

TEXAS LBJ School of Public Affairs

**Building an Intergenerational Metropolis
in the City of Austin**

Report and Recommendations

Austin City Council Resolution Number 20181018-041

May 2019

**Lyndon B. Johnson School of Public Affairs
The University of Texas at Austin**

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To: Spencer Cronk, Austin City Manager

From: Cassandra de Leon, Austin Public Health
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Date: May 1, 2019

Subject: Recommendations to create a comprehensive senior wellness and recreational center in Central Austin

Executive Summary

Communities across the United States (U.S) are aging. Approximately 20 percent of the country's population is expected to reach 65 years or older by 2030 (Colby & Ortman, 2015). Projections from the Office of the State Demographer show that from 2015 to 2030 Travis County's population will grow by more than 20 percent, to 1.3 million residents (Angel, 2016).

The ability of individuals to live long, healthy lives is often complicated by sickness, disability, and financial hardship in old age. While medical breakthroughs and evidence-based intervention programs have enabled older adults to lead longer, healthier lives, inequitable access to these resources puts some seniors at risk of living with greater dependence on others. Cities with rapidly growing senior populations like Austin have the opportunity to show leadership in eldercare. Austin is demonstrating initiative by advancing policies and programs intended to level playing field across socioeconomic groups in accessing health and well resources for seniors.

As part of the effort to make Austin more inclusive for residents of all ages and abilities, students from the Lyndon B. Johnson School of Public Affairs (LBJ School) at the University of Texas at Austin have worked with support from the St. David's Foundation and Central Health since 2016 to assess the viability and need for developing a comprehensive senior wellness center in central Austin. This initial collaboration produced the *A Better Life for Low-Income Elders in Austin* (2016) and *Young Hip Austin is Getting Old* (2018) Policy Research Reports. In April 2018, the LBJ School team submitted a bond development proposal to establish a intergenerational senior center at the Rebekah Baines Johnson Public Health Center (RBJ) with medical and wraparound services. Feedback from Austin Public Health Department (APH) underscored concerns about allocating public resources to this project given that a clinic partner had not been secured and that best-use of the RBJ Health Center had not been comprehensively examined. The feedback and the need to explore possibilities for establishing a senior wellness center resulted in the passage of Council Resolution number 20181018-041 on October 18, 2018, which directed the City Manager to:

- Review the analysis completed to date and assess the need for an adult day center with other integrated community components on City-owned facilities, such as Rebekah Baines Johnson Center (RBJ) Public Health Center as proposed by the LBJ school team.
- Determine the feasibility of developing City-owned facilities for such purposes, including the RBJ Public Health Center.
- Recommend a process for developing an adult day center at the City-owned RBJ Public Health Center or other potential City-owned facilities (City of Austin, 2018).

Findings

During Spring 2019, APH and the LBJ School gathered feedback through 79 community engagement sessions (CES) with Austin’s elderly residents, providers, and caregivers to identify which services should be made available at the center. Feedback from these sessions included a desire for:

- Prevention and management wellness programs
- Access to case managers
- Recreation activities that promote social engagement

Two out of three caregivers stated they would take their care recipient to a senior center where health and social services were conveniently located in one place. This feedback confirmed previous focus group findings from the LBJ School’s 2018 Policy Research Project (PRP) where a significant number of respondents (⅔) indicated willingness to use an intergenerational center and willingness to change from their current provider to a provider at the center (Angel & Weizenbaum, 2018).¹

In addition to assessing community interest in this center, the LBJ School students created a scoring tool to ascertain which City-owned and non-City-owned properties, including the RBJ Public Health Center, are feasible for redevelopment. Properties in the Holly neighborhood (78702 zip code) and the 11 surrounding zip codes were evaluated based on criteria of location, renovation costs, and proximity to senior housing. Based on this facilities evaluation and engagement with community stakeholders, the LBJ School team has outlined a set of recommendations for a three year pilot initiative at the RBJ campus; the pilot initiative is estimated to cost the City between \$1.3 and \$1.4 million.

Recommendations

Austin is home to an assortment of non-profit organizations and government entities that are seeking to improve the quality of life of seniors across the city. Coordinating these resources through a comprehensive senior wellness center would improve accessibility to care and knowledge of public resources. To improve accessibility of health and social services to Austin

seniors and make progress on a plan for developing a senior center, we recommend the following:

1. The City of Austin conducts a feasibility study to estimate renovation, facility transition, and recurring costs as well as site selection. Letters of commitment or support for operational funding comes from the Anderson Charitable Foundation, Austin Geriatric Center, CommUnityCare Health Centers, Family Eldercare, Meal on Wheels Central Texas and the St. David's Foundation. The suggested cost of this study currently stands at \$50,000.
2. Pending finding of feasibility study, we recommend the City of Austin tests a pilot initiative (a small-scale version of the model) with collaborating partners at the RBJ campus. This pilot should include mobile services provided by both Austin Public Health and social service providers. Specific metrics to test residents' utilization and satisfaction of services, as well as provider feedback and recommendations, would be necessary. The results will determine viability of the space and services for the proposed center.

These recommendations are a result of collaboration amongst the LBJ School team and City staff from Austin Public Health (APH), Building Services Department (BSD), the Chief Financial Officer (CFO), Office of Real Estate Services (ORES), the Parks and Recreation Department, the Economic Development Department (EDD), and Central Health.

Chapter 1: Introduction

Texas has the third largest elderly population in the nation succeeding Florida and California ("Aging in Texas: Introduction," 2016). The Travis County Snapshot from the 2017 American Community Survey affirms that since 2013, Travis County's total population has increased by 9%, compared to 7% statewide and 4% nationally. Concurrently, the population 65 years and older in Travis County had the largest population increase of 29% compared to 17% statewide and 14% nationally (Travis County Health and Human Services, Research & Planning Division, 2018). In 2015, Central Health's Planning Regions Overview 2014-19 iterated projections of a rapidly growing senior population in Austin, with a significant increase in the number of low-income and nursing home-eligible seniors (Angel & Weizenbaum, 2018; Garbe & Malm, 2015).

In response to the growing number of elderly in Austin who require accessible healthcare and equitable social resources, LBJ School students created a new model of senior healthcare that enables seniors to age in place and maintain a sense of community participation (Angel & Weizenbaum, 2018). This Age-Inclusive Center model ("the Center") expands current public health services to a co-located geriatric primary care and senior services center with childcare and an adult day programming in close proximity to affordable senior housing. This model combines senior medical and social services into an all-in-one center that is accessible to those who are the least likely to afford these services. Additionally, the Center incorporates recreational activities and an intergenerational component that engages people of all ages in the same space to reduce social isolation. The target age population for these services is individuals 62 years and older, but improving seniors' quality of life can also enhance the wellbeing of the loved ones who care for them. The 78702 zip code is targeted for the Center given the high density of low-income, disabled seniors residing there. Nearly half of seniors residing in the 78702 zip code live with one or more disability requiring assistance with daily living activities and have incomes below 200% the federal poverty level (Angel & Weizenbaum, 2018).

Co-locating health and recreational services and adult day programming in a single facility serves to position Austin as one of the nation's leading innovators in eldercare. With emphasis on creating opportunities for intergenerational interactions and social engagement, this center may be a hub for inclusive, accessible services for the elderly while reaping the salubrious effects of mentorship and engagement between seniors and children. The information provided in this report details opportunities for re-developing a City-owned facility into a senior wellness center with resources that low-income elderly need to age well in their communities.

Project History

Since 2016, Dr. Jacqueline Angel, Professor of Sociology and Public Affairs at The University of Texas at Austin, has led students at the LBJ School in Policy Research Projects (PRPs) to ascertain possibilities for creating affordable and accessible senior healthcare services in Austin.

Dr. Angel was the project lead for the 2016 PRP titled *A Better Life for Low-Income Elders in Austin*, which was supported by the St. David's Foundation, Central Health, and the Texas Health and Human Services Commission (Angel, 2016). The 2016 PRP examined the economic costs and benefits of expanding the Program of All-Inclusive care of the Elderly (PACE) to Austin as compared to the STAR+PLUS program, which is offered to disabled and elderly Texans through the Medicaid Managed Care Program. It was determined that PACE, which offers comprehensive, individualized wellness treatments to seniors promoting aging in community, had a strong support and buy-in from local nonprofits and providers but was not deemed cost-effective to meet Austin's diverse needs.

Responding to the need for innovative solutions to Austin's eldercare challenges, Dr. Angel and Jon Weizenbaum, MPAff, MSSW, a participating faculty member from the LBJ School, co-directed the 2018 PRP titled *Young, Hip Austin is Getting Old*. This PRP team developed an Age-Inclusive Center model that serves seniors' health and social needs all in one place (Angel & Weizenbaum, 2018). LBJ School students conducted focus group interviews in November 2017 with 10 residents of the Rebekah Baines Johnson (RBJ) Senior Living Center to gauge residents' interest in switching from their existing healthcare provider to a provider at the proposed Center. Focus group participants communicated interest in switching providers if medical care, adult day services, and wraparound services would be offered at the proposed Center, and they voiced the need for coordination of services. These interviews were supplemented with responses from a senior household survey that the LBJ School team designed in both English and Spanish and sent to households in the 78702 zip code. The survey was distributed by Family Eldercare and Meals on Wheels with a 23% response rate (46 surveys). A major finding from the survey was that many residents are unaware of the benefits they may receive from governmental programs, indicating that wraparound services at the proposed center could help seniors take advantage of health and social programs that keep them healthy.

In April 2018, the LBJ School team submitted a bond proposal request to Austin City Council soliciting \$3.83 million for startup costs establishing a senior wellness center at the RBJ Center (Angel, "Bond Proposal," 2018). This capital would be used to renovate 11,700 square feet of the RBJ Health Center into a space for geriatric primary care, adult day services, intergenerational services, and social services in one co-located facility. The bond request was not fulfilled given that best-use of the RBJ Health Center had not been assessed and a medical provider had not been secured for the Center.

On October 18, 2018, Austin City Council approved Resolution 20181018-041, which directed the City Manager to explore possibilities for establishing a senior wellness center at the RBJ Center or another City-owned site as stated in Appendix A (City of Austin, 2018). Since December 2018, LBJ School team and APH have collaborated on providing the City Manager's

Office with recommendations for services that should be made available at the Center based on community feedback.

Justification

The Mayor's Task Force on Aging was created in August 2012 in attempt to address gaps in services for an aging Austin community. Mayor Lee Leffingwell designated the Task Force to create a set of strategic recommendations to accommodate Central Texas' fast-growing senior population. The Task Force's charge was to build a plan to ensure that aging Austinites have the resources needed for aging well and independently while remaining integrated in their communities.

Securing equitable and accessible senior health services requires partnership amongst civil society organizations, industry stakeholders, and city government. As a result of the Mayor's Task Force on Aging, the City of Austin formalized its dedication to improving the lives of seniors through the creation of the Commission on Seniors and the Age-friendly Austin Action Plan. In 2012, the Mayor's Task Force on Aging recommended that Austin join the AARP/World Health Organization's Age-Friendly Communities Initiative (City of Austin Mayor's Task Force on Aging, 2013). Joining this AARP/WHO initiative in December 2012 committed the City to prioritize Eight Domains of Livability that seek to make Austin an inclusive and healthy environment for people of all ages. Domain 8, which was outlined in the Age-friendly Austin Action Plan as Community Support and Health Services, is particularly relevant to this discussion about creating a senior center at a city-owned site. Establishing a wellness center for Austin's elderly meets the goal of Domain 8, which is to "Sustain and enhance investment in affordable, accessible, and holistic care that will build a vibrant and productive senior community" (City of Austin Commission on Seniors Working Group, 2016, p.11). Making strides to meet the expectations of its AARP/WHO Age-Friendly Communities Designation is vital for the City to demonstrate it takes these responsibilities into full consideration when planning the future of Austin's health resources.

This report is of interest to policymakers and advocates of age-friendly initiatives in Austin because it outlines possibilities for developing public-private partnerships in senior health and wellness, and it supports city-wide efforts to make Austin more accommodating for all generations. The Imagine Austin Comprehensive Plan adopted by City Council in 2012 emphasizes the community's vision to create a city that is livable for everyone (City of Austin, 2012). Imagine Austin envisions the city to be a place where "development occurs across the city in a manner friendly to families with children, seniors, and individuals with responsibilities" with a citizenry that is "active and healthy, with access to locally-grown, nourishing food, and affordable healthcare" (City of Austin, 2012, p.84). Additionally, efforts to assess feasibility and interest in creating a senior health center at RBJ or another city-owned facility are pertinent to goals described in Austin Strategic Direction 2023. Composed by the City of Austin

Performance Management Team and adopted in 2018 by City Council, Austin Strategic Direction 2023 grew out of the Imagine Austin plan and set a vision for how the City should address today's challenges in education, health, transportation, and economic opportunity. To improve health outcomes of residents, the City has made a commitment to strategies that consider access, equity, and inclusion, a few of which are described below:

Promote healthy living and well-being with a particular focus on areas and communities with high rates of chronic disease and high-risk behaviors who lack access to services.

Convene partners to create innovative, outcome-focused, patient-centered approaches that enhance Austin's health system by clearly defining roles and responsibilities, reducing duplication of services, leveraging resources, filling community gaps in services, and advancing collective community health strategies.

Improve community health, social cohesion and connections, and resilience through programs and amenities that strengthen families, foster an increased sense of community, and enhance support networks. (City of Austin, 2018)

78702 Zip Code and Surrounding Areas

Using data from the Texas Demographic Center and the 2012-2016 American Community Survey, LBJ School students from the 2018 Policy Research Project (PRP) identified that the ethnically diverse residents of the 78702 zip code are more disabled and lower-income than residents in other areas of the city (Angel, 2018). Students concluded that one in every two seniors living in the 78702 zip code have an income of \$23,000 or less per year (at or below 200% the federal poverty level) (Angel & Weizenbaum, 2018, p. 25). Additionally, seniors of the 78705 zip code demonstrate higher rates of physical and cognitive disability than the city's overall senior population. On average, one in three Austin seniors has one or more disability, while one in two seniors in the 78705 has at least one disability. The 78702 zip code also has amongst the highest percentage of Medicaid-Medicare dual eligible seniors in the city, which reflects the area's need for resources that are accessible to low-income, disabled elderly. See Appendix B for visual mappings of the city's senior demographic data by zip code from the Texas Demographic Center.

A Space for Public Private Partnerships

Support from non-governmental organizations for this integrated health project draws on the expertise of Austin's eldercare experts. This project is of interest to community partners like Family Eldercare, Meals on Wheels Central Texas, The Carl C. Anderson Sr. and Marie Jo Anderson Charitable Foundation (The Anderson Foundation), CommUnityCare Health Centers and the St. David's Foundation who have all committed to providing services and/or financial contribution for the Center. Letters of support and commitment, included in Appendix C, were

secured as a outcome of the 2018 PRP. Family Eldercare has signed a letter of commitment affirming it will cover costs for wraparound services, which is an estimated \$210,000 per year. Family Eldercare currently provides wraparound services at the RBJ Residential Tower. Meals on Wheels of Central Texas commits to providing \$225,000 towards telebehavioral health services and resources for an adult-day care facility. Although a specific dollar amount has not been secured from the St. David's Foundation, it has also committed to providing significant funding for a licensed adult-day care facility. This aligns with the St. David's Foundation's goal of increasing adult day health services in Central Texas as part of its Aging in Place Strategy. The Anderson Foundation has not committed a specific dollar amount to the project but has indicated it will be a financial supporter of an integrated community health clinic, adult day care facility, and the intergenerational component of the Center such as child day care. CommUnityCare Health Centers, a Federally Qualified Health Center (FQHC) and the largest safety net primary care provider in Travis county, has confirmed their support for a feasibility study to establish the Center. Though letters of commitment and support specifically reference their support for a senior wellness and health center *at the RBJ Center*, partners have affirmed their willingness to provide services and support at a different location.

Project Objectives

To support the City Manager's work in their assessment, APH has led efforts with the LBJ School team since December 2018 to assess the level of need for a senior-focused wraparound health facility in central Austin and assemble recommendations on suitable properties that may be re-developed into the proposed innovative senior Center. The LBJ School team's approach to exploring plans for this re-development project maintained special emphasis on gathering community feedback and utilizing the City's existing resources through innovative partnerships. To determine the community's need for a senior wellness center and provide a plan for initiating the Center, this report was guided by the following four objectives:

- Assess stakeholder interest in a senior community wellness center through community engagement sessions with seniors, caregivers, and wellness providers;
- Identify which senior programs and services should be administered at a senior wellness center that accommodates all generations based on feedback from stakeholders;
- Evaluate four City-owned facilities and additional non-city-owned options based on criteria of infrastructure, proximity to senior housing, and re-development costs to determine which facility is most appropriate for this project;
- Design a pilot program to implement at the RBJ Health Center with services that are to be included in the final senior wellness center.

Structure of the Report

Chapter 2 of this report includes a literature review of community-based programs that are relevant to the proposed Center. Proceeding this, Chapter 3 provides a methodology for how

community input was sought for this project, including a word cloud of wellness services respondents requested most for the Center. Chapter 4 outlines the request for a feasibility study, including our site selection process and evaluation. Chapter 5 explains the logistics of the pilot initiative including purpose and budget for operational and start-up costs. We conclude with a summary of how establishing a senior wellness center in central Austin is relevant to the City of Austin's vision for a more age-friendly city.

Chapter 2: Literature Review

Senior Centers

Senior centers were first introduced in 1943 and gained support with the passage of the Older Americans Act in 1965. Senior centers tend to implement their programming around four models of service: café, technology, lifelong learning and fitness/wellness (Keller, 2017). Today's senior centers have evolved to offer an array of mixed services incorporating from the different models of service and have shifted towards evidence based programming with quantitative results.

Currently, the Austin Parks and Recreation Department (PARD) operates three senior activity centers with senior meal programs delivered by Meals on Wheels. PARD's senior activity centers offer a variety of programs and services for people 50 years of age and older. Service recipients of the senior activity centers benefit from social and recreational activities while also receiving additional benefits such as nutrition education, health and welfare counseling, information and referral services. Transportation to and from the senior activity centers is available through PARD's Senior Transportation Program, which is a shared-ride service, subject to program eligibility.

Services available at senior community centers help older adults remain in their community by providing new skills that contribute to their continued independence. However, most community centers are targeted at healthy older adults and lack many of the services required to address healthcare needs and comprehensive case-management. The changing demographics, diversity, socioeconomic levels and interest in health and wellness of seniors, have forced traditional senior recreation centers to examine their relevance to the needs and interest of their customer base and begin planning for the needs of the 21st century senior (Keller, 2017; Lawler, 2011). This is where the proposed Center fills a current gap in care. While it is unlikely that a comprehensive senior wellness and recreational center can address every challenge seniors face, case managers at the Center can connect seniors to outside resources and play an integral component in care coordination. A CES with Annette Juba, Deputy Director of AGE of Central Texas, emphasized the role resource centers have to play in connecting seniors to existing aging services given the diversity of needs and health backgrounds of Austin's senior population.

