater. They hold their heads higher. They smile more often. They feel better about life because it is something that they are proud of. They take ownership of their stories; we just helped facilitate the writing.

[23:36] Jonathan Reckford: Thank you. You know, you brought up so many important points. One, from a global perspective that's so deeply embedded in our philosophy, that we don't do "for." We do "with." We work alongside. And I think the solutions have to start with the family, with the community, not with sort of "we have an intervention, and we're going to bring our intervention to you."

And I love the holistic. I think sometimes … and, you know, we've been guilty, too. You know, housing people say housing will be the solution to everything. Health people would say health is. Education people say education is. Food people say food is. They're all right, but all insufficient. And I think having that integrative approach and thinking sort of about environment and all the components of what real health is is so critical, so thank you for that.

[24:21] Dr. Alice Bonner: And I also … so I think that's absolutely right, and CAPABLE is part of a continuum, and that's how we always talk about it when sites are exploring, you know, should we do CAPABLE in our community? Will it meet a need that's an unmet need right now, a population or individuals who are not being served?

And so to your point, you know, older adults very often will cycle between being at home, and then something happens. They wind up in the emergency room or in the hospital for a few days, maybe they go to skilled nursing for a little bit, maybe they go to long-term for a bit before they can be safe at home.

And, you know, seeing it as part of a continuum, part of the community, which you brought up right in the beginning is just so, so important. That's how we're going to get to really good, comprehensive care for all of us because we're all getting older.

[25:15] Jonathan Reckford: I hate that truth, but we know it's … John, are you seeing this more broadly and are you seeing other examples of a more integrative approach as you look across the … ?

[25:29] Dr. John Feather: Yeah … no, absolutely, and I think that is one of the opportunities that we have. Part of it is there were new opportunities that were put into the Affordable Care Act to better integrate community and hospital and medical care activities, and many of those have moved forward. Obviously we need to make sure that that continues to happen.

But I think there may be an expansion of those because a lot of people are working on this issue because everybody understands we don't really have a system of care at this point. We have pieces of care that don't fit together very well. It's very complicated. As somebody who's going through Medicare enrollment myself, it's like, "Wow, this is really hard!" And I thought I knew this stuff. And you wonder how folks are able to do that.

Certainly in philanthropy we're seeing some big initiatives. The John A. Hartford Foundation is working age-friendly health systems, and … but they're also working with trying to integrate that with the age-friendly communities movements and so forth, so really looking at very broad issues. And the folks that are working in the collaborative arrangement including with Robert Wood Johnson Foundation and the Commonwealth Fund are looking at issues around how do you complex care for older people in a more effective way?

And what do we know about that? We're not starting from scratch anymore. We actually know a fair amount, but it's very scattered. It's very difficult to find that information. So one of the things that we've been involved with in the last couple years is how do you bring that information together in a way that makes it accessible and also makes it useful for funders to think about providing resources for these programs?

[27:26] Jonathan Reckford: Thank you. It's been striking to me … and, you know, when we first … historically Habitat was mostly known … though we've always done bits of it … for doing whole new houses or major rehabs, and I think there was some cultural view. And I just have been so struck over the years when I've visited with individuals and seen the difference that just accessibility can make … so having grab bars and wide enough door frames and ramps and what that meant for mobility for someone or just getting rid of trip hazards, even very small things, not to mention getting rid of mold, getting rid of …

You know, I remember I visited a veteran in Memphis, and it was just heartbreaking. He had been living with a gigantic hole in his bedroom going down … and a huge leak in his roof. And of course the chances of staying healthy were virtually zero, and the difference a relatively small investment made that probably would be a fraction of the savings from a health perspective.

And I do think to your point as … in the experimental side of Obamacare with … or the Affordable Care Act … where hospitals were paid for results rather than for procedures, they started looking at root causes and realizing that often the housing conditions were so directly contributing to why they kept seeing people coming back and coming back, and realizing that in some cases then the most effective investment would be towards housing.

What are the biggest barriers … you know, I think we've seen models that work. What's the biggest challenge to more widespread adoption of an integrated approach?

[29:06] Dr. Alice Bonner: That's a really good question, and you know, there's a number of programs that I think have a similar issue, which is — as with CAPABLE — even though there's a return on investment after the program has been up and running for between, say, certainly

after one year and then even the savings goes into two years, upfront there's a cost. And there's a cost to building a new PACE center for a PACE program, even though the cost savings comes out after it's been implemented, and you guys could also mention other programs.