Adult Day Care Centers

Adult day care gives seniors a place to safely engage in social and cognitive activities amongst peers and provides caregivers respite from caregiving duties. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) defines adult day services as non-residential services provided outside an individual's home for less than 24 hours whilst providing direct care to older adults and younger adults with physical disabilities (O'Keeffe, O'Keeffe, & Shrestha, 2014). A study by MetLife Mature Market Institute and The Ohio State University surveyed 557 adult day centers with over 47,000 participants and found that 46% of adult day center

participants go to the center every weekday, with 80% of all participants staying for a full day of services when they decide to attend (MetLife, 2010, p.4). This enables familial caregivers to continue supporting a loved one while also maintaining a job. From the centers surveyed in the 2010 MetLife study, most adult day centers in the United States are private, nonprofits operating in 1,000-5,000 square foot spaces. Most centers charge participants less than what it costs to receive their services, and they close gaps in funding using grants and fundraising (MetLife, 2010).

Adult day services have proven to be more cost effective than alternative care options. According to MetLife's "A Market Survey of Long-Term Care Costs" from 2011, the average daily cost of adult day services was \$70 compared to the average daily rate of \$214 for a semi-private room in a nursing home (MetLife, 2011, p. 4). There may certainly come a time when a senior requires nursing home attention or when a senior's family may not be able to take care of the senior's needs. However, until then, alternative services such as adult day care may play a significant role in making aging-in-place more affordable for the entire community given that nursing home care is an expensive and sometimes undesirable option.

Rate Type	Nursing Homes		Assisted Living Communities	Home Care		Adult Day Services
	Semi-Private Room	Private Room		Home Health Aide	Homemaker	
	Daily		Monthly	Hourly		Daily
2011 Average Rate	\$214	\$239	\$3,477	\$21	\$19	\$70
2010 Average Rate	\$205	\$229	\$3,293	\$21	\$19	\$67
\$/% Increase from 2010	\$9 (4.4%)	\$10 (4.4%)	\$184 (5.6%)	\$0 (0%)	\$0 (0%)	\$3 (4.5%)
2011 Median Rate	\$199	\$224	\$3,243	\$20	\$19	\$65
2011 Highest Average Rate Location	\$678 AK— Statewide	\$655 AK— Statewide	\$5,757 DC— Washington	\$34 MN— Rochester Area	\$29 MN— Rochester Area	\$148 VT— Statewide
2011 Lowest Average Rate Location	\$128 OK, TX— Rest of State	\$141 LA— Rest of State	\$2,156 AR— Rest of State	\$14 LA— Shreveport Area	\$13 LA— Shreveport Area	\$29 AL— Montgomery Area
2011 Annual Rate	\$78,110	\$87,235	\$41,724	\$21,840	\$19,760	\$18,200

*Costs are rounded to the nearest dollar.

Figure 1: Costs associated with nursing home care, assisted living communities, home care, and adult day services

Source: MetLife Mature Market Institute. (2011, October). Market Survey of Long-Term Care Costs. Retrieved April 7, 2019, from <https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/health/the-metlife-market-survey-of-nursing-home-assisted-living-adult-day-services-and-home-care-costs-2011-aarp.pdf>

There are three different adult day care models, including a social model, health model, and specialized model. MetLife has described the models in the following ways:

A social-model program provides meals, recreation, and some basic health-related services. A medical/health model program provides social activities as well as more intensive health and therapeutic services such as nursing services and rehabilitation therapy. A specialized program provides services only to specific populations such as those with diagnosed dementias or traumatic brain injury. (MetLife, 2011, p.12)

Licensure and/or certification regulation of adult day services are left to the discretion of each state's standards. Requirements to operate an adult day center in the State of Texas include, among other criteria, employment of a nurse, employment of a activities director, maintenance of a staff to participant ratio of one to eight, and providing staff with appropriate training for emergency procedures (Title 40, Tex. Admin., 1993). Additionally, there are guidelines on medication storage and how a nurse may assist a participant with medication self-administration.

AGE of Central Texas is a regional nonprofit organization that currently operates the Austin Adult Day Health Center and is the only licensed adult day-center servicing aging residents in the city. The Austin adult day health center has implemented the health model with a person centered care focus. The Austin Adult Day Health Center provides nursing services, therapeutic activities, and meals, all delivered by fully trained and certified staff. The Austin Adult Day Health Center relies on community volunteers and interns from local universities who undergo training and interact with clients under staff supervision and operates under a state mandated staffing ratio. Beneficiaries of these programs include not just seniors but also their caregivers. Adult day care centers are instrumental "in improving caregiver well-being and reducing burden, role overload, worry, anger, and depression" (National Adult Day Services Association, 2015, para. 4).

Importance of Intergenerational Interactions

According to the U.S. Census Bureau, Austin continues to be amongst the top 15 fastest growing large cities since 2016 (US Census Bureau, 2018). Although Austin is widely considered a "youth magnet" it has also seen an increase in seniors moving to the city due to their desire to be close to their children and grandchildren (Kotkin, 2016; Neeley, 2018). The 2018 PRP identified numerous barriers hindering successful aging of Austin seniors: low socioeconomic status, loss of independent mobility, gentrification and social isolation. An intergenerational center would provide a multilayered approach to bridge gaps in service and build upon existing community resources and programs while addressing social isolation. Intergenerational programs are gaining momentum and "the changing intergenerational nature of our society also provides rich opportunities for intergenerational reciprocity and collaboration" (Fredriksen-Goldsen, Bonifas, & Hooyman, 2006, p. 27). Benefits of intergenerational programs are being explored due to their potential to "buffer stress, reduce loneliness, enhance intellectual sharing, and generate structural social capital" (Muennig, Jiao, & Singer, 2018, p. 71). The increased longevity of seniors within a intergenerational family structure is seen as a dormant system of support which "can be

activated to provide support and well-being for younger family members” (Bengtson, 2001, p. 6). Warner, Homsy, & Greenhouse from the Department of City and Regional Planning at Cornell University call for city planners to foster the creation of “family-friendly communities for all generations and ethnicities” since disparate generations are interdependent on one another for well-being (2010, p. 2).

Benefits of the Age-Inclusive Center model would not reduce social isolation in older participants and improve emotional and social skills in children, but they would also be an asset to site providers (Jason, 2018). An analysis conducted by Generations United found that benefits of intergenerational shared space was noticeable through shared space cost and staff (Jarrott, Schroeder, & Perkins, 2008).

An Intergenerational Initiative Worth Noting

The “silver tsunami” of aging seniors presents numerous challenges to the communities in which seniors desire to live. Austin’s leaders can look at efforts from around the country as examples for how other cities are addressing elder-care needs. One example is Providence Mount St. Vincent, a senior living care community in Seattle, Washington that has implemented a intergenerational strategic approach to combating loneliness and promote well-being of its residents and children. Seniors and children simultaneously benefit from scheduled visits. Seniors experience an increased sense of self-worth, socialization, and physical activities while children are exposed to “aging and living with disabilities,” gaining an early exposure to aging, and “acceptance of the elderly as a natural part of their own world” (Ferro, 2017, para. 1; Wilson, 2017, “Children Learn From The Elderly”, para. 4). While there is not robust information on how many intergenerational centers there are like Providence Mount St. Vincent, they can be found throughout Japan, Canada, and the U.S. (Jansen, 2016).

Coordination of Housing and Health Services

Affordable housing for low-income Austin seniors will severely diminish due to the rapid growth of the senior population and current housing waiting lists of at least one year. The 2016 PRP A *Better Life for Low-income Elders in Austin* spotlighted that Travis County’s population of low-income, frail seniors not only face severe housing cost burdens but that existing affordable senior apartment complexes and affordable housing government programs for the elderly are only meeting a small portion of the total need. Austin seniors are also dealing with gentrification, which is associated to access loss of crucial support networks in their communities further hindering senior’s desire and ability to age in place (Angel & Weizenbaum, 2018). The Age-Inclusive Center model proposed in the 2018 PRP presents a possibility to co-locate senior services with affordable senior housing to reduce transportation hassles for a portion of users.

A study conducted to explore the prevalence and correlation of depression in older residents living independently in subsidized housing, found that the participants who were predominantly Hispanic and non-Hispanic Black reported higher rates of loneliness compared to the general population of U.S. seniors (Gonyea et al., 2018). This study demonstrated that higher rates of loneliness were seen in residents who were also dealing with poor health and limited financial resources, indicating the need for housing and health providers to coordinate services for senior residents.

Economic benefits of a Public-Private Model

Empirical research regarding the cost-benefits of locating all services and supports focused in one place may be found in the 2016 PRP. Costs and benefits of three public options in community care available to dual eligible (Medicare and Medicaid eligibility) older Texans included STAR+PLUS, the state's Medicaid Managed Care Program for individuals with disabilities or who are older; the Program of All-Inclusive Care of the Elderly (PACE); and a dual-eligible demonstration project providing "financial alignment" of Medicaid and Medicare community-based health and long-term services and supports (LTSS). Researchers of the 2016 PRP undertook the economic analysis from four different perspectives; from the state, Center for Medicaid and Medicare Services (federal), provider, and program participant. This research identified the implementation of a PACE site as more feasible and easier to sustain in the long term due to the strong support and buy-in from local nonprofits and providers. However as promising as findings were regarding the implementation of a PACE site in Austin, it was deemed a formidable challenge due to current regulatory and political environment which has not expressed support needed to expand PACE in the state.

Alternatively, 2018 PRP recommended a public-private model that would combine senior medical and social services into an all-in-one center. The Center also incorporates intergenerational services in recognition that strategies that serve the entire community result in better outcomes for all. The intergenerational Center is an exemplary model of an innovative project with an uncertain outcome that strives to tackle on some of the priorities outlined in Austin Strategic Direction 2023 and will position Austin as one of the nation's leading innovators in eldercare.

The 2018 PRP proposed a governance model for the Center that would foster long-term, big picture collaboration between the public and private sectors. After thorough comparison of governance models of current stakeholders, the shared governance model was recommended for the age-inclusive Center due to the potential to engage all stakeholders in the workplace and empower them to voice their concerns for the betterment of the organization. Benefits of shared governance were identified in reduction of staff turnover, increased rates of timely communication and cost savings that would result from fewer trainings. Under the proposed shared governance model, capital management and capital improvement would be assigned to

City of Austin and operational costs would be shared by industry stakeholders and community partners. A shared governance model detailing a structure for decision-making and management responsibilities for the proposed Center may be found in Chapter 6 of *Young Hip Austin is Getting Old*.

Respite Care for Caregivers

According to the U.S. Census Bureau, less than 10 percent of older Americans with a disability live in nursing homes and are more likely to live alone (adults 65 to 85) (Roberts et al, 2018; U.S. Census Bureau, 2018). Only in much older age (85 and older) is there a rise in group quarters living arrangements (Roberts et al, 2018; U.S. Census Bureau, 2018). As the US population ages at a rapid rate, it is vital to keep in perspective that as seniors experience functional limitations and decrease in health, their reliance in unpaid eldercare will also increase. From 2012-2013, nearly 51 million people in the U.S. reported in the American Time Use Survey that they care for an older adult, and that number is expected to grow (He, Weingartner, & Sayer, 2018). Eldercare is defined in the American Time Use Survey (ATUS) as “unpaid care or assistance to someone aged 65 or older who needs help because of a condition related to aging” (Bureau of Labor Statistics, 2012, p. 6). A study by the AARP Public Policy Institute found that in 2009 caregivers contributed nearly \$450 billion worth of unpaid care to loved ones, with most care recipients being friends or family 50 years or older (Feinberg et al., 2011).

Transportation

The adult day center, proposed by the LBJ School team and APH, is based on a social model of care providing respite care for non-cognitive impaired participants and their caregivers, where emphasis is placed on promoting social interactions amongst clients. Consolidating services into one location will serve to minimize transportation needs to multiple service sites and may serve to mitigate missed appointments and improved coordination of care. Transportation navigation of traditional and nontraditional resources will be an integral part of services addressed at the Center, acknowledging the transportation challenges and implications to Austin residents of all ages. The federal government's prevention agenda for building a healthier nation, Healthy People 2020, highlights transportation accessibility as a social determinant to health requiring “availability of community-based resources and transportation options for older adults [which] can positively affect health status” (Office of Disease Prevention and Health Promotion, 2014, para. 5). A study conducted by Stanford University to determine the economic benefit of nonemergency medical transportation (NEMT) utilizing “modern” digital network companies such as Lyft and Uber, found that “modern” NEMT has potential to yield significant cost savings (30% to 70%) when compared to traditional NEMT. It was also found to have higher customer satisfaction rates (Rochlin, Lee, Scheuter, Milstein, & Kaplan, 2019).

Chapter 3: Methodology

The LBJ School Team received a written notice from The University of Texas at Austin's Internal Review Board (IRB) stating that IRB oversight was not needed to conduct the research associated with this report. Correspondence with The University's IRB may be found in Appendix D.

Assessing Community Interest in a Senior Wellness Center

Input from stakeholders was essential for assessing community interest in creating an adult day care facility with integrated medical wellness clinic, comprehensive wraparound services, and child daycare at a co-located facility. These community engagement sessions (CES) confirmed that Austin's seniors struggle to access health care and social services because these vital services are decentralized and difficult to reach. The community engagement instrument was drafted by the LBJ School and reviewed by APH, and sessions were conducted at the Mexican American Cultural Center (MACC), the RBJ Senior Living Center, Lakeside Senior Apartments and Mike's Place at Meals on Wheels of Central Texas. Interviews with stakeholders during engagement sessions revealed common areas of need, with special emphasis placed on health and wellness, social integration, and recreation activities. Feedback from stakeholders may be used to guide the City of Austin in determining if a feasibility study should be funded to assess the cost of re-developing the RBJ Health Center or another City-owned site to meet the needs of the senior population.

Public Input Through Community Engagement Sessions

Community engagement sessions with seniors, providers, and caregivers occurred in the spring of 2019 at three locations in central Austin (Table 1). Of the 79 total CES conducted, 68 were administered in English, nine in Spanish, and two in Chinese. Community input was sought from Austin's multi-ethnic population in acknowledgement that Austin has evolved as a majority-minority city with diverse needs (City of Austin, 2016). The engagement tool consisted of 11 questions that probed about existing challenges seniors face to accessing health and social services, and the tool was drafted in English and Spanish as included in Appendix E. Participants were encouraged to identify which health and social services are most relevant to addressing seniors' needs.

Location	Stakeholder(s) Engaged	Date	Total (number)
Mexican American Cultural Center (MACC)	Seniors	1/29/2019	14

Rebekah Baines Johnson Living Center	Seniors	2/7/2019	31
Lakeside Apartments	Seniors	2/13/2019	23
Phone Interview with Joyce Hefner, Director of Housing and Community Services at Family Eldercare	Provider	2/15/2019	1
Phone Interview with Annette Juba, Deputy Director, Austin Group for the Elderly	Provider	2/19/2019	1
Lakeside Apartments	Caregiver	2/13/2019	1
Mike's Place-Meals on Wheels Central Texas	Caregivers	03/27/19	3
Austin Group for the Elderly and Mike's Place-Meals on Wheels Central Texas (Online)	Caregivers	3/28/2019-3/30/2019	5
Total Engagements			79

Table 1: Locations of community engagement sessions with corresponding dates and number of engagements conducted

CES allowed community members to voice their desires and concerns regarding senior services, and they reinforced the need for care coordination and activities that promote social engagement both within the senior community and the greater city of Austin. The need for accessible, reliable and time efficient transportation was one of several social determinants of health that kept resurfacing in CES. Participants stated “it's too hard to get on the bus,” “I currently take 3-4 busses to get to my current doctor,” and, “I got my Silver Sneakers from the YMCA, but it's such a hassle to get there.” They expressed fears of aging and loss of autonomy in a rapidly changing Austin through statements such as “getting around is going to be a problem when I can't drive anymore.” CES participants desire programs that “give folks something to do,” such as art classes that are “a great way to take one's mind off of daily stressors.” Seniors expressed the desire for solutions to their health needs that allow successful aging and avoid debilitating health

and cognitive problems. Thematic analysis of the 79 CES conducted in spring 2019 echoed previous findings from the 2016 and 2018 PRPs and elucidated the need for health and wellness, social integration, and recreation activities. A word cloud of common ideas and words voiced by CES participants can be found in Appendix F.

In addition to the in-person CES, an online survey was sent out via an email newsletter to caregivers whose loved ones participate in respite care at Mike's Place and Austin Group for the Elderly. Five surveys were returned, and respondents reiterated the desire for respite care, caregiving classes, social engagement, and nature spaces. Additionally, one of the respondents voiced the desire for sanitary needs to be addressed, including diaper changing.

Interactive Polling at the Livability for Longevity Symposium

On April 3, 2019, the LBJ School, the City of Austin Commission on Seniors, and AustinUP hosted a symposium at the LBJ School titled Livability for Longevity. Audience members at this event included eldercare non-profit representatives, City of Austin officials, and State of Texas employees, as well as senior residents from the Austin community. The event included introductory remarks from Council Member Alison Alter, a presentation of the LBJ School students' research, and an expert panel discussion on the state of elder-care issues in Austin and action for the future. Additionally, audience members engaged in a live polling exercise to gather input on the climate of aging in Austin.

Polling Results

Audience members were provided with a scale of five possible responses per question for questions one and five, and were provided with a scale of four possible responses for questions two through four. Notably, audience members asked if they could create a sixth answer choice for questions two through five since they wanted an answer that would be a combination of two or more answers. Question one drew 98 votes, question two drew 94 votes, question three and four drew 97 votes, while 92 votes were cast for the fifth question. The poll found that among all respondents, close to 75 percent say they favor priority funding for senior health, wellness and wrap-around social services all conveniently co-located in one place. Among respondents, 32 percent indicated that wrap-around services are of the utmost importance for addressing seniors' needs.

Detailed polling questions and results may be found in Appendix G. These results, along with audience comments and questions, have informed the pilot initiative and feasibility study discussed in the next chapter.

Chapter 4: Facilities Assessment and Feasibility Study

Background and Rationale

The foundation of Austin City Council Resolution 20181018-041 is exploring possibilities for establishing a senior wellness center at the RBJ Health Center on 15 Waller Street. This particular location is ideal for an adult day center due to demand; the RBJ Health Center is co-located with the RBJ Residential Tower, an affordable senior housing facility. Additionally, according to prior research conducted by the LBJ School, an estimated six thousand seniors are projected to have a high need for an adult day center in the RBJ area and surrounding zip codes.

Upon an initial walkthrough and assessment of the RBJ Health Center, our team found that the facility is not ADA compliant in addition to the presence of Tuberculosis (TB) testing and management resources that would be costly to relocate. Due to the safety concerns and costs of retrofitting the RBJ Health Center, we have expanded our scope to include multiple facilities. In addition to RBJ, we identified three alternative City-owned sites with the potential to house an adult day center, as well as several properties not affiliated with the City. Our goal is to provide Council with a menu of options that range in feasibility, cost-effectiveness, and overall fit for a senior wellness center, adult day center and a childcare facility.

In order to objectively assess the selected sites, the LBJ team developed a scoring tool assessing each site's location, accessibility, infrastructure, and additional qualities. We selected these criteria based on several key components of the Age-Inclusive Center:

1. Will there be demand for these services in this zip code?
2. Is the facility accessible in terms of location and ADA compliance?
3. Does the facility have the infrastructure to safely support children, the elderly, and the disabled?
4. Is the facility safe, aesthetically pleasing, and attractive to those who will use it?

We have ranked the selected facilities with the above criteria and given them a score of A through F, A being the highest possible grade. The following section covers findings from this exercise and rationale for scores in greater detail.

Facilities Scoring Results

This section explores potential sites for an adult day facility in Austin. It details and compares the extent to which facilities align with site selection criteria. The scorecard for each site is included in Appendix H.

RBJ Public Health Center

Resolution #41 instructed the LBJ School research team to evaluate the feasibility of placing an adult day center of the RBJ Health Center. Despite positive features related to where the facility is located, the RBJ Health Center is not an ideal candidate for an adult day center given accessibility and infrastructure concerns. After touring the building and evaluating it according to the research team's site selection scoring tool, the team assigned the RBJ Health Center a score of 28 points of 36 potential points, or a C letter grade.

The RBJ Health Center's performance across various criteria categories was uneven. For location, the facility received 12 points of a possible 12 points. In the site's zip code, 37.7 – 57.2 percent of senior residents are below 200 percent of the FPL, and between 12.8 – 22.9 percent of seniors in that area are dually eligible for Medicare and Medicaid (Angel & Weizenbaum, 2018). Additionally, between 37.0 – 53.4 percent of the older adults in that zip code have one or more disability (Angel & Weizenbaum, 2018). These characteristics demonstrate the need for public resources for seniors in central east Austin.

Despite the demand for an adult day center at the RBJ Health Center, the site is inadequately accessible for meeting the needs of this project's target population. Built before the Americans with Disabilities Act in 1990, the RBJ Health Center is not ADA compliant. The restrooms in the lobby of the first floor are slated for renovation to become ADA accessible, but this renovation will require the elimination of one of the current two stalls on the floor. Best practices for adult day facilities preclude a center with just one stall per bathroom for the number of clients this project intends to serve. For this reason and the lack of current transportation options to-and-fro the facility, the RBJ Health Center received 8 points of a possible 12 points for accessibility.

The LBJ School research team also found that the site lacks the infrastructure needed for an adult day center. The facility received low marks for its current plumbing and electricity structures. Conversely, it received high marks for building dimensions, as the RBJ Health Center is larger than 11,600-sq. ft. in size and it has more than 3,500-sq. ft. of space outside. The team found the building's HVAC system to be adequate for the Center, though further enquiry is needed confirm this finding. Overall, the site received 8 points of a possible 12 points for building dimensions and infrastructure criteria.

Another barrier for locating an adult day center at the RBJ Health Center is the current configuration of its tenants. Ideally, an adult day center would be on the first floor of a building. The first floor of the RBJ Health Center, however, is occupied by the RBJ Public Health Center, which offers sexual health services and TB testing and management resources in that location. When placed in the RBJ Health Center, the clinic renovated the first floor to install an adequate HVAC system for TB patients. Making the same alterations to another space would be costly for the City, if it were to displace the clinic with an adult day center.

Despite noted concerns, the site does offer valuable qualitative advantages. Importantly, the RBJ Health Center is collocated with RBJ Residential Tower, which offers 250 independent living units to low-income seniors. The Austin Geriatric Center, which runs the residential tower, is building another housing facility adjacent to the residential tower that will make available another 250 units available to seniors. Given the density of high-need seniors in this area, city officials should consider building a new facility on the nine-acre parcel of land that the RBJ Health Center occupies. Appendix I contains a report on the parcel of land, including zoning requirements.

Dove Springs Recreation Center

The Dove Springs Recreation Center at 5801 Ainez Drive provides residents of the Dove Springs community recreational and educational resources, including events for seniors and after-school programming. The facility has been closed since July of 2018 for renovations that are slated for completion in the Summer of 2019. The LBJ School research team was unable to fully score the Dove Springs Recreation Center due to the renovation. Preliminary scores, which exclude building dimensions and infrastructure criteria, indicate the facility is a poor fit for this project's target population. The Dove Springs Recreation Center scored nine points of a possible 24 points, or an F letter grade.

Location was the Dove Springs Recreation Center's primary shortcoming, as the closest affordable senior housing to the facility is a three-mile drive. Located in a zip code that was not evaluated by previous research conducted by the LBJ School team, the average resident of the Dove Springs area is younger than the average City of Austin resident. Indeed, a full third of the population is under the age of 18-years-old (Bottoms, 2014). Given that a lack of transportation was a recurring theme throughout the community engagement sessions, there is concern that locating an adult day facility in the Dove Springs Recreation Center would discourage utilization of the facility among this project's target population.

South Austin Neighborhood Center

The South Austin Neighborhood Center at 2508 Durwood St. offers a range of services to residents, including health screenings, food and transportation assistance, and other assistance like short-term counseling and benefits navigation. The LBJ School research team toured the South Austin Neighborhood Center to evaluate its potential for housing an adult day center. Ultimately, the team found that the facility is not an ideal candidate for an adult day center, as it was received 23 points of a possible 36 points for alignment with site selection criteria, or a D letter grade.

The South Austin Neighborhood Center's facilities were attractive for this project, given that the facility is relatively new and it is already frequented by seniors who live in the area. But the

senior population in the site's zip code tend to be wealthier than this project's target population. Indeed, the location of the center received six points of 12 potential points for location, as between 12.4 – 24.8 percent of senior residents in the ZIP Code are below 200 percent of the FPL — a comparatively low rate (Angel & Weizenbaum, 2018). Additionally, between 3.8 – 6.9 percent of seniors in the area are dually eligible for both Medicare and Medicaid and between 10.8 – 25.2 percent have one or more disabilities (Angel & Weizenbaum, 2018). Similar to Dove Springs, transportation barriers might depress utilization rates at this site among this projects target population.

Rosewood Zaragosa Neighborhood Center

The Rosewood Zaragosa Neighborhood Center at 2800 Webberville Rd. offers a range of services to Central East Austin residents, including child care, food and nutrition assistance, and health screenings — a set of which are specifically directed toward older adults. After touring the site, the LBJ School research team found that the Rosewood Zaragosa Neighborhood Center is a promising potential option for the Center. Earning the highest score among potential sites, the facility received 34 points of a possible 36 points, or an A letter grade.

The Rosewood Zaragosa Neighborhood Center received 12 points of a possible 12 points for its location. The facility is collocated with affordable senior housing in a zip code with between 37.7 – 57.2 percent of seniors below 200 percent of the FPL, and between 12.8 – 22.9 percent of seniors dually eligible for Medicare and Medicaid (Angel & Weizenbaum, 2018). The facility scored a 10 points of 12 possible points for accessibility because there is limited transportation to-and-fro the site (Angel & Weizenbaum, 2018). The site also received a score 12 points of 12 possible points for building infrastructure given its size, vehicle port, and electric and plumbing facilities.

The LBJ School research team believes that the Rosewood Zaragosa Neighborhood Center presents a major opportunity to leverage existing resources and relationships in better serving aging adults in the city. In addition to being collocated with affordable senior house, the facility located directly in front of the Conley-Guerrero Senior Activity Center (CGSAC) and next to a vacant Central Health-owned facility that was previously a clinic. Rosewood Zaragosa Neighborhood Center staff noted that seniors will often stop by the neighborhood center for food or other resources on their way to or from CGSAC, 26,000-sq. ft. facility with exercise equipment, meeting rooms, and a courtyard. More research is needed to understand why the clinic is closed and whether Central Health intends to reopen it at a later juncture, but it may be possible for the clinic to be reinstituted to specialize in care for aging seniors. Collectively, the neighborhood center, activity center, and clinic could meet the expressed need for wrap-around services, recreational opportunities, and health and wellness resources, respectively.

Alternative Options

While we believe that there is significant value in utilizing a pre-existing, City-owned property for our intergenerational center, we suggest that Council also consider feasible alternatives. These alternative sites have been selected due to the timing of their availability, their locations, their infrastructures, their appropriateness for intergenerational use, and their potential longevity and future value. Depending on the Council's development goals for current and future city-owned properties, one of these alternative sites may prove to be the preferred, most appropriate location for the Center.

Forthcoming AISD School Closures

The board of the Austin Independent School District recently approved measures to close and consolidate up to twelve schools due to budgetary shortfalls and declining attendance. The schools to be closed have not yet been determined, as the district is currently in the public comment process (Stayton, 2019). Many community members have expressed concern that the closures will disproportionately impact at-risk, low-income students, as well as concerns that the consolidation process is moving too rapidly for the impacted communities to adequately express their concerns and adapt to the transition (Philpott & McInerney, 2019). The closures and consolidations are expected to begin in August of 2020 (Huffman, 2019).

In order to alleviate the community stressors and political pain that accompany school closures, we suggest that Council consider the acquisition of a foreclosed AISD school property for use as the proposed Center. While each closed school will have its own merits and shortcomings as an adult day and childcare facility, we can assume that the selected facility will meet a significant portion of our criteria due to the nature of the property being a former school. Specifically, a former school is likely to already be ADA compliant, have sufficient space for clinical services and recreational activities, have space for a shuttle or bus stop, have a playscape for children, and meet basic infrastructure needs such as sufficient HVAC, electricity, and plumbing capabilities.

The transformation of a former school into an Age-Inclusive Center would be a net positive for both the City and the community due to a.) the relative ease of transition in terms of costs and time, b.) the benefits to the community that the adult day center would provide in place of a school, and c.) the timing of the closures. However, it is important to note that some AISD schools are housed in rapidly aging buildings, putting the longevity of the Center into question if renovations are not made first. Additionally, the conversion of a school into an adult day center would require extensive input from the community to ensure that the City is meeting their needs, which would take time and significant City involvement with community stakeholders.

Vacant Facilities

In spite of Austin's rapid population growth and accompanying real estate boom, several prominent, vacant buildings have festered for years within the city limits. Jovita's, once a

revered hangout and Mexican restaurant frequented by musicians, politicians, and Austinites, was shuttered in 2012 due to the owner's alleged involvement in a heroin trafficking operation (Ulloa, 2018). The restaurant takes up substantial commercial space and two adjacent residential properties in a bustling section of South First Street. However, it was seized by the federal government for investigation and has since significantly deteriorated due to vandalism and a general lack of care. The future ownership of the building remains contested.

The City of Austin currently owns the Home Depot on St. John's, a property that has been vacant for over a decade. Several councilmembers and community stakeholders have articulated their visions for the property, yet the future of the site remains ambiguous (Hernandez, 2018). This site is yet another example of a prominent, abandoned building located in an area with a high need for services.

These buildings, in addition to other vacant properties throughout the city, present the City of Austin leadership with a unique opportunity to create space for essential health programs while beautifying the communities in which they are located. We ask that Council consider buildings such as Jovita's and Home Depot when planning the development of new community health centers, particularly in areas with a concentrated, high need due to low incomes and adverse health outcomes. Using such sites to execute Resolution 20181018-041 directives would benefit the young, the elderly, and the caregivers of the community in a timely manner by renovating a pre-constructed property, while simultaneously eliminating the negative externalities that are often associated with aging vacant buildings (Mallach, 2018).

Transportation Corridors

As previously mentioned, transportation barriers were referenced as a significant barrier to accessing care by nearly every senior and caretaker who engaged in CES thus far. Due to demand out of necessity, it is extremely important that the Center be either co-located with affordable senior housing or easily accessible to a high population of seniors by way of safe and reliable public transportation. Austin city planners have already designated several future transit corridors throughout the city, routes which are anticipated to have a high frequency of travelers and will need public transportation options to support this traffic (City of Austin Open Data, 2019). We suggest that Council consider new construction of an adult day center within one of these future transportation corridors to remedy transportation problems with the center before they have the opportunity to manifest. New construction would also ensure that the center is ADA compliant, has the infrastructure necessary to support both adult day and childcare activities, and can serve the community for decades to come without significant retrofitting and renovation costs.

Feasibility Study

It is the aim of the LBJ School research team that this evaluation of City-owned facilities will be a starting point for a more robust examination of property to be used for the Center. We recommend that a feasibility study be conducted to determine whether the Center can be constructed on the same parcel of land as the RBJ Health Center. As part of the study, researchers should also consider the potential of the Rosewood Zaragosa Neighborhood Center and surrounding resources, including reopening the Central Health-owned clinic as a health and wellness center for aging adults. If these options prove to be sub-optimal, the feasibility study might explore alternative options that were outlined in the report. Additionally, the feasibility study will be used to establish the transition costs of the forthcoming center in the preferred facility.

The scope of the feasibility study may be found in Appendix J of the report. The feasibility study should aim address the following research questions.

- What are the capital costs for the development of the proposed Center?
- What is the estimated timeline for development?
- Are there opportunities for integration with community and commercial facilities? For example, could the facility be a mixed-use property that generates revenue by leasing to commercial partners?
- What is the expected utilization of the facility?
- Are there any environmental concerns of which the City should be made aware?
- Are there any social and cultural concerns related to the selected site?
- How accessible is the location through public transportation and other means by which seniors travel?
- Are there legal concerns related to using the site as adult day center?

As of April 11, 2019, the Domain 8 working group has committed to support the implementation of the recommended feasibility study. Austin Public Health has recommended a budget of \$50,000 for the execution and completion of the study, pending Council's approval. The completion of the feasibility study will lay the framework for a forthcoming pilot study, which will allow the LBJ School and APH to test our model and verify our findings with participating low-income seniors.

Chapter 5: Pilot Initiative

CommUnity Care has expressed support for implementation of a feasibility study. We recommend launching a pilot initiative pending the results of this study. A pilot initiative will serve three main purposes:

- Identify and resolve potential problems with any services or aspects of our model
- Gauge the satisfaction and utilization of seniors participating
- Confirm that our model is scalable and sustainable.

The pilot initiative was developed with input from community engagement sessions with seniors and caregivers as the central focus. We aim to serve 30 seniors a day at the pilot center. Should seniors require greater medical services than can be provided or should the demand for services outweigh the capacity of the pilot initiative, Austin Group for the Elderly (AGE) has expressed interest in receiving these seniors at one of their licensed adult day care centers in Austin. A letter of support from AGE may be found in Appendix K. We further recommend the pilot initiative offer referral services for the CommUnity Care House Calls Program for seniors who become unable to attend the center (Schalscha, Alan, personal communication, April 17, 2019).

Logistics & Services

We recommend the proposed pilot initiative last a minimum of three years, serve thirty seniors per day, and be located on a parcel of land adjacent to the RBJ Residential Tower. This location ensures service to seniors in the Holly neighborhood and eleven surrounding zip codes. The pilot initiative will reach seniors in the most needy area of the city and serve a "critical mass" that is small enough to be manageable. The demographics of this neighborhood ensures high demand and utilization of the services offered. Furthermore, despite concerns of seniors moving East due to gentrification of the Holly neighborhood, the household survey conducted as part of the *Young, Hip Austin is Getting Old: A New Experiment in Confronting the Challenge* research project indicated that nearly half of participants do not anticipate needing to move out of their homes (Angel & Weizenbaum, 2018). Given that the recommended pilot initiative is designed to allow seniors to age in place, ensuring that services are available where these individuals currently live and intend on remaining is crucial. Moreover, locating the pilot initiative directly next to the RBJ Living Center, which contains 250 low-income senior residences, provides assurance that the services available in the pilot will be utilized.

Initially, we considered housing the pilot initiative in either the RBJ Living Center or the RBJ Health Center. However, the RBJ Living Center is in a period of transition since a new structure with low-income senior housing is under construction. Upon completion, renovations are planned for the existing residential tower. As mentioned in Chapter 4, the RBJ Health Center is not currently ADA compliant and only has available space on the fifth floor. Therefore, we determined that senior programming would not be safe here.

To address these issues while still locating services in the Holly Neighborhood (78702 zip code), we recommend the City of Austin purchase two modular buildings for the pilot initiative: one modular health clinic and one modular office building. The modular health clinic will house a wellness clinic for Austin's seniors. This will house an on-site primary care physician. We further recommend offering specialist services through a tele-health program called eConsult, which uses a web-based messaging platform to enable communication and access between primary and specialty care providers. A primary care provider can reach out to an appropriate specialty provider for assistance, the specialist reviews the patient's information and suggests specific treatment plan or that the patient see a specialist. If an in-person appointment is necessary, the eConsult system expedites the referral process for the patient to see a specialist locally (Gorman, 2017). The eConsult service takes a step towards closing the access gap in specialty care, as seniors often face difficulty in obtaining appointments with specialists, such as cardiologists, nephrologists, or geriatric psychiatrists. The wellness clinic requires a minimum of 2,000 sq. ft (Angel, "Bond Proposal," 2018).¹

The modular office building will house the adult day center. In phase two of the pilot initiative, it will also house a childcare center to provide a model for the intergenerational aspect of the recommended program. The adult day center will house two programs and serve two populations: seniors with cognitive frailties and seniors without. Mike's Place, a program already operated by Meals on Wheels at 3227 E. 5th St, will meet at the RBJ site one or two times per week. This program serves seniors with dementia, Alzheimer's, and other cognitive frailties. The Mike's Place model is especially beneficial for caregivers, providing them with respite care. When Mike's Place is not in session at the center, social programs for non-cognitively frail seniors would be in place. In both situations, the pilot initiative offers a traditional model of an adult day center, focusing primarily on the social aspects of wellness. Our pilot initiative thus serves to address the needs expressed by seniors for a sense of community, opportunity and purpose. In order to engender these three aims in our work, we recommend the implementation of activities such as movie screenings, crafting and arts sessions, and classes. Classes would be led by Mike's Place social activity leaders, who provide activities such as technology literacy, dance, exercise, and music on a volunteer basis.

Within this same modular building, we also recommend housing wraparound services and tele-behavioral health. Tele-behavioral services consist of psychological counseling via the internet, online chat, video call, or phone call. These services require that the pilot initiative have three on-site geriatric social workers: two to provide wraparound services and one to coordinate the tele-behavioral health services. To run the traditional model pilot initiative, we recommend the City of Austin hire a Director, Assistant Director, and administrative assistant to serve as center

¹ Space estimates were based on prior determinations from the 2018 Bond Proposal, but were adjusted to suit the needs of the pilot initiative.

support staff. To house the adult day center, tele-behavioral health, wrap-around services, and center support, the modular office building requires a minimum of 3,300 sq. ft (Hauser, Adam, President, Meals on Wheels Central Texas, personal communication, April 1, 2019; Angel, “Bond Proposal,” 2018). For a full breakdown of square footage, please see Appendix L.

Costs & Partners

To determine the capital and operating costs of the pilot initiative, we used revised estimates based on findings from *Young, Hip Austin is Getting Old*. These original estimates were based on the PACE model of Bienvivir All-Inclusive Senior Health center located in El Paso, TX. Given that the PACE model and our proposed center offer similar services and similar square footage, we believe this provides a reasonably accurate estimate for our budget proposal.

Using modular buildings allows the City of Austin to avoid the time and costs of renovations. There is a significant cost difference between health and office modular buildings; however, they remain a more cost-efficient method. The health clinic modular building will cost between \$200,000.00 and \$260,000.00 (\$100 - \$130 per sq. ft.). The modular office building will cost between \$195,000.00 and \$234,000.00 (\$50 - \$60 per sq. ft.) (“Modular Building Buyer’s Guide”, n.d.). Start-up costs for IT infrastructure and equipment for the pilot initiative are estimated to cost \$15,000.00 and \$140,000.00, respectively. The City of Austin’s total initial investment would be between \$550,000.00 and \$649,000.00.