But in a number of cases one of the barriers is if we go to a health plan or we go to a payer and we say, "You're going to save money in the long run here," if they have to put in money upfront and it's a substantial amount of money right now — with COVID having really decimated a lot of health insurance plans and payers or at least really affected the coffers, and certainly Medicaid is another example where it's been really hard hit — it's hard to convince people right now to spend money to save money.

And, you know, again, that's … I spend a lot of my time trying to figure out how to explain it in a way that somebody at a health plan or a hospital or a health system CEO or CFO will understand that it's well worth the investment. And sometimes there's private funding or grant funding to get started, but I think that's part of it.

The other thing is, you know, for CAPABLE as the example, it means an older person who often lives alone may not have family nearby. They have to trust that the RN and the OT coming in can be trusted. And usually people do trust nurses and therapists, but you know, it's a big issue to let someone into your home. I think we would all say that.

So you know, there's that, and there's just the effort that the people have to put into week to week and, you know, learning exercises and modifying their medications and talking to their primary care provider about that. So it's not that it's not any work at all, but it's people getting past that activation energy that they need to really get started.

So that's what I would say. I don't know what Janice and John would say.

[31:38] Dr. John Feather: Well, I think — in a way that I did not understand probably three years ago — language is an enormous barrier, and I think this is particularly true in the housing world. So housing folks speak a different language, and it's not Spanish. It's not Cantonese. It's housing language.

And, you know, the federal and state regulatory abbreviations of everything, and it's just … it's very difficult sometimes to even start a conversation about how you can do program development across these areas. Of course, people who work in health care are just as guilty, but they have their own language.

[32:15] Jonathan Reckford: We all have our jargon.

[32:17] Dr. John Feather: And we think we're all speaking English or whatever and thinking that we all can talk to each other, and we really can't.

And, as you know, I'm the CEO of an association of charitable foundations that work on aging, and that's what we've found in the complex care work, is that the way in which they talked about … the way in which medical systems that have done most of this research talk about complex care management and the way that foundations talk about meeting the needs of people with complex care did not mesh at all.

And so we had to spend a lot of time, like, what do you exactly mean by this? And how are you defining this? And how can we find a place where we can start working together so we can learn about each other better? And that turns out to be a bigger task than I would've ever thought.

[33:14] Jonathan Reckford: You know, it's such an important observation that we need those translators and the synthesizers because it is … To bring the technical specialists across from the different pieces in order to integrate, you know, I think this is a critical role of philanthropy, is to be at the front edge. And I'll give a very different example, but I'm hoping programs like CAPABLE will be … will give us the data that would show this should be mainstream, that we can not only have the stories but the data that will demonstrate it. Fifteen years ago, only rich people had energy-efficient houses, and sort of green was a luxury item. And we worked, in that case, with Home Depot Foundation, and they funded to pay the difference between our basic Habitat house and making it highly energy-efficient.

And we built about 5,000 highly energy-efficient homes and measured, and then we proved that the family could pay a little bit more in their mortgage because their monthly payments would actually go down if you looked at it, and they got a healthier home on top of that. And then the cost curve started changing, materials got cheaper, the gap moved, and the market started working better, so that our goal is that all Habitat houses are now energy-efficient.

My hope would be, in the same way that we can show that, make that case strong enough that funders — as they're thinking across the sort of budget problem of the health budget over here and housing in a totally different part of local government, state government, and federal government — can think in a better way that allows that integrated solution.

Janice, on your side of that, what's it been trying to … you know, being a housing person and working with the health community?

[34:50] Janice Watkins: It's amazing, and it's probably one of the most fantastic changes that we've made as an affiliate. But to Alice's point, funding is always the issue, and I think one of the major barriers to that is there's a conversation in our community, and I don't think it's isolated to just our community, that we talk a lot about children and children being our future. But we forget about the aging population being our yesterday, our present, and still our tomorrow. And writing off that population is a mistake.

They're the people who have built the foundation of our communities. They're our storytellers. They are our individuals that have built everything that we stand on, and to not address housing, to not address that in a holistic manner, is really setting us up for failure if we're not doing that

because we'll look at more blighted properties, more housing vacancies, more individuals experiencing homelessness. And so if we could just change the narrative of that conversation, I think that that could be really powerful.

[36:01] Dr. Alice Bonner: I think also … I think that's a great point that Janice just made, and you know, sometimes we get into the habit of doing what she said which is othering, meaning, you know, we're talking about other people, not ourselves.