We further recommend the City of Austin hire and reimburse administrative staff for the pilot initiative. As previously stated, this would include a Director, Assistant Director, and administrative assistant. We anticipate all three employees’ salaries and benefits as well as additional administrative expenses to cost \$250,875.05 annually.

The pilot initiative wellness clinic will be operated by CommUnity Care and funded primarily by Central Health and the Federal Bureau of Primary Health Care. Wraparound services, which requires two geriatric social workers on staff, will be operated by Family Eldercare. Meals on Wheels will operate Mike’s Place and tele-behavioral health services. We further recommend there be transportation services provided by the pilot initiative, which is an incorporated service of the Mike’s Place model.² The Anderson Charitable Foundation has provided a letter of support for the child day care center with multigenerational activities, but they did not commit to an exact dollar amount. The per person costs of all these services - wellness, wraparound, tele-behavioral, and an adult day center – sums to between \$28,049.21 and \$30,077.21 annually. We estimate the start-up and three years of the entire pilot initiative to cost between **\$6,618,815.49**

² We defer to the expertise of the Domain 2 working group regarding further expansion of transportation services.

and **\$6,717,815.49**.³ Of this total, the cost to the City of Austin would be between \$1,324,457.94 to \$1,423,457.94. A full breakdown of those costs can be found in Appendix L. We recommend additional evaluation of programming costs be performed with our partners in consultation with the contractor of the feasibility study.

Moving Forward

The proposed pilot initiative enables the City of Austin to test the Age-Inclusive Center model on a constrained scale while performing a feasibility study for the full-scale complete implementation of this model. Through community engagement sessions, we have confirmed previous findings of great interest in this cohesive and all-encompassing model. The pilot initiative offers the opportunity to ensure that interest leads to utilization and to see which services are most valued by senior participants. Furthermore, it provides time for the City of Austin to learn and remedy any potential issues more immediately and on a smaller scale than would otherwise be possible. The pilot initiative gives us the opportunity to address the problems associated with aging: limited mobility and transportation, social isolation, and difficulty coordinating health and social decisions. Most importantly, we can address those issues while enabling seniors to remain in their current homes and neighborhoods.

Conclusion

The need for accessible health and wellness services for Austin's seniors is evident given the city's population growth and rising costs of living. The City of Austin has the opportunity to forge innovative partnerships with non-governmental organizations and community stakeholders and explore options for developing the proposed intergenerational senior center. Seniors, caregivers, and providers with varying ethnic backgrounds, incomes, and disabilities affirmed the benefits that a senior center with wraparound medical and wellness services would make it easier for seniors to access care when services are provided all under the same roof. Moving forward, a feasibility study and pilot initiative will provide further data on the need and costs of these services.

³ A substantial portion of this total is due to both the high implementation cost and the recurring costs of the eConsult program. While we recommend the incorporation of the eConsult program into the pilot initiative, there are other options to explore for cost-saving purposes. For example, the eConsult program could be implemented later in the pilot initiative pending need. Another option would be providing specialty care through a public private partnership. One possibility would be Project ECHO (Extension for Community Healthcare Outcomes), which trains primary care providers to provide specialty care ("Project ECHO: A Revolution in Medical Education and Care Delivery", n.d.).

Works Cited

- 40 Tex. Admin. Code § 98 (1993) (Tex. Department of Aging and Disability Services, Day Activity and Health Services Requirements).
[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=98](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=98)
- Aging in Texas: Introduction - Texas Demographic Center. (2016, June). Retrieved March 6, 2019, from
http://demographics.texas.gov/Resources/publications/2016/2016_06_07_Aging.pdf
- American Psychological Association. (n.d.). *Aging and Socioeconomic Status* [Fact sheet]. Retrieved March 10, 2019, from <https://www.apa.org/pi/ses/resources/publications/age>
- Angel, J. (2016). *A Better Life for Low-Income Elders in Austin* (Rep. No. 188). Retrieved February 10, 2019, from Lyndon B. Johnson School of Public Affairs website:
https://repositories.lib.utexas.edu/bitstream/handle/2152/44507/prp_188-a_better_life_for_low-income_elders_in_austin-2016.pdf?sequence=3&isAllowed=y
- Angel, J. L. (2018, April 20). *Bond Proposal: RBJ Health Center*. Retrieved April 15, 2019, from <https://repositories.lib.utexas.edu/handle/2152/65188>
- Angel, J., & Weizenbaum, J. (2018). *Young Hip Austin is Getting Old: A New Experiment in Confronting the Challenge* (Rep. No. 197). Retrieved February 8, 2019, from Lyndon B. Johnson School of Public Affairs website:
<https://repositories.lib.utexas.edu/handle/2152/65188>
- Bengtson, V. L. (2001). Beyond the Nuclear Family: The Increasing Importance of Multigenerational Bonds. THE BURGESS AWARD LECTURE*. *Journal of Marriage and Family*, 63(1), 1-16. doi:10.1111/j.1741-3737.2001.00001.x
- Bottoms, Chantel. (2014). A place for families: the Dove Springs community. Retrieved April 14, from <https://www.unitedwayaustin.org/08/2014/austin-data-dove-springs-profile/>.
- Bureau of Labor Statistics U.S. Department of Labor. (2012, June 22). American Time Use Survey - 2011 Results. Retrieved April 7, 2019, from
https://www.bls.gov/news.release/archives/atus_06222012.pdf
- City of Austin. (2016). Top Ten Demographic Trends in Austin, Texas. Retrieved from
<http://www.austintexas.gov/page/top-ten-demographic-trends-austin-texas>
- City of Austin. (2018, October 25). *Resolution No. 20181018-041*. Retrieved February 18, 2019, from <http://www.austintexas.gov/edims/document.cfm?id=309370>
- City of Austin. (2018, November 14). Austin Strategic Direction 2023 (Performance Management Team). Retrieved February 10, 2019, from

- <https://austinstrategicplan.bloomfire.com/posts/3301043-austin-strategic-direction-2023-final>
- City of Austin Open Data, (2019). Core Transit Corridors. Retrieved April 14, 2019, from <https://data.austintexas.gov/Locations-and-Maps/Core-Transit-Corridors/g4jr-h8r2>.
- City of Austin Commission on Seniors Working Group. (2016). *Age-Friendly Austin Action Plan: Executive Summary*. Austin, TX: City of Austin.
- City of Austin Mayor's Task Force on Aging. (2013). *Mayor's Task Force on Aging Report and Recommendations*. Austin, TX: City of Austin.
- City of Austin. (2012). *Imagine Austin Comprehensive Plan*. Retrieved from <https://www.austintexas.gov/sites/default/files/files/Planning/ImagineAustin/webiacpreduced.pdf>
- Colby, S., & Ortman, J. (2015). *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*. United States Census Bureau. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>
- Feinberg, L., Reinhard, S. C., Houser, A., & Choula, R. (2011). *Valuing the Invaluable: 2011 Update The Growing Contributions and Costs of Family Caregiving*(Rep.). Retrieved April 7, 2019, from AARP Public Policy Institute website: <https://assets.aarp.org/rgcenter/ppi/lrc/i51-caregiving.pdf>
- Ferro, S. (2017, September 14). Take a Look Inside the Senior Center Where Residents Mingle With Daycare Kids. Retrieved February 15, 2019, from <http://mentalfloss.com/photos/504375/take-look-inside-senior-center-where-residents-mingle-daycare-kids>
- Flagler, J. (2019, January 31). Pilot program will help Austin's low-income city residents tend to health needs. *Community Impact*. Retrieved February 12, 2019, from <https://communityimpact.com/austin/central-austin/healthcare/2019/01/31/pilot-program-will-help-austins-low-income-city-residents-tend-to-health-needs/>
- Fredriksen-Goldsen, K. I., Bonifas, R. P., & Hooyman, N. R. (2006). Multigenerational Practice: An Innovative Infusion Approach. *Journal of Social Work Education*,42(1), 25-36. doi:10.5175/jswe.2006.200400420
- Garbe, C., & Malm, S. (2015, October). *Central Health's Planning Regions Overview 2014-19*(Rep.). Retrieved February 22, 2019, from Central Health website: <https://www.centralhealth.net/wp-content/uploads/2015/10/Demographics-FINAL-web.pdf>

- Gonyea, J. G., Curley, A., Melekis, K., Levine, N., & Lee, Y. (2018). Loneliness and Depression Among Older Adults in Urban Subsidized Housing. *Journal of Aging and Health*, 30(3), 458-474. doi:10.1177/0898264316682908
- Gorman, Anna. "Los Angeles County Scores an E-Success In Managing Specialist Care", *Kaiser Health News*. March 8, 2017. <https://khn.org/news/los-angeles-county-scores-an-e-success-in-managing-specialist-care/>
- He, W., Weingartner, R. M., & Sayer, L. C. (2018). Subjective Well-Being of Eldercare Providers: 2012–2013 (Rep. No. P23-215). U.S. Census Bureau.
- Hernandez, N. (2018). What home for this Home Depot? Abandoned St. John's site inching closer to redevelopment. *Austin Chronicle*. Retrieved April 12, 2019, from <https://www.austinchronicle.com/news/2018-06-08/what-home-for-this-home-depot/>.
- Huffman, C. (2019). Austin ISD leaders approve school closure plan. *KVUE News*. Retrieved April 11, 2019, from <https://www.kvue.com/article/news/education/austin-isd-leaders-approve-school-closure-plan/269-3285d89e-5504-4d9a-8399-1478ab3780bf>.
- Jansen, T. R. (2016, January 20). The Preschool Inside a Nursing Home. *The Atlantic*. Retrieved April 12, 2019, from <https://www.theatlantic.com/education/archive/2016/01/the-preschool-inside-a-nursing-home/424827/>
- Jarrott, S. E., Schroeder, A., & Perkins, O. (2008). Intergenerational Shared Sites: Saving Dollars While Making Sense. Retrieved February 18, 2019, from <https://www.gu.org/app/uploads/2018/05/SharedSites-Report-SavingDollarsWhileMakingSense.pdf>
- Jayson, S. (2018, June). All In Together: Creating Places Where Young and Old Thrive. Retrieved February 15, 2019, from <https://www.gu.org/resources/all-in-together-creating-places-where-young-and-old-thrive>
- Keller, M. J. (2017, January 1). Older Adults: Exploring Their Changing Demographics and Health Outlook. *Parks and Recreation*, 52(1), 36-39.
- Kotkin, J. (2016, February 16). America's Senior Moment: The Most Rapidly Aging Cities. *Forbes*. Retrieved March 6, 2019, from <https://www.forbes.com/sites/joelkotkin/2016/02/16/americas-senior-moment-the-most-rapidly-aging-cities/#610c1e7a53e5>
- Lawler, K. (2011, December). Transforming Senior Centers into 21st Century Wellness Centers

- Louis... Retrieved March 15, 2019, from <https://www.aarp.org/livable-communities/act/civic-community/info-12-2012/transforming-senior-center-into-21st-century-wellness-centers.html>
- Mallach, A. (2018). The empty house next door: Understanding and reducing vacancy and hypervacancy in the United States. Retrieved from <https://www.lincolnst.edu/publications/policy-focus-reports/empty-house-next-door>.
- Meals on Wheels Central Texas. (n.d.). Mike's Place. Retrieved April 7, 2019, from <https://www.mealsonwheelscentraltexas.org/get-involved/mikes-place>
- MetLife Mature Market Institute. (2011, October). Market Survey of Long-Term Care Costs. Retrieved April 7, 2019, from <https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/health/the-metlife-market-survey-of-nursing-home-assisted-living-adult-day-services-and-home-care-costs-2011-aarp.pdf>
- MetLife Mature Market Institute, National Adult Day Services Association, & The Ohio State University College of Social Work. (2010, October). The MetLife National Study of Adult Day Services. Retrieved April 7, 2019, from https://www.tn.gov/content/dam/tn/human-services/documents/ADS_Study.pdf
- "Modular Building Buyer's Guide," *360 Mobile Office*, <https://www.360mobileoffice.com/modular-buildings/buyers-guide>.
- Muennig, P., Jiao, B., & Singer, E. (2018). Living with parents or grandparents increases social capital and survival: 2014 General Social Survey-National Death Index. *SSM - Population Health*, 4, 71-75. doi:10.1016/j.ssmph.2017.11.001
- National Adult Day Services Association. (2015, April). Comparing Long Term Care Services. Retrieved March 11, 2019, from <https://www.nadsa.org/comparing-long-term-care-services/>
- Neeley, C. (2018, March 26). Can Austin match the needs of a growing senior population? *Community Impact*. Retrieved March 6, 2019, from https://communityimpact.com/austin/southwest-austin/city-county/2018/03/26/can-austin-match-needs-growing-senior-population/?fbclid=IwAR1et7kTI_z5I7UC0fwpEmyZ8_3C71Jf97uqGXEbKbfAl66BXMiGMtGHuu4
- Office of Disease Prevention and Health Promotion. (2014). Social Determinants. Retrieved April 1, 2019, from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants/determinants>
- O'Keeffe, J., O'Keeffe, C., & Shrestha, M. (2014, December 1). Regulatory Review of Adult Day

- Services: Final Report, 2014 Edition. Retrieved April 7, 2019, from <https://aspe.hhs.gov/basic-report/regulatory-review-adult-day-services-final-report-2014-edition>
- Philpott, B., & McInerney, C. (2019). Austin ISD is going to close or consolidate some schools. Here's how the District's going to do it. *KUT*. Retrieved April 11, 2019, from <https://www.kut.org/post/austin-isd-going-close-or-consolidate-some-schools-heres-how-districts-going-do-it>.
- “Project ECHO: A Revolution in Medical Education and Care Delivery,” *ECHO*. <https://echo.unm.edu/>
- Roberts, A. W., Ogunwole, S. U., Blakeslee, L., & Rabe, M. A. (2018, October). The Population 65 Years and Older in the United States: 2016. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2018/acs/ACS-38.pdf>
- Rochlin, D. H., Lee, C., Scheuter, C., Milstein, A., & Kaplan, R. M. (2019). Economic Benefit of “Modern” Nonemergency Medical Transportation That Utilizes Digital Transportation Networks. *American Journal of Public Health*, 109(3), 472-474. doi:10.2105/ajph.2018.304857
- Stayton, J. (2019). AISD says it won't be easy to decide which schools to close and promises significant public input. *KUT*. Retrieved April 11, 2019, from <https://www.kut.org/post/aisd-says-it-wont-be-easy-decide-which-schools-close-and-promises-significant-public-input>.
- The MetLife Mature Market Institute, National Adult Day Services Association, & The Ohio State University College of Social Work. (2010). *The MetLife National Study of Adult Day Services*(Rep.). Retrieved March 4, 2019, from MetLife website: https://www.tn.gov/content/dam/tn/human-services/documents/ADS_Study.pdf
- Travis County Health and Human Services, Research & Planning Division. (2018). Travis County Snapshot from the American Community Survey 2017. Retrieved from <https://www.traviscountytexas.gov/health-human-services/research-planning/snapshot>
- Ulloa, J. (2018). Fate of Jovita's restaurant in question after heroin bust. *Austin American Statesman*. Retrieved April 14, 2019, from <https://www.statesman.com/article/20140423/NEWS/304239626>.
- U.S. Census Bureau. (2018, May 24). Census Bureau Reveals Fastest-Growing Large Cities. Retrieved March 6, 2019, from <https://www.census.gov/newsroom/press-releases/2018/estimates-cities.html>
- U.S. Census Bureau. (2018, June 22). What it Really Means to Care for Grandma. Retrieved

April 7, 2019, from <https://www.census.gov/library/stories/2018/06/eldercare.html>

Wilson, M. (Writer). (2017, November 12). *Preschool inside Seattle nursing home brings together old, young*[Television broadcast]. In *KIRO-TV*. Seattle, Washington: CBS. Retrieved February 15, 2019, from <https://www.kiro7.com/news/local/preschool-inside-west-seattle-nursing-home-brings-together-old-young/644699163>

Appendix A

Austin City Council Resolution NO. 20181018-041

RESOLUTION NO. 20181018-041

WHEREAS, St. David's Foundation and Central Health sponsored a class at the University of Texas, Lyndon B. Johnson (LBJ) School of Public Affairs, led by Professor Jacqueline Angel, to explore opportunities and best practices in elder care; and

WHEREAS, through its research, the LBJ School team developed a proposal to create a community clinic with comprehensive services for seniors and a children's day care center to create a multigenerational community center; and

WHEREAS, the City's Commission on Seniors Recommendation 20171011-4D supports the redevelopment of the adjacent Rebekah Baines Johnson (RBJ) residential campus owned by the nonprofit Austin Geriatric Center (AGC) into a mixed-use development with affordable apartments for seniors and recommends that the City study the feasibility of creating the multigenerational center at the City-owned RBJ Health Center; and

WHEREAS, the Recommendation proposes to renovate space in the City-owned RBJ Health Center to house a medical clinic for seniors (6,000 sf), an adult day center (1,675 sf), wrap-around services for elderly (1,200 sf), and a child day-care center (2,825 sf); and

WHEREAS, the LBJ School team has operational funding commitments from Meals on Wheels to provide adult day programs and support from Family Eldercare, as well as

their financial supporters, the Carl C. Anderson Sr. and Marie Jo Anderson Charitable Foundation, and St. David's Foundation; and

WHEREAS, Austin's 'silver tsunami' poses unique challenges and opportunities across the City portfolio to meet the needs of the rising number of elderly, and the LBJ School proposal addresses a number of these critical issues; and

WHEREAS, the City has not had a thorough consideration of the best use of the City-owned RBJ Health Center; **NOW, THEREFORE**,

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:

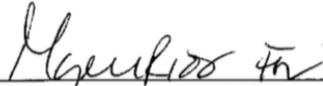
The City Council directs the City Manager to:

- review the analysis completed to date and assess the need for an adult day center with other integrated community components on City-owned facilities, such as at the RBJ Public Health Center as proposed by the LBJ school team. This review should be done in conjunction with the LBJ school team, the Commission on Seniors, and other experts on senior services, such as the Dell Medical School, as appropriate;
- determine the feasibility of developing City-owned facilities for such purposes, including the RBJ Public Health Center;
- recommend a process for developing an adult day center at the City-owned RBJ Public Health Center, or other potential City-owned facilities, should the City Council decide to provide that direction in the future; and

- report back to City Council with recommendations no later than March 1, 2019.

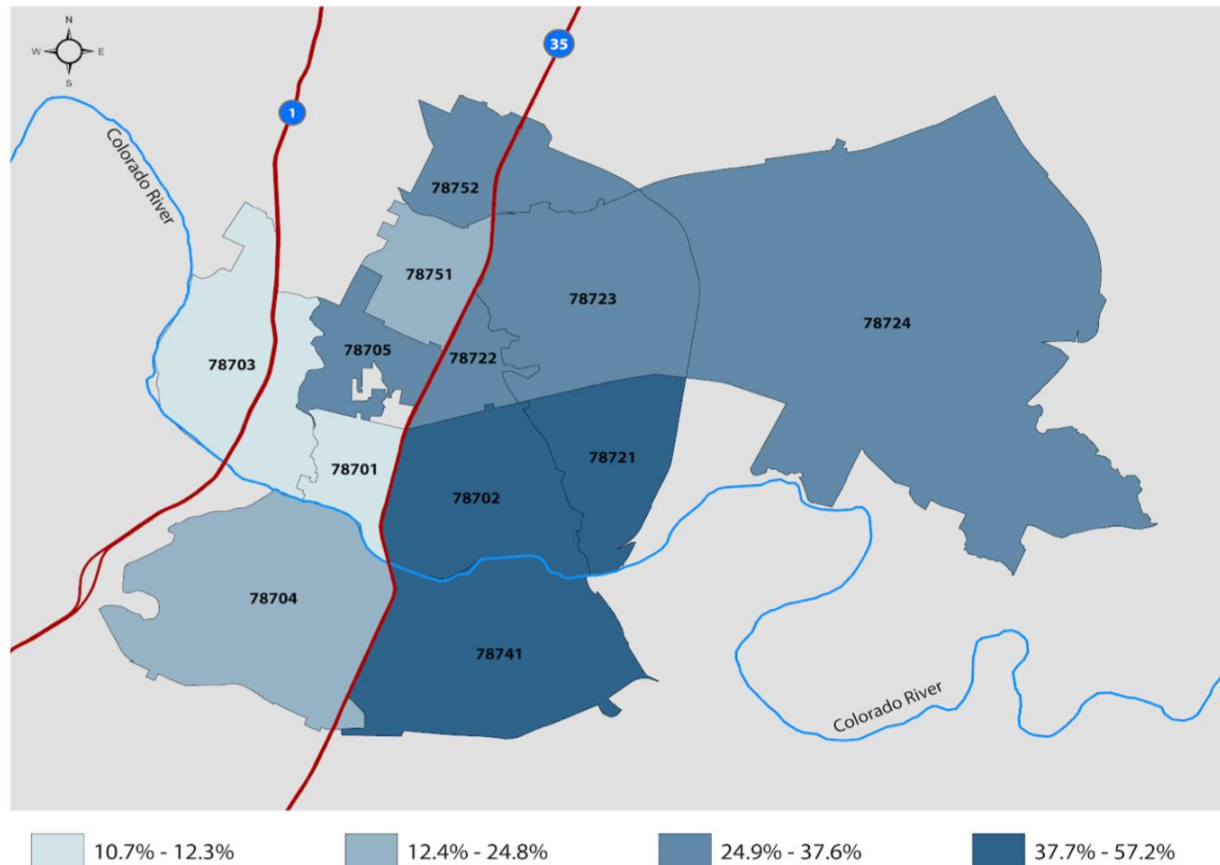
ADOPTED: October 18, 2018

ATTEST:


Jannette S. Goodall
City Clerk

Appendix B

Seniors with Incomes Below 200 Percent Federal Poverty Level by Zip Code

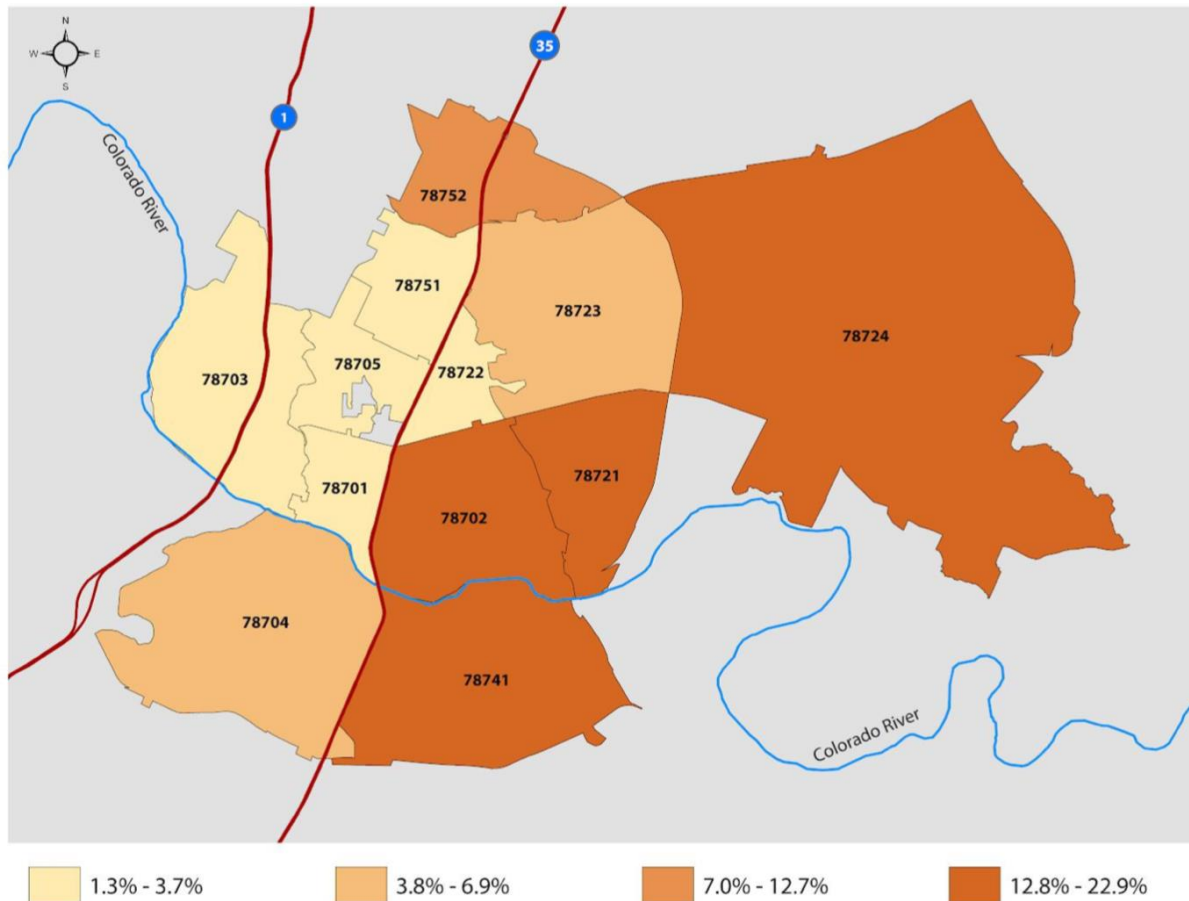


Source: 2012-2016 American Community Survey

Percentage of Seniors Aged 65 and Over with Incomes Below 200 Percent FPL, Austin, 2012-2016

Source: Texas Demographic Center, "2014 Texas Population Projections by Migration Scenario Data Tool," accessed May 5, 2018, <http://txsdc.utsa.edu/Data/TPEPP/Projections/Tool?fid=769FF93EC87F4217B059EA587467CC02>.

Seniors Dually Covered by Medicare and Medicaid by Zip Code

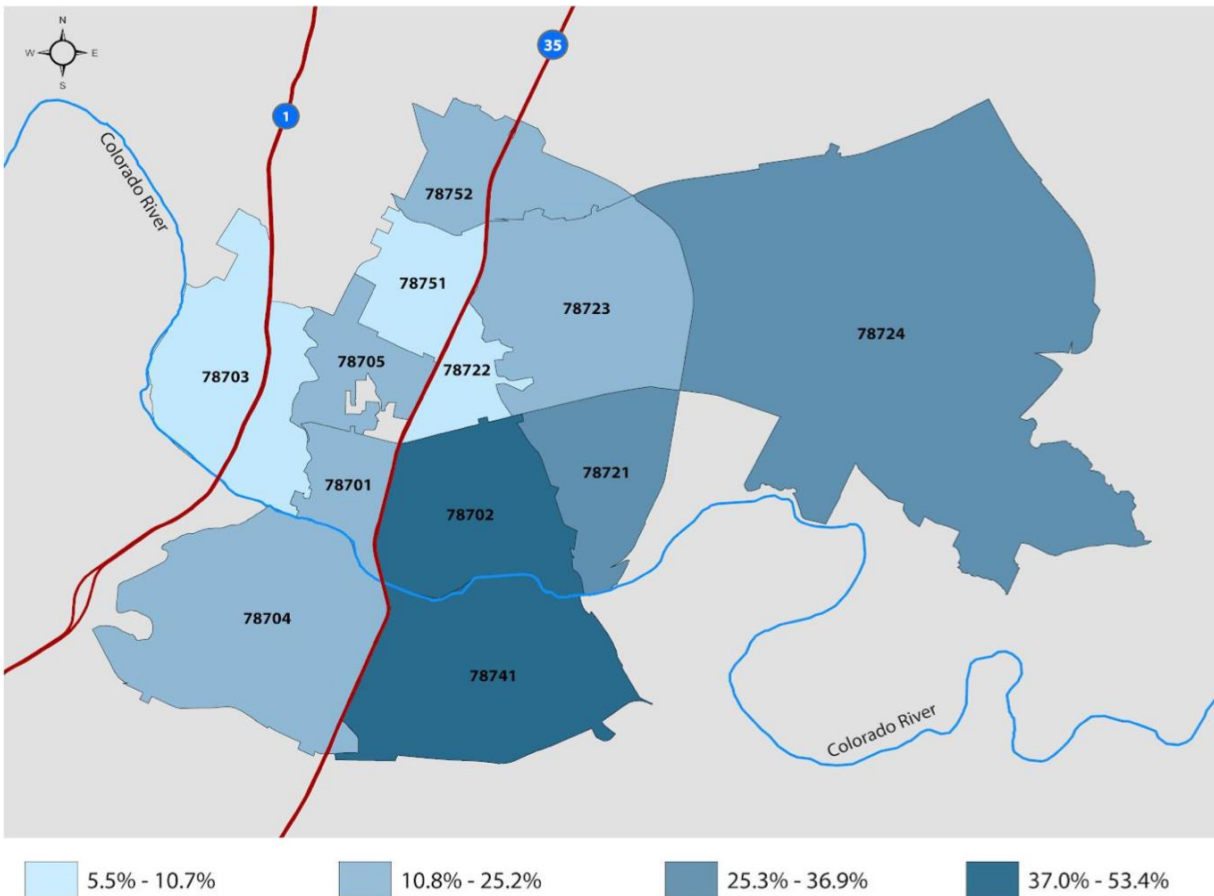


Source: 2012-2016 American Community Survey

Percentage of Seniors Dually Covered by Medicare and Medicaid, Austin 2012-2016

Source: Texas Demographic Center, "2014 Texas Population Projections by Migration Scenario Data Tool," accessed May 5, 2018, <http://txsdc.utsa.edu/Data/TPEPP/Projections/Tool?fid=769FF93EC87F4217B059EA587467CC02>.

Seniors with One or More Disability by Zip Code



Source: 2012-2016 American Community Survey

Percentage of Seniors With One or More Disability, Austin, 2012-2016

Source: Texas Demographic Center, "2014 Texas Population Projections by Migration Scenario Data Tool," accessed May 5, 2018, <http://txsdc.utsa.edu/Data/TPEPP/Projections/Tool?fid=769FF93EC87F4217B059EA587467CC02>.

Appendix C

Letters of Support and Commitment

Austin Geriatric Center, Inc.
d/b/a Rebekah Baines Johnson Center
21 Waller Street
Austin, Texas 78702

February 16, 2018

Jacqueline L. Angel, Ph.D.
Professor of Sociology and Public Affairs
The University of Texas at Austin
LBJ School of Public Affairs
SRH 3.239
P.O. Box Y
Austin, TX 78713

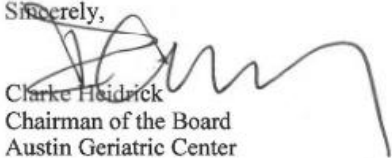
Dear Dr. Angel,

I first want to thank you for your long-time interest in gerontology and all the nationally recognized efforts by you and your students to create a plan for essential services needed by seniors in Austin, including those who reside at Rebekah Baines Johnson (RBJ) Center and in the surrounding neighborhood. I am aware that you have been working with community leaders to locate a medical clinic, adult day care, and additional social services in the City of Austin owned building, across from RBJ Center, that could be a great asset for all the seniors in the area.

At Wednesday's board meeting of the Austin Geriatric Center (AGC), which owns and operates the RBJ Center, I was made aware of your request that we consider adding these services into the RBJ re-development plan for additional low-income housing we have been working on for ten years. Our board had a thoughtful discussion about this possibility but concluded that we are at the point where we cannot interrupt or delay, for any reason, our own plans to break ground in April of this year on our project to build safe, supportive housing for our current residents and those who need the new housing we will create.

With this letter, the Austin Geriatric Center Board wants to express our support for the work you and others are doing to bring additional services to the area. We know that such services would be of great benefit to the RBJ Center residents we serve with housing and for other residents who live in the community. The people affiliated with the RBJ Center who have been working with you on your project will continue to do so. We look forward to the day when we have our housing project completed and hope the support services you envision will also be a reality.

Sincerely,


Clarke Heidrick
Chairman of the Board
Austin Geriatric Center

3294204.v2

family ELDERCARE

At home with changing lives.

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Chair

Mario Rivera
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Brent Weber

generously supported by

**St David's
FOUNDATION**

April 5, 2018

City of Austin

Financial Services

Attn.: Greg Canally, Interim Chief Financial Officer

301 W. Second Street

Austin, TX. 78701

Dear Mr. Canally,

Family Eldercare strongly believes in community collaborations in efforts to leverage the talents and funding resources that each organization, both government and private offer to provide services to the people of Austin. Family Eldercare has a rich history of high-quality evidence based outcomes in providing case management and "wrap-around" services to seniors and adults with disabilities. We are excited and honored to participate in the collaborative effort in working with the City of Austin, the University of Texas LBJ School of Public Affairs, the Rebecca Baines Johnson (RBJ) staff, and the other partner organizations. The community's need for geriatric primary care, social services, and adult day care programs will only continue to grow, and the City's proactive approach to meeting this need is a great opportunity for the community's healthcare providers, social service providers, and housing providers to collaborate and meet this challenge.

Family Eldercare is committed to working with The City of Austin and supports the activities described in the LBJ School of Public Affairs' document outlining the bond proposal for the RBJ Health Administration Building, including the recommended timeline for construction and opening of a space for community-based agencies like Family Eldercare to provide services. To ensure the success of this project, Family Eldercare is committed to absorb the operational costs which will include salaries, benefits and all required payroll taxes. This total will be approximately \$210,000 annually. Family Eldercare is committed to provide the funding and the funding will be available at the beginning of the fiscal year, e.g. October 1, 2018 and our commitment in long term.

Thank you for your leadership and willingness to work with such a diverse and committed group in an effort to provide much needed services to our low-income seniors.

Respectfully,



Kent Herring
Chief Executive Officer
Family Eldercare

cc. Jacqueline L. Angel, Ph.D. LBJ School of Public Affairs

Margaret Shaw, City of Austin, Economic Development Dept. Program Manager

Austin Location: 1700 Rutherford Lane / Austin, TX 78754 Georgetown Location: 805 W. University Avenue / Georgetown, TX 78626

p. 512.450.0844 f. 512.459.6436 FamilyEldercare.org





1303 San Antonio Street, Suite 500
Austin, TX 78701
stdavidsfoundation.org
p. (512) 879.6600
f. (512) 879.6250

April 9, 2018

Mr. Greg Canally
Interim Chief Financial Officer
City of Austin, Financial Services
301 W. Second Street
Austin, TX 78701

Dear Mr. Canally,

St. David's Foundation is deeply committed to supporting highly-vulnerable, low-income seniors as they age in place in Austin. In 2018, St. David's Foundation plans to allocate \$6.7 million to serve the needs of seniors in Central Texas. We will do so by supporting several organizations whose missions are focused on improving the lives of low-income seniors in our community.

St. David's Foundation would like to express our support for the potential renovation of the RBJ Health Administration Building to serve our community's seniors. The renovations at the RBJ Health Administration Building will house critical services for low-income seniors residing in the RBJ Residential Development, as well as vulnerable seniors living in nearby East Austin neighborhoods.

St. David's Foundation provides significant funding each year to Meals on Wheels Central Texas and Family Eldercare to serve seniors in Austin. Both of these organizations plan to serve vulnerable seniors at the newly renovated RBJ Health Administration Building. Meals on Wheels plans to create a new state-licensed Adult Day Health Care site at the RBJ Building. Currently, Austin only has only one licensed Adult Day Health Care facility in the entire city which serves fewer than 70 clients. St. David's Foundation is extremely dedicated to increasing Adult Day Health Services and sees this as a unique opportunity to do so. Meanwhile, Family Eldercare plans to offer case management (wrap-around) services for seniors at RBJ. This service is a critical component of St. David's Foundation's Aging in Place strategy, and one that the Foundation currently funds Family Eldercare to provide. The Foundation is deeply committed to expanding case management services to reach more seniors in Austin.

The Austin community has a unique opportunity to leverage all its resources to collectively create an innovative service site that will reach a critically underserved population. St. David's Foundation would welcome the opportunity to engage in a public-private partnership to help make Austin the healthiest community in the world for our seniors.

Sincerely,

A handwritten signature in blue ink that reads "Earl Maxwell".

Earl Maxwell
Chief Executive Officer

cc: Margaret Shaw
Jacqueline Angel



April 6, 2018

City of Austin
Financial Services
Attn.: Greg Canally, Interim Chief Financial Officer
301 W. Second Street
Austin, Texas 78701

Dear Mr. Canally:

As you know, Meals on Wheels Central Texas (MOWCTX) seeks to nourish and enrich the lives of seniors in our community and gladly participates in collaborative efforts to do so. We support and appreciate the City's efforts to create an integrated community health center for low-income senior residents at the RBJ Health Administration Building. The community's need for geriatric primary care, social services, and adult day programs will only continue to grow, and the City's proactive approach to meeting this need is a great opportunity for supportive and health care services to collaborate and meet this challenge. MOWCTX is excited about this opportunity and looks forward to assisting the community achieve its vision for providing senior services.

MOWCTX is committed to supporting the activities described in the LBJ School of Public Affairs' document outlining the bond proposal for the RBJ Health Administration Building, including the recommended timeline for construction and opening of a space for community-based agencies like MOWCTX to provide services. To ensure the success of this project, MOWCTX is willing to absorb the estimated operational costs of \$225,000/year and provide its own staffing for the programs it expects to operate at this location. The funds to support our program(s) are expected to be available no sooner than January 2019 and sometime during the Meals on Wheels Central Texas Fiscal Year 2018/2019. We look forward to supporting our share of the envisioned programs at the RBJ Health Administration Building.

Thank you for the leadership on this important issue confronting our community and its low-income, aging citizens.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Adam I. Hauser'.

Adam I. Hauser
President and CEO
Meals on Wheels Central Texas

cc: Jacqueline L. Angel, Ph.D., LBJ School of Public Affairs
Margaret Shaw, City of Austin, Economic Development Dept. Program Manager

3227 East 5th Street, Austin, Texas 78702 • 512-476-6325
www.mealsonwheelscentraltexas.org



CARL C. ANDERSON SR.
& MARIE JO ANDERSON

Charitable Foundation

April 9, 2018

Mr. Greg Canally
Interim Chief Financial Officer
City of Austin
301 W. Second Street
Austin, TX 78701

Re: RBJ Health Administration Building Bond Proposal

Dear Mr. Canally,

I write today on behalf of the Carl C. Anderson Sr. and Marie Jo Anderson Charitable Foundation in support of the RBJ Health Administration Project. We strongly support the addition of needed supports for the current and future vulnerable senior residents of the Rebekah Baines Johnson Center residential tower as well as the low-income residents in the surrounding area.