And everybody's aging. This is not about a bunch of 80- and 90-year-olds, like, over there. It's about us. And so whatever age you are, if you're 10 or 20 or 50 or 90, this is still about you. And we have to get people to see it as it's about themselves, not just about others.

[36:40] Jonathan Reckford: No, that's a great point. My experience is people will care more when it becomes personal, and how do we get them engaged and thinking about these things? And not only the ones who are already caring for an elderly parent or already starting to face their own areas of challenge or frailty. And I do think it fits into the wider conversation, John, to your point, of, you know, as many people have said, your zip code shouldn't determine your health, your destiny, your housing opportunity, your prospects.

And the incredible disparate impact of COVID on not just elderly but then specific subgroups among the elderly. As you think about what could make the biggest difference — and I open to all of you — what would help the most as we look at what may be still a painful next-at-least year of fighting through COVID? And none of that will change the long-term aging and housing affordability challenges that were there before COVID?

[37:37] Dr. John Feather: Well, as lots of people say, you know, we don't want to ever waste a crisis like this because, like I say, telehealth is a good example of a positive that's going to come out of this. But there are other ways as well, and I think the better integration of health and community-based services, which includes health as well obviously, but hospital and health system kind of services and community-based services is one of the aspects that I think we can do a lot of work on now because we have to.

And there's an enormous amount of money from not only the government but philanthropy going into it, so what's going to work now? Everybody's hoping that we're going to have a solution sooner rather than later, but we're probably at least a year out. We need to use that time right now to think through what kind of systems do we want to have in place that make it easier for us not to end up with the same thing that we had before.

So we don't want to go back to a pre-COVID thing where your zip code … one of the ones that was just published was, you know, a zip code that's less than five miles away, it makes a 40 percent difference in whether you die of COVID. I mean, that's shocking. That's horrifying. That's inexcusable.

We need to continue to work on ways to integrate the system so that we have much less of that, and that housing — and particularly the segregation of housing, which we still see so pervasively — does not continue to perpetuate those patterns.

[39:24] Dr. Alice Bonner: And I would add to that, I think if it's not COVID, we had H1N1 a couple of years ago and before that we had Hurricane Katrina, and we've had other natural disasters, and these things are going to keep happening. It won't be COVID; it'll be something else.

But I think these national emergencies or these pandemics reveal the underlying lack of infrastructure, and, as John said, you know, there is no system here. And so especially with older adults, this is the opportunity not to waste a good crisis and to make sure we come out of this with the benefits intact and moving in a positive direction.

[40:07] Jonathan Reckford: Thank you. I do think the, as John mentioned, the sort of hybrid models that will come out of the other end … and obviously it makes it critical that everyone is connected … but I do think the opportunities for telehealth to be a … as we have such a lack of care in rural or underserved communities could make a big difference. But even in served communities hopefully make a big difference.

We do have some audience questions. We have more than 500 viewers joining us live. We find often the biggest audience are the people who then watch at their convenience later, as we are recording this.

One question from a reporter at McKnight's Long-Term Care News, "What role can home health providers play in supporting isolated seniors both during a pandemic and after who have trouble getting the kinds of non-medical help Janice mentioned: grocery, repairs, other pieces? Do you see that as a both need and opportunity?"

[41:01] Dr. Alice Bonner: I'll just start and then the other guys can jump in.

I think that's a great question, and it speaks to what our panel was talking about a little while ago, that integration of health, housing and community. And so, you know, if you have people going into someone's home under social services or aging services that are not necessarily connected directly to health, you know, they should be trained and they probably are trained to know when to refer, so that you can get somebody in there from a home health agency if the person has certain skilled needs and can benefit from that home health approach. And if they can … you know, if they need ongoing home health and they can afford some of the … you know, sometimes people have to pay some out-of-pocket, but sometimes it makes a big difference. So I think that's a great point. You know, what is home health? And what is social services? And how do they work together?

[42:00] Jonathan Reckford: That makes sense. And certainly we know home health care is still a fraction of the cost of putting people into round-the-clock nursing care, so it is more efficient. John, did you … I don't know if you had a response to that.

[42:13] Dr. John Feather: Well, you know, there is a crisis in home care right now because … there was before, but now so many of the people, once again who come from low-income communities, they're not paid very well and are now being asked to carry this very large burden … are also … you know, it's the same issues over and over.

How are they supposed to remain safe? How are they supposed to have access to equipment that will help them remain safe? How are they supposed to do all of these things at the same time that they're … that, you know, the workload has gone up tremendously? The number of people seems to have decreased, and we're hearing that anecdotally throughout the country.