The Anderson Foundation's mission is to support: programs that work to meet the essential needs of vulnerable children and programs that enhance the lives of individuals with disabilities and vulnerable seniors. We have been a strong supporter of the RBJ Center, Meals on Wheels Central TX, Family Eldercare, AGE of Central TX, and People's Community Clinic awarding grants of over \$1.3 million since 2011, including a \$200,000 grant for new elevators at the RBJ Center.

In 2013, we asked Dr. Stephen Bekanich, MD, a Palliative Medicine Physician, to visit the RBJ tower to meet some of the residents and conduct an informal review of residents' needs. His number one area of concern was **residents are profoundly lonely**. Other identified needs: residents were taking too many medications; safety evaluations for fall risks were needed in each apartment; transportation; healthcare literacy; and advanced care planning. Additionally, he felt that having an on-site medical clinic or urgent care facility would help to improve the overall health of residents but would also reduce the daily 911 calls made from the tower. **The proposed development of an integrated community health center including geriatric primary care, social services, adult day services, and early childhood education/day care facility would go far to reduce, if not eliminate, the issues identified by Dr. Bekanich five years ago.**

While the Anderson Charitable Foundation is unable to commit to a certain dollar amount to support the RBJ Health Administration Project at this time, please know that we wholeheartedly support this effort and have every expectation that once the project is operational, we will be a financial supporter as well.

We look forward to working with you and other partners to provide vital services to low-income vulnerable senior citizens in Austin.

Sincerely,

Brad Robb
Executive Director

Cc: Margaret Shaw, City of Austin, Economic Development Department Program Manager and Jacqueline L. Angel, University of Texas at Austin LBJ School of Public Affairs

114 W. 7th Street • Suite 1200 • Austin, Texas 78701

Tel: (512) 458-2285 • Fax: (512) 452-9055

www.theandersonsfoundation.org



Central Texas Community Health Centers
dba CommUnityCare Health Centers

April 12th, 2019

Jacqueline L. Angel, Ph.D.
Professor of Sociology and Public Affairs
The University of Texas at Austin
LBJ School of Public Affairs
SRH 3.239
P.O. Box Y
Austin, TX 78713

Dr. Angel,

During calendar year 2018, CommUnityCare Health Centers cared for 6,495 unique patients that were 65 years of age or older. Like many of the almost 99,000 total unique patients we served in 2018, many of our geriatric patients live in Austin and many have limited financial means (i.e. have an income level below 200% of the federal poverty level).

And, over the last several years, we have seen a steady increase in the number of patients we are serving that are over the age of 65 with this increase indicative of the increasing need for accessible and affordable health care by our geriatric neighbors. So, as Austin continues to grow and expand, it is imperative that residents, and in particular vulnerable residents including older individuals, have access to needed services within the communities they know and live.

With this in mind, CommUnityCare strongly supports the City of Austin's feasibility study to establish a Geriatric Center as contemplated in Resolution 20181018-041. CommUnityCare is also very interested in participating and informing this assessment including helping to determine what the current gaps in geriatric health care services are, what these gaps will look like in the future, and how we can best support an initiative that ensures that our most vulnerable geriatric residents have access to the health care they need and deserve.

With my very best regards,



Jason T. Fournier, DC, MPH
President and Chief Executive Officer

2115 Kramer Lane, Ste. 100, Austin, TX 78758 • CommUnityCareTX.org
CommUnityCare is a co-applicant Federally Qualified Health Center with the Travis County
Healthcare District d/b/a Central Health

Appendix D

Institutional Review Approval



OFFICE OF RESEARCH SUPPORT & COMPLIANCE

TH

P.C.
(5)

FWA # 00002030

Date: 02/22/2019
PI: Jacqueline L.
Dept: Policy/Plann
Title: Building an i

A handwritten signature in black ink that reads "James P. Wilson".

James Wilson, Ph.D.
Institutional Review Board Chair

Re: Non-Human Subject

Dear Jacqueline L. Ange

The Office of Research
determined it did not m
46) or FDA Regulations
involve:

- ☐ No human interact
- ☐ Classroom activiti
- ☒ Program evaluatio
- ☐ Secondary use of c
- ☐ Obtaining informa
- ☐ Obtaining informa
- ☐ Biographical rese
- ☐ Archival research
- ☐ Other (Explain):

At this time you are fre
letter with the respecti

If you have any questio
orssc@uts.cc.utexas.edu

Sincerely,

Re: Non-Human Subjects Resear

Appendix E

Community Engagement Interview Guide for Seniors (English)

Community Engagement Interview Guide
Austin Public Health and LBJ School of Public Affairs
January 20, 2019

Introduction

My name is _____ a graduate student from the LBJ School of Public Affairs at The University of Texas at Austin, and we are conducting a study on behalf of Austin Public Health about senior health services to be located at the city-owned RBJ Health Center on 15 Waller Street (78702).

We are particularly interested in learning more about you and your health care experiences. We also want to learn your thoughts about a possible Senior Center, where people could participate in an “Adult Day” programming, go to see a doctor for primary care, and receive other senior services all in one place.

Interview

1. How long have you lived in Austin?
2. What neighborhood do you live in?
3. What health and wellness services are available in your neighborhood?
4. As I’ve mentioned, we’re exploring the value of co-locating several public services and resources for aging residents. The location we’re considering is the RBJ center at 15 Waller Street in the Holly Neighborhood. Are you familiar with this area? (IF NOT, EXPLAIN WHERE THE LOCATION IS)
5. What type of services and resources would you like to be made available at the RBJ Center?

(INTERVIEWER CAN PROBE FOR ADDITIONAL DETAILS WITH FOLLOWING LIST)

- Wellness Clinic: Facilities intended to promote health and wellness through medical services and wellness education

- Recreational Activities: Social activities to occur at the Adult Day Center
- Wraparound Services: Services intended to address a wide range of patient needs that extend beyond basic medical attention

6. Which of the services that we discussed are most important to you? Why?
7. What challenges do you face accessing these services?
8. Would you go to a senior center where health and social services are located in one place?
9. How would making these resources more readily available impact you and your community?
10. What are your thoughts on having a children's daycare center co-located in the facility?
11. Is there anything else you would like me to know about these issues?

Closing

Thank you for your feedback!

Community Engagement Interview Guide for Seniors (Spanish)

Guia de Entrevista para la Participación de la Comunidad

*Encuesta de Centro para Mayores de Edad Austin Public Health y LBJ School of Public Affairs
20 de Enero, 2018*

Introduccion

Mi nombre es _____ un estudiante de LBJ School of Public Affairs en The University of Texas at Austin y estamos realizando un estudio patrocinado por Austin Public Health sobre posibles servicios públicos para la salud de ancianos localizado en RBJ Health Center, 15 Waller Street (78702).

Estamos interesados en aprender más sobre sus experiencias con servicios de salud pública. Quisiéramos saber su opinión sobre la creación de un “Centro para Mayores de Edad”, donde habrá programas y servicios para mayores de edad y los programas que le interesa.

Antes de que empecemos, podrías completar este cuestionario demográfico?

Entrevista

1. Cuánto tiempo ha vivido en Austin?
2. En que barrio vive?
3. Que servicios de salud hay disponibles en su barrio?
4. Estamos interesados en localizando estos servicios y recursos cerca de ancianos. Estamos considerando el centro RBJ en 15 Waller Street en el barrio Holly. Usted conoce este area?
5. Que tipo de servicios y recursos le gustaría tener en ese centro?

Clínica de salud: enfocado en promocionar salud y bienestar con servicios médicos y educación para mantenerse saludable.

a. Cuidado primario (e.g. cuidado preventivo, tratamiento para enfermedades, monitoreo de enfermedades crónicas, especialistas)

b. Exámenes de salud (e.g para la presión alta, diabetes, depresión, demencia, Hepatitis C, y otros enfermedades)

c. Cuidado mental (e.g. terapia para abuso de sustancias, depresión y otros problemas mentales)

d. Restauración (e.g. servicios para mejorar el funcionamiento físico como fisioterapia, terapia ocupacional, terapia para el habla)

Actividades Recreacionales: actividades sociales que ocurrirán en el Centro para Mayores de Edad

e. Actividades recreacionales (e.g. actividades en grupo, juegos, actividades creativas, jardinería, Tai Chi y yoga[1], clases de cocina etc.)

f. Actividades de apoyo social (terapia, taller para atención plena[2], terapia con mascotas, guardería infantil)

Servicios multidimensionales: servicios para atender necesidades que van mas alla de servicios médicos básicos.

g. Servicios navegacionales y manejo de casos[3] (eg. Identificando necesidades básicas y obteniendo recursos monetarios, servicios de salud, seguros y beneficios, arreglos para la casa, etc.)

h. Almuerzos/Cenas en grupo[4] (e.g. Una comida caliente al día mas dos refacciones en la mañana y tarde)

i. Servicios de transporte[5][6] (e.g. transporte exclusivo para ancianos en Austin, taxis para ancianos)

6. Cuales son los servicios más importantes para usted? Porque?

7. Cuales son las barreras que no le permitiría recibir estos servicios?

8. Irías a un centro para mayores de edad donde servicios sociales y de salud están localizados en un solo lugar?

9. Cómo le beneficiaría tener estos servicios cerca de su residencia?

10. Qué piensa de tener una guardería en el mismo lugar del Centro para Mayores de Edad?

11. Tiene algún comentario o pregunta sobre estos servicios?

Cierre

Gracias por su atención!

Community Engagement Interview Guide for Caregivers

Community Engagement Interview Guide for Caregivers

Austin Public Health and LBJ School of Public Affairs

February 2, 2019

Introduction

My name is _____ a graduate student from the LBJ School of Public Affairs at The University of Texas at Austin, and we are conducting a study on behalf of Austin Public Health about senior health services to be located at the city-owned RBJ Health Center on 15 Waller Street (78702).

We are particularly interested in learning more about you and your patient/loved one's health care experiences. We also want to learn your thoughts about a possible Senior Center, where people could participate in an "Adult Day" programming, go to see a doctor for primary care, and receive other senior services all in one place.

Interview

1. Who is your patient/loved one and when did you start caring for him/her?
2. What neighborhood does he/she live in?
3. Do you live with or near him/her?

(THIS MAY PROMPT DISCUSSION ABOUT INTERVIEWEE'S RELATIONSHIP TO PATIENT AND THE PATIENT'S SPECIFIC HEALTH PROBLEMS)

4. What health and wellness services are available in your patient/loved one's neighborhood?
5. As I've mentioned, we're exploring the value of co-locating several public services and resources for aging residents. The location we're considering is the RBJ center at 15 Waller Street in the Holly Neighborhood. Are you familiar with this area?

(IF NOT, EXPLAIN WHERE THE LOCATION IS)

6. What type of services and resources would you like to be made available for seniors at the RBJ Center?

(INTERVIEWER CAN PROBE FOR ADDITIONAL DETAILS WITH FOLLOWING LIST)

- Wellness Clinic: Facilities intended to promote health and wellness through medical services and wellness education
- Recreational Activities: Social activities to occur at the Adult Day Center
- Wraparound Services: Services intended to address a wide range of patient needs that extend beyond basic medical attention

7. Which of the services that we discussed are most important to you and your patient/loved one? Why?

8. What challenges do you face accessing these services on behalf of your patient/loved one?

9. Would your patient/loved one go to a senior center where health and social services are located in one place?

10. How would making these resources more readily available impact you, your patient/loved one, and your community?

11. What are your thoughts on having a children's daycare center co-located in the facility?

12. Is there anything else you would like me to know about these issues or the needs of your patient/loved one?

Closing

Thank you for your feedback!

Appendix F

Word Cloud of Commonly Used Words Vocalized in CES



Appendix G

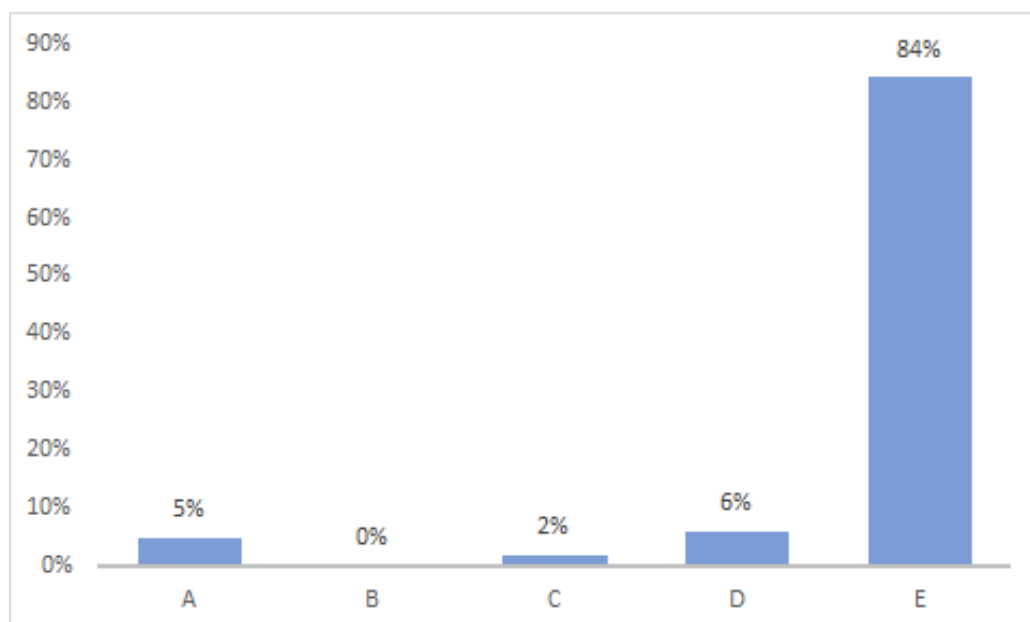
Livability for Longevity Symposium Polling Questions and Results (English)

After the symposium presentation and Q&A with our panelists, live-polling technology was used to gauge audience opinion on aging in Austin. The following section describes the process, questions, and responses from the audience.

The audience was asked five questions and answers were collected by iClicker devices and print outs for those who were not able to make selection using live-polling device due to limited amount of devices. Print out of the polling questions were made available in English and Spanish. The clickers had A, B, C, D, and E buttons allowing audience to give their responses that would be auto-populated on the projector screen by the iClicker software. The results were shown to the audience on the presentation screen after a short period of time allocated to answer each question. We asked the following five questions:

1. Austin is a young city, but.....

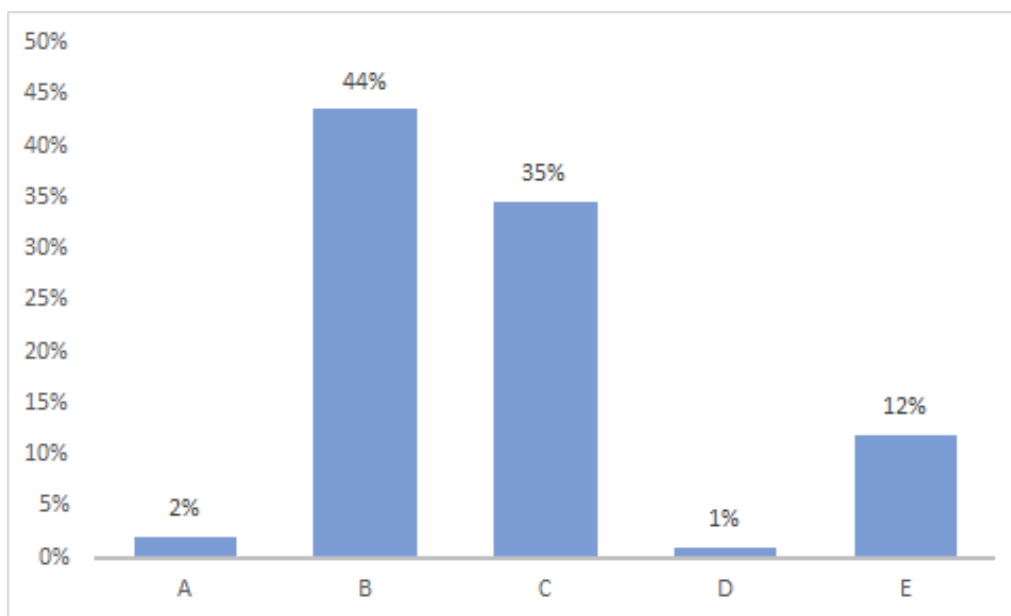
- A. Aging rapidly and becoming increasingly ethnically and racially diverse.
- B. A large number of older individuals live on a fixed income.
- C. Has a shortage of affordable senior housing that is compounded by the fact that many older individuals live far from the medical care and essential social services they need.
- D. Given the rising costs of living, the City must address the needs of children, working adults, people with disabilities, and other vulnerable groups while dealing with rapid population growth and the need to expand its infrastructure.
- E. All of the above



With the first question, 84 percent of respondents agreed that Austin is a young city which is aging rapidly and becoming increasingly ethnically and racially diverse while compounded with the need to address several pressing diverse needs.

2. Mrs. Smith has two grown children, a son who is a junior high school teacher in Cleveland, Ohio and a daughter who lives in Austin and is a corporate attorney. Mrs. Smith’s husband died a few years ago and her joint estate is depleted. Mrs. Smith, who is 85, needs housing assistance, in-home care, and other community-based services. Who should pay for these services?

- A. City of Austin
- B. State of Texas
- C. Her adult children
- D. Nobody (she will need to go without support)

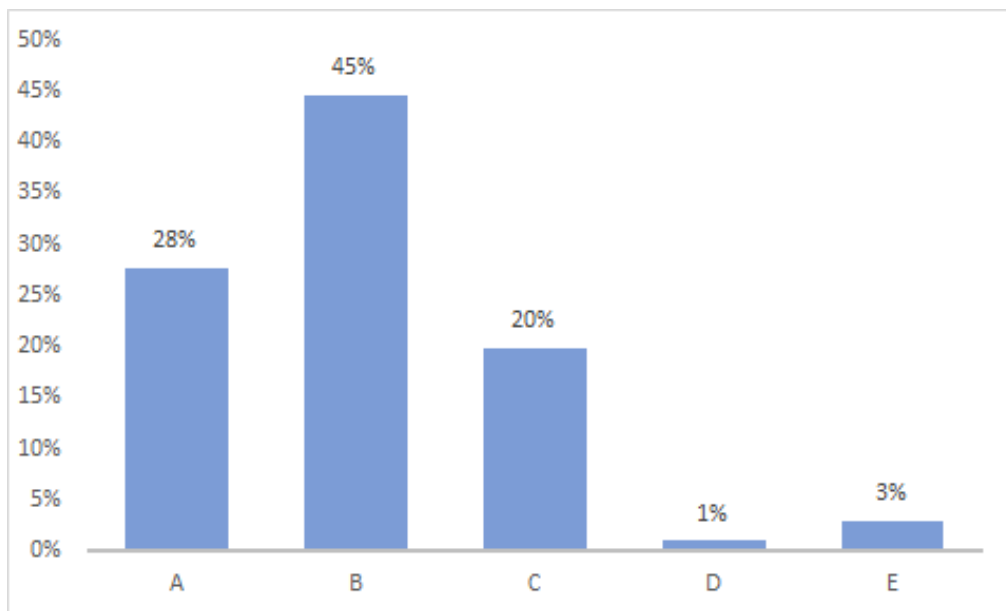


For the second question, audience members were presented with a case scenario striving to capture the their opinion of whom should bear the financial responsibility of covering expenses related to housing assistance, in-home care, and other community-based services. Vast majority of respondents, 44 percent of respondents felt that the State of Texas should pay for the services which Mrs. Smith was in need of. The next most-common response was that her adult children should bear financial responsibility with a 35 percent consensus.

This was one of four questions which respondents felt compelled to provide alternative response “E”, which was reflective of the expressed opinion that the solution to the question should be a combination of two or more answers.

3. City of Austin residents 65 and older should be entitled to:

- A. Free public transportation regardless of income
- B. Public transportation based on a sliding income scale
- C. Access to subsidized private ride share
- D. No public subsidized transportation options

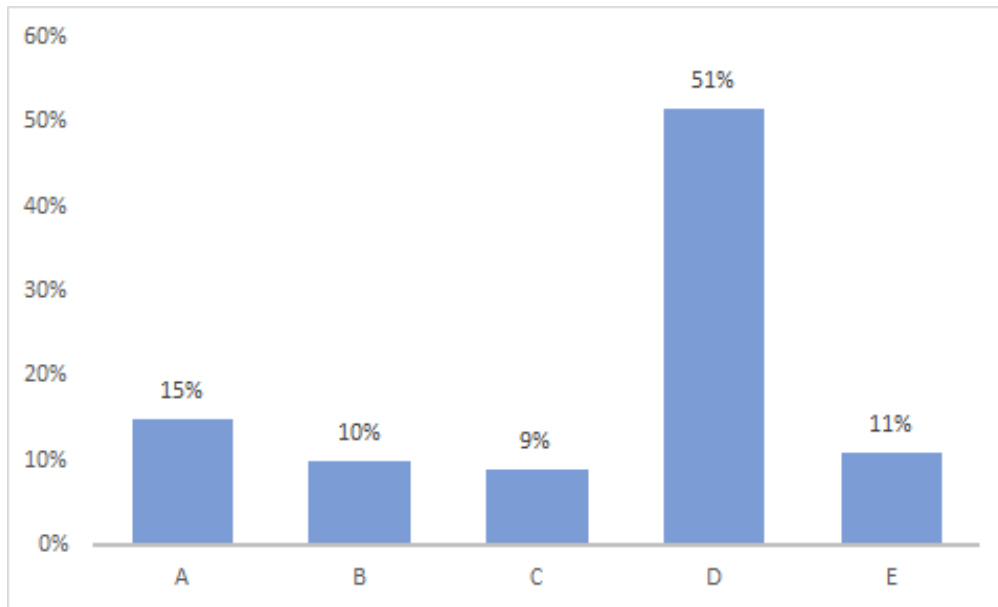


For the third question, 45 percent of respondents felt that residents 65 and older should be entitled to public transportation based on a sliding income scale. The next most-common responses were that residents 65 and older should be entitled to “free public transportation regardless of income” with a 28 percent consensus and “access to subsidized private ride share” with a 20 percent consensus.

This was one of four questions which respondents felt compelled to provide alternative response “E”, which was reflective of the expressed opinion that the solution to the question should be a combination of two or more answers.

4. In terms of planning, which of the following senior community-based services and supports should the City of Austin focus their immediate efforts on?

- A. Medical and wellness care
- B. Mental health services
- C. Adult-day center
- D. Wrap-around services (e.g., case management, transportation navigation)

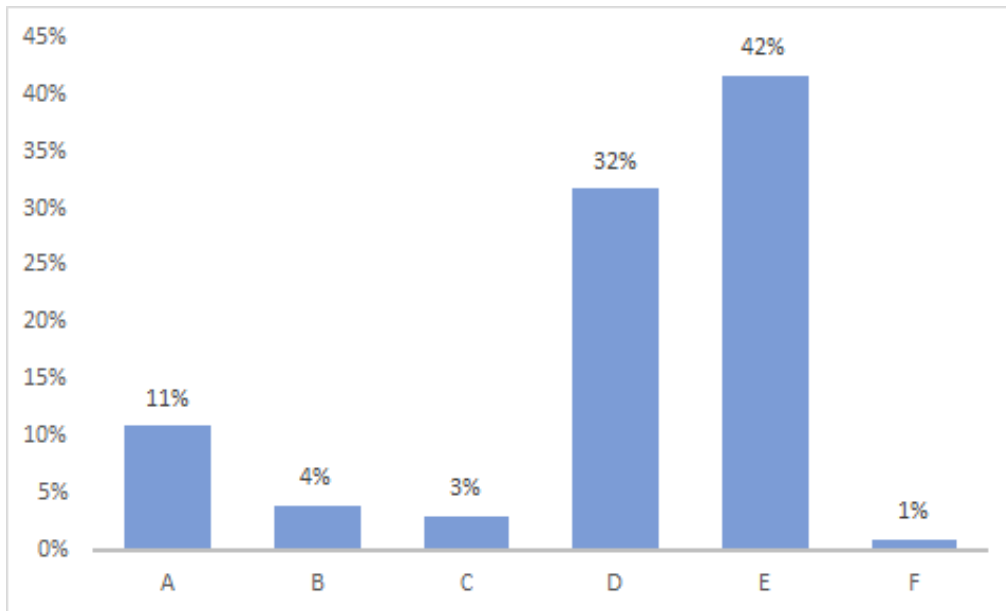


For the fourth question, 51 percent of respondents felt that when dealing with policy planning the City of Austin should place priority to an adult day center. The next most-common response was “medical and wellness care” with a 15 percent.

This was one of four questions which respondents felt compelled to provide alternative response “E” (11 percent), which was reflective of the expressed opinion that the solution to the question should be a combination of two or more answers.

5. In terms of implementation, in its 2020 budget for seniors, the City of Austin should prioritize:

- A. Medical and wellness care
- B. Mental health services
- C. Adult-day center
- D. Wrap-around services
- E. Health and social services co-located all in one place



For the fifth question, 42 percent of respondents felt that when dealing with budget implementation the City of Austin should place priority to health and social services co-located all in place . The next most-common response was “wrap-around services” with a 32 percent.

This was one of four questions which respondents felt compelled to provide alternative response “F”, which was reflective of the expressed opinion that the solution to the question should be a combination of two or more answers.

Livability for Longevity Symposium Polling Questions (Spanish)

Preguntas para el Público

1. Austin es una ciudad joven, pero.....
 - A. Está envejeciendo rápidamente y es cada vez más diverso étnicamente y racialmente.
 - B. Muchos ancianos viven con un presupuesto fijo.
 - C. Tiene una falta de viviendas para ancianos que también está cerca de servicios médicos y sociales esenciales.
 - D. Dado al costo de vida, la ciudad debe atender las necesidades de niños, adultos, personas con discapacidades y otros grupos vulnerables y al mismo tiempo enfrentar el crecimiento rápido de la población y la necesidad de mejorar su infraestructura.
 - E. Todas las anteriores
2. La Sra. Smith tiene dos hijos, uno que es maestro de secundaria en Cleveland, Ohio y una hija que vive en Austin y es una abogada corporativo. El esposo de Sra. Smith murió hace algunos años y su estado conjunto está agotado. Sra. Smith necesita asistencia de vivienda, cuidado en casa y otros servicios comunitarios. Quién debería pagar por estos servicios?
 - A. La Ciudad de Austin
 - B. El Estado de Texas
 - C. Sus hijos
 - D. Nadie (seguirá sin servicios)
3. Los residentes de Austin mayores de 65 años deberían recibir:
 - A. Transporte público gratis sin importar ingresos del individuo
 - B. Transporte público basado en el ingreso del individuo
 - C. Acceso a un rideshare privado subsidiado
 - D. Ninguna opción de transporte subsidiado
4. En términos de planificación, la ciudad de Austin debería enfocarse en...
 - A. Cuidado médico y salud
 - B. Servicios de salud mental
 - C. Centro para Mayores de Edad
 - D. Servicios holísticos (p.ej. administradores de casos, ayuda con navegación de transporte)

5. En términos de implementación, en el presupuesto para el año 2020 para ancianos, la ciudad de Austin debería priorizar:

- A. Cuidado médico y salud
- B. Servicios de salud mental
- C. Centro para Mayores de Edad
- D. Servicios holísticos
- E. Servicios sociales y de salud localizados en el mismo lugar

Appendix H

Scoring Card Assessment of the RBJ Health Center

RBJ Health Center

http://propaccess.traviscad.org/clientdb/Property.aspx?cid=1&prop_id=187333

Location by Zip Code	
Percentage of seniors aged 65 and over with incomes below 200% FPL	
4 points (37.7% – 57.2%)	78741, 78702 , 78721
3 points (24.9% – 37.6%)	78724, 78723, 78722, 78752, 78705
2 points (12.4% – 24.8%)	78751, 78704
1 point (10.7% – 12.3%)	78703, 78701
Percentage of Seniors Dually Covered by Medicare and Medicaid	
4 points (12.8% – 22.9%)	78724, 78721, 78702 , 78741
3 points (7.0% – 12.7%)	78752
2 points (3.8% – 6.9%)	78723, 78704
1 point (1.3% – 3.7%)	78751, 78722, 78705, 78701, 78703
Percentage of Seniors with One or More Disabilities	
4 points (37.0% – 53.4%)	78702 , 78741
3 points (25.3% – 36.9%)	78724, 78721

2 points (10.8% – 25.2%)	78723, 78752, 78705, 78701, 78704
1 point (5.5% – 10.7%)	78722, 78751, 78703
Total points = <u>12</u>	

Accessibility	
Is the Site Co-Located with Affordable Senior Housing?	
4 points	Affordable senior housing is within 1 mile of the site.
3 points	Affordable senior housing is within 3 miles of the site.
2 points	Affordable senior housing is within 5 miles of the site.
1 point	Affordable senior housing is within 10 miles of the site.
Are Shuttle and Transportation Services Available at the Site?	
4 points	Yes, transportation to and from affordable senior housing is readily available.
3 points	Transportation to and from affordable senior housing is not currently available, but can easily be made available.
2 points	Transportation to and from affordable senior housing is not readily available, but may be made possible by working with existing partners.
1 point	Transportation to and from affordable senior housing is not readily available, and no current partners are able to assist with transportation services.
Is the facility ADA compliant?	

4 points	Yes, the facility is currently ADA compliant.
3 points	The facility is not currently ADA compliant, but a retrofit is possible.
2 points	The facility is not currently ADA compliant. Retrofit is possible, but not cost effective.
1 point	The facility is not ADA compliant and retrofit is not possible.
Total Points = <u>8</u>	

Building Dimensions & Infrastructure	
What is the square footage of the site?	
3 points	<u>11,600 sq. ft. or greater</u>
0 points	Less than 11,600 sq. ft.
Does the site have sufficient outdoor space?	
3 points	The site has at least 3,500 sq. ft. of outdoor space including a shuttle stop, parking spaces, and safe outdoor recreation areas.
2 points	The site has at least 3,500 sq. ft. of outdoor space and can feasibly be developed to support a shuttle stop, parking spaces, and safe outdoor recreation areas.
1 point	The site has at least 3,500 sq. ft. of outdoor space. Redevelopment to support a shuttle stop, parking spaces, and safe outdoor recreation areas is possible, but not cost effective.

0 points	The site does not have at least 3,500 sq. ft. of outdoor space.
Is the site equipped with plumbing to support multiple restrooms, kitchens, laundry service, and a full-service medical clinic?	
2 points	Yes, the current plumbing at this site can support these services.
0 points	The current plumbing at this site cannot support these services, and extensive plumbing work is necessary.
Is the site equipped with the electric hookups to support multiple kitchens, laundry service, recreational activities, and a full-service medical clinic?	
2 points	Yes, the current electric hookups at this site can support these services.
0 points	The current electric hookups at this site cannot support these services, and extensive electric work is necessary.
Is the site equipped with adequate heating, ventilation, and air conditioning to provide a safe environment for seniors, children, and vulnerable populations?	
2 points	Yes, the current heating, ventilation, and air conditioning at this site provide a safe environment for seniors, children, and vulnerable populations.
0 points	No, the current heating, ventilation, and air conditioning at this site do not provide a safe environment for seniors, children, and vulnerable populations, and extensive HVAC work is necessary.
Total Points = <u>8</u>	

Scoring Card Assessment of the Dove Springs Recreation Center

Dove Springs Recreation Center
<http://www.austintexas.gov/DoveSprings>

Location by Zip Code	
Percentage of seniors aged 65 and over with incomes below 200% FPL	
4 points (37.7% – 57.2%)	78741, 78702, 78721
3 points (24.9% – 37.6%)	78724, 78723, 78722, 78752, 78705
2 points (12.4% – 24.8%)	78751, 78704
1 point (10.7% – 12.3%)	78703, 78701
Percentage of Seniors Dually Covered by Medicare and Medicaid	
4 points (12.8% – 22.9%)	78724, 78721, 78702, 78741
3 points (7.0% – 12.7%)	78752
2 points (3.8% – 6.9%)	78723, 78704
1 point (1.3% – 3.7%)	78751, 78722, 78705, 78701, 78703
Percentage of Seniors with One or More Disabilities	
4 points (37.0% – 53.4%)	78702, 78741
3 points (25.3% – 36.9%)	78724, 78721
2 points (10.8% – 25.2%)	78723, 78752, 78705, 78701, 78704

1 point (5.5% – 10.7%)	78722, 78751, 78703
Total points = <u>0</u>	

Accessibility	
Is the Site Co-Located with Affordable Senior Housing?	
4 points	Affordable senior housing is within 1 mile of the site.
3 points	Affordable senior housing is within 3 miles of the site.
2 points	Affordable senior housing is within 5 miles of the site.
1 point	Affordable senior housing is within 10 miles of the site.
Are Shuttle and Transportation Services Available at the Site?	
4 points	Yes, transportation to and from affordable senior housing is readily available.
3 points	Transportation to and from affordable senior housing is not currently available, but can easily be made available.
2 points	Transportation to and from affordable senior housing is not readily available, but may be made possible by working with existing partners.
1 point	Transportation to and from affordable senior housing is not readily available, and no current partners are able to assist with transportation services.
Is the facility ADA compliant?	
4 points	Yes, the facility is currently ADA compliant.

3 points	The facility is not currently ADA compliant, but a retrofit is possible.
2 points	The facility is not currently ADA compliant. Retrofit is possible, but not cost effective.
1 point	The facility is not ADA compliant and retrofit is not possible.
Total Points = <u>9</u>	

Building Dimensions & Infrastructure	
What is the square footage of the site?	
3 points	11,600 sq. ft. or greater
0 points	Less than 11,600 sq. ft.
Does the site have sufficient outdoor space?	
3 points	The site has at least 3,500 sq. ft. of outdoor space including a shuttle stop, parking spaces, and safe outdoor recreation areas.
2 points	The site has at least 3,500 sq. ft. of outdoor space and can feasibly be developed to support a shuttle stop, parking spaces, and safe outdoor recreation areas.
1 point	The site has at least 3,500 sq. ft. of outdoor space. Redevelopment to support a shuttle stop, parking spaces, and safe outdoor recreation areas is possible, but not cost effective.
0 points	The site does not have at least 3,500 sq. ft. of outdoor space.

Is the site equipped with plumbing to support multiple restrooms, kitchens, laundry service, and a full-service medical clinic?	
2 points	Yes, the current plumbing at this site can support these services.
0 points	The current plumbing at this site cannot support these services, and extensive plumbing work is necessary.
Is the site equipped with the electric hookups to support multiple kitchens, laundry service, recreational activities, and a full-service medical clinic?	
2 points	Yes, the current electric hookups at this site can support these services.
0 points	The current electric hookups at this site cannot support these services, and extensive electric work is necessary.
Is the site equipped with adequate heating, ventilation, and air conditioning to provide a safe environment for seniors, children, and vulnerable populations?	
2 points	Yes, the current heating, ventilation, and air conditioning at this site provide a safe environment for seniors, children, and vulnerable populations.
0 points	No, the current heating, ventilation, and air conditioning at this site do not provide a safe environment for seniors, children, and vulnerable populations, and extensive HVAC work is necessary.
Total Points =	

Note: This scorecard cannot be completed since the facility is under construction.

Scoring Card Assessment of the South Austin Neighborhood Center

South Austin Neighborhood Center

<https://www.austintexas.gov/departments/south-austin-neighborhood-center>

Location by Zip Code	
Percentage of seniors aged 65 and over with incomes below 200% FPL	
4 points (37.7% – 57.2%)	78741, 78702, 78721
3 points (24.9% – 37.6%)	78724, 78723, 78722, 78752, 78705
2 points (12.4% – 24.8%)	78751, 78704
1 point (10.7% – 12.3%)	78703, 78701
Percentage of Seniors Dually Covered by Medicare and Medicaid	
4 points (12.8% – 22.9%)	78724, 78721, 78702, 78741
3 points (7.0% – 12.7%)	78752
2 points (3.8% – 6.9%)	78723, 78704
1 point (1.3% – 3.7%)	78751, 78722, 78705, 78701, 78703
Percentage of Seniors with One or More Disabilities	
4 points (37.0% – 53.4%)	78702, 78741
3 points (25.3% – 36.9%)	78724, 78721
2 points (10.8% – 25.2%)	78723, 78752, 78705, 78701, 78704

1 point (5.5% – 10.7%)	78722, 78751, 78703
Total points = <u>6</u>	

Accessibility	
Is the Site Co-Located with Affordable Senior Housing?	
4 points	Affordable senior housing is within 1 mile of the site.
3 points	Affordable senior housing is within 3 miles of the site.
2 points	Affordable senior housing is within 5 miles of the site.
1 point	Affordable senior housing is within 10 miles of the site.
Are Shuttle and Transportation Services Available at the Site?	
4 points	Yes, transportation to and from affordable senior housing is readily available.
3 points	Transportation to and from affordable senior housing is not currently available, but can easily be made available.
2 points	Transportation to and from affordable senior housing is not readily available, but may be made possible by working with existing partners.
1 point	Transportation to and from affordable senior housing is not readily available, and no current partners are able to assist with transportation services.
Is the facility ADA compliant?	
4 points	Yes, the facility is currently ADA compliant.

3 points	The facility is not currently ADA compliant, but a retrofit is possible.
2 points	The facility is not currently ADA compliant. Retrofit is possible, but not cost effective.
1 point	The facility is not ADA compliant and retrofit is not possible.
Total Points = <u>9</u>	

Building Dimensions & Infrastructure	
What is the square footage of the site?	
3 points	11,600 sq. ft. or greater
0 points	Less than 11,600 sq. ft.
Does the site have sufficient outdoor space?	
3 points	The site has at least 3,500 sq. ft. of outdoor space including a shuttle stop, parking spaces, and safe outdoor recreation areas.
2 points	The site has at least 3,500 sq. ft. of outdoor space and can feasibly be developed to support a shuttle stop, parking spaces, and safe outdoor recreation areas.
1 point	The site has at least 3,500 sq. ft. of outdoor space. Redevelopment to support a shuttle stop, parking spaces, and safe outdoor recreation areas is possible, but not cost effective.
0 points	The site does not have at least 3,500 sq. ft. of outdoor space.