And I think that's been one of the issues that they've tried hard to work on but there's a long way to go yet on this one.

[43:09] Jonathan Reckford: Janice, I was curious. You know, pre-COVID, what were the things from a housing improvement perspective that were most needed, you know, as you've seen now hundreds? What were the most common needs in terms of adaptation?

But then it sounds like you're actually playing a little bit of this role to fill in the gaps, and what have you found most needed, in addition just to human connection, in terms of helping seniors navigate the crisis?

[43:36] Janice Watkins: Yeah, pre-COVID, I think what we're always seeing is quality of life repairs, so whether that is an accessibility issue, the ability for someone to bathe in a safer manner, transitioning bathtubs into showers, adding grab bars, changing cabinetry height, adding lighting, things that would really improve the quality of life.

When we were asked to stay at home and pause our programs, we just traded our hammers for headsets and started contacting every single person in our program — and not just in our current program but that we had served for the past 24 months — and asking, "What do you need? What can we do for you? We want to remind you that we're here for you."

And what we heard was, "We need food because it is scary to go out in public. We are lacking access to things like produce. We need help trying to figure out how to get medication." And so we became a food delivery organization for six and a half weeks. And we partnered with our local chapter of Feeding America Harvesters in Topeka, and we coordinated 128 food, toilet paper, hand soap, disinfectant, gardening seeds, books, puzzles to individuals based on their needs.

And they knew that they were not alone, and they trust us because of the work that we've done with them before or were preparing to do before the shutdown. And being able to connect with

individuals like that was so important, and all we heard time and time again was, “Thank you for being that connection for us.”

[45:24] Dr. Alice Bonner: That’s awesome. I love “trading hammers for headsets.” That’s quotable. That should go in a PowerPoint, I think.

And I think, you know, the other thing it demonstrated so well is the importance of something like basic nutrition and food, access to food. Is that part of health? Yes, it’s part of health. Is it part of housing? Yes, it’s part of housing.

We have Meals on Wheels sites in addition to Habitat sites that are lead agencies for CAPABLE. So again, these things are all connected, and I think you did a great job, you know, describing the importance of food and nutrition.

[46:02] Jonathan Reckford: It’s such a good example. Sadly, we had to close most of our Habitat ReStores for about 60 days while they did all the new safety protocols and stabilized. And I heard lots of stories of ReStore trucks turning into delivery trucks to help in communities, which is great.

We have another question from a Habitat affiliate in Powhatan, Virginia, and they wanted to hear about innovative ways others have used to reach seniors in rural areas in particular. Many just have their phones and dial in to listen to their church services, for example. But have you seen best practices or ways to support isolated rural seniors?

[46:41] Janice Watkins: I would never estimate someone’s ability to navigate at least some technology. We talked many seniors through Facetiming and different apps to just see someone face to face. But other than that, I think that it’s important to always pick up a phone and … or write a letter and say, “How are you? How are you doing?” to just make sure that someone feels like they are on another’s radar, that they are a part of that larger community, that they have someone to call if they need someone.

[47:18] Dr. Alice Bonner: Yeah, I would agree with that and say, you know, we’ve done some work … CAPABLE has done some work with, like, the National Rural Health Initiatives and in rural areas, you know, thinking outside the box as Janice said. So what does the superintendent of schools think about students, high school students, middle school students, reaching out? They can pick up the phone. They can write letters. They can do socially-distant walking and things like that. If it’s not the school students, what about the faith-based communities? Can they get involved. You know, there’s parish nursing … all kinds of things.

So those individuals and just volunteers … again, with the senior centers closing, as John was saying earlier, a lot of people who used to go to the senior centers now are looking for something to do, and volunteering could be something that they would really be interested in. So rural health, rural areas have tremendous challenges — transportation, salary issues, all

kinds of things. But there's also opportunities, and we would love to know from anyone on this call listening in if they've used some particular solutions and best practices in rural areas.

[48:30] Dr. John Feather: Yeah, the rural area access issues are something that we've worked with quite a bit recently, particularly on transportation. But one of the things in terms of this is that there is an expansion, a fairly rapid expansion, in outreach based on phones and simply using phones. And that's where I think there's an enormous opportunity for groups like Habitat for Humanity to play a role because the biggest issue in reaching older people in these kinds of services is the lack of trust.

So how do I know this is not a scam artist who's calling who says they're so concerned about my health and so forth, but then they're going to ask me for my bank account number, or whatever it is? So I think having a relationship, but certainly also Habitat for Humanity is a very trusted name in the social service world. That's an incredibly important asset that everyone should take to heart as they try to reach out to folks to make sure that they feel "this is a trustworthy organization for me to work with."

[49:40] Jonathan Reckford: Yeah, I'm struck … there's been a lot of press about how schools when they shut down, it wasn't just the kids not being able to go to school, but those were the hubs for all sorts of other things. And it struck me as senior centers closed, that was your contact point or connection point for so many other services, and we need to fix it.

A side point I'm struck by is remembering that seniors are the solution as well as the challenge. That so often enlisting them to help one another and connect and create community is so important, but I'll remember that trust.

We do have a practical question, and this might be a good one to end on because it's from one of our … another rural affiliate, Douglas County, Minnesota, who is implementing CAPABLE in a rural area. They have a startup grant. What advice — and, John, maybe we'll start with you on this — but what advice do you have to state the case to foundations and individuals for additional funding? So as we … and maybe from that question kind of our final question, you know, if we want to really expand and go big with this, what would be the critical steps to make this case to near-term funders but also more structurally to get broad funding?

[50:53] Dr. John Feather: So to use an analogy that we often use in our work, all of the private philanthropy in aging amounts to less than two percent of philanthropy in the United States, so it's a very small percentage. So I think one of the things that's important to do is exactly what you're doing in this conversation, which is expand the way you talk about what you do.

It's not just housing. It's not health care. It's not just aging. It's all of these pieces integrated. So you want to look beyond folks who have identified aging as a specific funding priority. They're great to talk to, too, obviously, but you want to talk to health care providers. You want to talk to people that are interested in any aspect of social issues. You want to talk to the homeless funders out there. And I think that an underutilized and underrecognized group is the corporate

funders. Corporations right now are anxious to show that they are doing something in their communities about the needs in their community during the COVID pandemic. And so this is a good time to be talking and reaching out and developing relationships with corporate funders in your communities as well at this point.

[52:15] Dr. Alice Bonner: Yeah, I think that's great, and I would add to that, you know, municipal leaders, the mayor of a city or town, someone who's in charge of a region or an area, a county … a lot of this is county work. But, you know, local leadership, local political offices and agencies really are so important in this work and again bridging that gap between community and health care.

[52:43] Jonathan Reckford: Very good. Janice, any wisdom as you've tried to go get additional funding to drive the aging in place programs locally?

[52:51] Janice Watkins: Our aging in place program actually started through funding from our county by us being able to prove that, if we don't address these holistic solutions, we would be looking at a reduction in our local property taxes, which was a pretty easy data-driven example.

As we have expanded and grown and been able to connect with multiple providers and address the other social determinants of health and connect with food and with socialization and medication resources, the data alone proves itself to be a worthwhile investment.

And our traditional Aging in Place recipient is about $1,800, which is an investment that, you know, is just incredible for those individuals and their quality of life. So when I am funding for programs, it's quite a bit easier to actually get individuals and corporations and our municipality to give funds for something like Aging in Place — which is not a program to me, it's a movement — instead of maybe fund an entire house build.

And to Alice's point earlier, this isn't about an other. This is about all of us, and everyone has someone in their life that is aging or aging themselves, and this is such an important conversation.

[54:13] Jonathan Reckford: That is great. I think that's actually a wonderful summation.

I am … we are running out of time. I am so grateful to each of you for your participation, your insights and thoughts.

I think for those of you participating in the audience from the housing world, I think this is a clarion call to engage with the health community. And I hope for those of you engaging from the health side to be thinking about how much the physical environment and housing ties into an integrative state of care.

So, John, Dr. Bonner and Janice, thank you for your time. To all of our guests today, I want to thank you for joining us. Habitat for Humanity has been at work to provide affordable housing

solutions around the world for more than 40 years now, and we've helped more than 29 million people build or improve a place to call home.

We never want to forget that each person, each family who's partnered with Habitat, has a story to tell about building a better life, and we have so many people right now in this country and around the world who are being deeply impacted by COVID. And that is disproportionately hitting our seniors, who in many cases already were living in inadequate conditions.

So thank you all for sharing your stories. Thank you for helping us inspire others to take action in support of safe, decent and affordable housing. Now more than ever, we need to get people excited about helping to create strong communities in which all residents can thrive. So thank you, great to be with you all, and let's make this happen in communities all around this country and world.

[55:48] Dr. Alice Bonner: Great, thanks so much. Thanks, everybody.