Is the site equipped with plumbing to support multiple restrooms, kitchens, laundry service, and a full-service medical clinic?	
2 points	Yes, the current plumbing at this site can support these services.
0 points	The current plumbing at this site cannot support these services, and extensive plumbing work is necessary.
Is the site equipped with the electric hookups to support multiple kitchens, laundry service, recreational activities, and a full-service medical clinic?	
2 points	Yes, the current electric hookups at this site can support these services.
0 points	The current electric hookups at this site cannot support these services, and extensive electric work is necessary.
Is the site equipped with adequate heating, ventilation, and air conditioning to provide a safe environment for seniors, children, and vulnerable populations?	
2 points	Yes, the current heating, ventilation, and air conditioning at this site provide a safe environment for seniors, children, and vulnerable populations.
0 points	No, the current heating, ventilation, and air conditioning at this site do not provide a safe environment for seniors, children, and vulnerable populations, and extensive HVAC work is necessary.
Total Points = 8	

Scoring Card Assessment of the Rosewood Zaragosa Neighborhood Center

South Austin Neighborhood Center

<http://www.austintexas.gov/department/rosewood-zaragosa-neighborhood-center>

Location by Zip Code	
Percentage of seniors aged 65 and over with incomes below 200% FPL	
4 points (37.7% – 57.2%)	78741, 78702, 78721
3 points (24.9% – 37.6%)	78724, 78723, 78722, 78752, 78705
2 points (12.4% – 24.8%)	78751, 78704

1 point (10.7% – 12.3%)	78703, 78701
Percentage of Seniors Dually Covered by Medicare and Medicaid	
4 points (12.8% – 22.9%)	78724, 78721, 78702, 78741
3 points (7.0% – 12.7%)	78752
2 points (3.8% – 6.9%)	78723, 78704
1 point (1.3% – 3.7%)	78751, 78722, 78705, 78701, 78703
Percentage of Seniors with One or More Disabilities	
4 points (37.0% – 53.4%)	78702, 78741
3 points (25.3% – 36.9%)	78724, 78721
2 points (10.8% – 25.2%)	78723, 78752, 78705, 78701, 78704
1 point (5.5% – 10.7%)	78722, 78751, 78703
Total points = <u>12</u>	

Accessibility	
Is the Site Co-Located with Affordable Senior Housing?	
4 points	Affordable senior housing is within 1 mile of the site.
3 points	Affordable senior housing is within 3 miles of the site.

2 points	Affordable senior housing is within 5 miles of the site.
1 point	Affordable senior housing is within 10 miles of the site.
Are Shuttle and Transportation Services Available at the Site?	
4 points	Yes, transportation to and from affordable senior housing is readily available.
3 points	Transportation to and from affordable senior housing is not currently available, but can easily be made available.
2 points	Transportation to and from affordable senior housing is not readily available, but may be made possible by working with existing partners.
1 point	Transportation to and from affordable senior housing is not readily available, and no current partners are able to assist with transportation services.
Is the facility ADA compliant?	
4 points	Yes, the facility is currently ADA compliant.
3 points	The facility is not currently ADA compliant, but a retrofit is possible.
2 points	The facility is not currently ADA compliant. Retrofit is possible, but not cost effective.
1 point	The facility is not ADA compliant and retrofit is not possible.
Total Points = <u>10</u>	

Building Dimensions & Infrastructure	
What is the square footage of the site?	
3 points	11,600 sq. ft. or greater
0 points	Less than 11,600 sq. ft.
Does the site have sufficient outdoor space?	
3 points	The site has at least 3,500 sq. ft. of outdoor space including a shuttle stop, parking spaces, and safe outdoor recreation areas.
2 points	The site has at least 3,500 sq. ft. of outdoor space and can feasibly be developed to support a shuttle stop, parking spaces, and safe outdoor recreation areas.
1 point	The site has at least 3,500 sq. ft. of outdoor space. Redevelopment to support a shuttle stop, parking spaces, and safe outdoor recreation areas is possible, but not cost effective.
0 points	The site does not have at least 3,500 sq. ft. of outdoor space.
Is the site equipped with plumbing to support multiple restrooms, kitchens, laundry service, and a full-service medical clinic?	
2 points	Yes, the current plumbing at this site can support these services.
0 points	The current plumbing at this site cannot support these services, and extensive plumbing work is necessary.
Is the site equipped with the electric hookups to support multiple kitchens, laundry service, recreational activities, and a full-service medical clinic?	
2 points	Yes, the current electric hookups at this site can support these services.
0 points	The current electric hookups at this site cannot support these services, and extensive electric work is necessary.

Is the site equipped with adequate heating, ventilation, and air conditioning to provide a safe environment for seniors, children, and vulnerable populations?	
2 points	Yes, the current heating, ventilation, and air conditioning at this site provide a safe environment for seniors, children, and vulnerable populations.
0 points	No, the current heating, ventilation, and air conditioning at this site do not provide a safe environment for seniors, children, and vulnerable populations, and extensive HVAC work is necessary.
Total Points = 12	

Appendix I

RBJ Property Profile



One Texas Center | 505 Barton Springs Road, Austin, TX 78704 | 512.978-4000

Property Profile Report

General Information

Location: **15 WALLER ST**
Parcel ID: **0200050108**
Grid: **MJ21**

Planning & Zoning

Future Land Use (FLUM): **Recreation & Open Space**
Regulating Plan: **No Regulating Plan**
Zoning: **P-NP**
Zoning Cases: **No Zoning Cases**
Zoning Ordinances:
(May not include all ordinances) **001214-20**
Zoning Overlays: Neighborhood Planning Areas: **EAST CESAR CHAVEZ**
Residential Design Standards: **LDC/25-2-Subchapter F**
Waterfront Overlay: **FESTIVAL BEACH**

Infill Options: Secondary Apartment Infill Option
Small Lot Amnesty Infill Option

Neighborhood Restricted Parking Areas: --
Mobile Food Vendors: --
Historic Landmark: --

Environmental

Fully Developed Floodplain: No
FEMA Floodplain: Yes
Austin Watershed Regulation Areas: URBAN
Watershed Boundaries: Lady Bird Lake
Creek Buffers: No
Edwards Aquifer Recharge Zone: No
Edwards Aquifer Recharge Verification Zone: No
Erosion Hazard Zone Review Buffer: No

Political Boundaries

Jurisdiction: AUSTIN FULL PURPOSE
Council District: 3
County: TRAVIS
School District: Austin ISD
Community Registry: See Community Registry Report



Zoning Map



2018 Aerial View



Vicinity Map

The information on this website has been produced by the City of Austin as a working staff map and is not warranted for any other use. No warranty is made by the City regarding its accuracy or completeness.

Date created: 02/18/19

Appendix J

Feasibility Study Approach (Scope of Work)

Age Inclusive center model

Project Scope

April 25, 2019

Overview

Project Background and Description

i As part of the effort to make Austin more inclusive for residents of all ages and abilities, students from the Lyndon B. Johnson School of Public Affairs (LBJ School) at the University of Texas at Austin have worked with support from the St. David's Foundation and Central Health since 2016 to assess the viability and need for developing a comprehensive senior wellness center in central Austin. This initial collaboration produced the *A Better Life for Low-Income Elders in Austin* (2016) and *Young Hip Austin is Getting Old* (2018) Policy Research Reports. In April 2018, the LBJ School team submitted a bond development proposal to establish an intergenerational senior center at the Rebekah Baines Johnson Public Health Center (RBJ) with medical and wraparound services. Feedback from Austin Public Health Department (APH) underscored concerns about allocating public resources to this project given that a clinic partner had not been secured and that best-use of the RBJ Health Center had not been comprehensively examined. The feedback and the need to explore possibilities for establishing a senior wellness center resulted in the passage of Council Resolution number 20181018-041 on October 18, 2018, which directed the City Manager to:

- Review the analysis completed to date and assess the need for an adult day center with other integrated community components on City-owned facilities, such as Rebekah Baines Johnson Center (RBJ) Public Health Center as proposed by the LBJ school team.
- Determine the feasibility of developing City-owned facilities for such purposes, including the RBJ Public Health Center.
- Recommend a process for developing an adult day center at the City-owned RBJ Public Health Center or other potential City-owned facilities (City of Austin, 2018).

To verify these findings and recommendations, the City of Austin will conduct an external review and feasibility study to estimate the supply and demand for senior care and community-based long-term care services and supports for low-income seniors in the Holly neighborhood.

Project Scope

- i** The feasibility study will verify and replicate the Proforma and estimates in the 2018 Young, Hip Austin is Getting Old and the Bond Proposal that documented the need for a co-located Age-Inclusive Center in a high need area—the RBJ Public Health Center. The findings are based on the high concentration of seniors with incomes at or below 200% of the Federal Poverty Level, seniors who are dually covered by Medicare and Medicaid, and seniors with one or multiple disabilities.

High-Level Requirements

- i** The feasibility study should consist of a market penetration survey of low-income consumers 65 and older and a verification of previous estimates of the demand for and potential use of an *Age-Inclusive Community Care Center* consisting of a senior wellness clinic, multi-generational day activity center and wrap-around services.

1. Demographic Analyses and Projections of 78702 and 11 surrounding zip codes*
2. Focus group interviews of health care needs and preferences for low-income senior, half of groups consisting of participants with disabilities
3. Household Survey of Senior Health and Health Service Use in 78702 catchment area (Would patients see the value of switching from their current provider to a senior wellness clinic and multigenerational community center with adult and child care, and wrap-around services, particularly transportation)
4. Guided Community Engagement Sessions of seniors in the central Austin area to understand what services seniors would like provided in a health center (What are their most pressing needs?)
5. Replicate analyses on a pre-senior population (55-64 years old)

Cost Estimates

The feasibility study will include estimation of renovation, facility transition, and recurring costs at an appropriate City-owned facility.

6. Capital Costs
7. Facility Transition Costs
8. Site selection of city-owned facility- RBJ Public Health Center, Rosewood Zaragosa

Neighborhood Center, Dove Springs Recreational Center, South Austin Neighborhood Center as well as non-city-owned properties, including AISD proposed closure of Zavala Elementary School.

9. Operational Costs (see bond proposal, below is example for clinic, cost per patient per year, PPPY)

Clinic

- 1 medical provider per 1,000 patients
- 3 exam rooms per 1 medical provider
- 1 flex room per medical provider
- 2,000 sq. ft. per 1 medical provider
- For example, if there were 3,000 geriatric patients that would need services, we would expect:
 - 3 providers to manage that population
 - 9 exam rooms
 - 3 flex rooms

Given the above information, a 6,000 square ft. facility may be required for the Center

Source: Memo, Matt Balthazar, CommUnityCare, 2018

Confirm Percent of 65 Years and Older Under 200% FPL by Zip Code

78701 Central business 12.3%

78702 Holly 50.9%

78703 Clarksville 10.7%

78704 South Congress 24.8%

78705 Central/Capital 32.2%

78721 East Austin 57.2%

78722 East Austin 37.6%

78723 Windsor Park 33.5%

78724 Northeast 31.8%

78741 Montopolis 53.7%

78751 Hyde Park 22.0%

78752 North Loop 35.8% Total 6,041 34.1%

Source: <https://repositories.lib.utexas.edu/handle/2152/65188>

10. Determine current and future supply of alternative providers for low-income seniors, including dual-eligible patients in the Holly Neighborhood. Confirm operational partnership commitment or support from non-profit senior care providers and foundations, including the Anderson Charitable Foundation, St. David's Foundation, CommUnity Care Health Centers, Family Eldercare, Meal on Wheels Central Texas and Age of Central Texas.

*Estimate are based on the number of seniors in the catchment area living below 200% of the federal poverty level and that one third are living below 200% FPL. Approximately, twenty percent are dual-eligible.

Deliverables

- i** A Full Report with tables, figures, and estimates as well as an Executive Summary of Findings and Recommendations for implementation of facility.

Affected Parties

The Feasibility Study recommendations will inform

- Implementation of a proposed Pilot Initiative housed in a modular office building on a parcel of city-owned land adjacent to the RBJ Health Center, located at 15 Waller Street, 78702. The purpose of the Pilot study is to identify and resolve potential problems with any services or aspects of our model; gauge the satisfaction and utilization of senior participants; and confirm that the model is scalable and sustainable. See details of Pilot in attached report;
- The Commission on Seniors planning and proposals for future budget requests related to the Age-Friendly City Action Plan;
- Commission on Seniors, Domain 8 Working Group on Community and Health Services;
- Austin Public Health's strategic planning
- Austin City Council's Age-Friendly City Action Planning and Policy

Implementation

- Austin City Council's Committee on Health and Human Services
- St. David's Foundation's Strategic Directions, including Request for Proposals for Aging-in-Place Interventions for Low-income Seniors, such as the CAPABLE model
- Anderson Charitable Foundation strategic planning for multigenerational programming
- CommUnity Care strategic planning for capacity building
- Family Eldercare expansion of senior wrap-around services
- Meals on Wheels Central Texas expansion of adult day activity center and tele-behavioral health program
- AGE of Central Texas strategic planning of adult day health center for older adults with cognitive functioning needs
- Main Street Child Development Center strategic planning for expansion to Holly Neighborhood

Affected Business Processes or Systems

i None.

Specific Exclusions from Scope

i Confirmation of non-profit partner Main Street Child Development Center
<http://www.mainstreetcdc.org/>

Implementation Plan

i Austin Public Health will serve as the point of contact for the feasibility study. Dr. Angel and her students will provide background materials and guidance at no cost to the year-long project.

High-Level Timeline/Schedule

i Deadline: January, 2021

Approval and Authority to Proceed

We approve the project as described above, and authorize the team to proceed.

Name	Title	Date
Tabitha Taylor	Program Coordinator, Age-Friendly City Implementation Plan, Austin Public Health	
Cassandra De Leon	Interim Assistant Director, Disease Prevention Health Promotion Division, Austin Public Health	

Approved By	Date	Approved By	Date
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Appendix K

Letter of Support from Austin Group for the Elderly



Founded By:

Bert Kruger Smith
Willie Kocurek, J.D.

Board of Directors:

Jared A. Greathouse
President
Patti Tauber
Vice President
Michael Rick
Secretary/Treasurer
Darby Armont
Past President
Mary Beth Chalk
Sonia Goodman
Kathy Gray
Brianna McKinney
Julia Menegay
John Miller
Liz Nielson
Lynda Shanblum
Lina Supnet-Zapata
Ronnie Taylor
David Thomsen
Catherine Vergara
Rick Ybarra

Mission:

Tackling the challenges of
aging with expert solutions.
Dedicated to serving
older adults and those
who care for them.

Generously supported by:



April 22, 2019

Jacqueline L. Angel, Ph.D.
Professor of Sociology and Public Affairs
The University of Texas at Austin
LBJ School of Public Affairs
SRH 3.239
P.O. Box Y
Austin, TX 78713

RE: Letter of Intent – Pilot Project – City of Austin – Resolution 41

Dear Jacqui;

Thank you for reaching out to us regarding the pilot project in development around Resolution 41. It has taken a bit of time to pull our numbers together. Per our previous conversation, below are the direct costs for AGE to accomplish the following:

1. Drive a direct route from RBJ to AGE in order to service those older adults who would qualify for our Adult Day Health Center.
2. Drive a route within the 12 zip codes that were indicated through Resolution 41 to pick up and transport to AGE those individuals who would qualify for the program.

The Adult Day Health Center has a license for 59 individuals. We currently have an average of 37 attending daily, so our expense estimates are based on adding 12 new members. In addition, there is an intake process that is performed by a licensed social worker who will determine eligibility for those individuals interested in attending. We are a licensed Medicaid and VA facility and take benefit payments from both. The private pay rate is \$65. Our actual estimated cost to serve one person on a daily basis is \$85.

Our costs associated with the pilot for 1 year are the following:

Additional staffing if adding 8 or more members – 2 - \$56,500

Benefits – 2 staff - \$12,000

*The State requires a 1 to 8 ratio of staff to members. We serve at a 6 to 1 ratio.

Van – 2 routes - includes fuel, repairs, wear and tear - \$26,500.00

Food costs for 12 members - \$24,000

Activity Expenses - \$3,500

Other ancillary costs - \$5,000

Total - \$127,500

Monthly per member = \$886

AGE Central Office and Austin Adult Day Health Center
3710 Cedar Street, Box 2, Austin, TX 78705
phone (512) 451-4611 fax (512) 451-3110

Williamson County Adult Day Health Center
475 Round Rock W. Drive, Ste 120, Round Rock, TX 78681
phone (512) 255-4865 fax (512) 310-1490

Depending on the mix of individuals attending, our direct costs would be offset by Medicaid, VA or Private Pay revenue, so we would have to fully understand more about the pilot program and who would be attending in order to make more accurate direct cost estimates after revenue is taken into consideration.

I am happy to visit with you more about this or to answer any questions that you might have. I look forward to hearing from you.

Sincerely,

Suzanne Anderson

Suzanne Anderson
Executive Director
AGE of Central Texas

Appendix L

Pilot Initiative Budget and Square Footage Breakdown

	Year Zero - Start Up		Year One		Year Two		Year Three	
Capital Investments & Start-Up Costs								
Modular Health Clinic	\$100 per sq. ft.	\$130 per sq. ft.						
minimum: 2,000 sq. ft.	\$200,000.00	\$260,000.00						
(for Traditional Model Adult Day Center)	\$50 per sq. ft.	\$60 per sq. ft.						
2,400 sq. ft. (40 sq. ft. per participant)	\$120,000.00	\$144,000.00						
600 sq. ft. of office space (3 administrators)	\$30,000.00	\$36,000.00						
800 sq. ft. (two geriatric social workers)	\$40,000.00	\$48,000.00						
100 sq. ft. (telebehavioral health)	\$5,000.00	\$6,000.00						
Total building costs	\$395,000.00	\$494,000.00						
Equipment	\$140,000.00		\$4,000.00		\$4,000.00		\$4,000.00	
IT Infrastructure	\$15,000.00		\$2,000.00		\$2,000.00		\$2,000.00	
Subtotal	\$550,000.00	\$649,000.00	\$6,000.00		\$6,000.00		\$6,000.00	
Operating Costs								
Medical Staff								
Salaries & Benefits		\$49,134.06		\$111,985.09		\$111,985.09		\$111,985.09
Medical Malpractice Insurance				\$2,999.64		\$2,999.64		\$2,999.64
Continuing Medical Education				\$1,124.86		\$1,124.86		\$1,124.86
Nursing								
Salaries & Benefits		\$6,728.94		\$69,587.46		\$69,587.46		\$69,587.46
Social Services (3 geriatric social workers)								
Salaries & Benefits		\$13,883.07		\$130,726.08		\$130,726.08		\$130,726.08
Other Expenses		\$3,374.58		\$14,578.23		\$14,578.23		\$14,578.23
Center Support (3 Staff Members)								
Salaries & Benefits		\$3,832.79		\$220,503.72		\$220,503.72		\$220,503.72
Other Expenses				\$30,371.33		\$30,371.33		\$30,371.33
Specialist E-Consult Service								
Purchased Service		\$500,000.00	\$54,600.00	\$115,440.00	\$54,600.00	\$115,440.00	\$54,600.00	\$115,440.00
Telebehavioral Health				\$90,000.00		\$90,000.00		\$90,000.00
Mike's Place				\$115,000.00		\$115,000.00		\$115,000.00
Subtotal		\$576,953.44	\$841,476.41	\$902,316.41	\$841,476.41	\$902,316.41	\$841,476.41	\$902,316.41
Per Person Costs		\$19,231.78	\$28,049.21	\$30,077.21	\$28,049.21	\$30,077.21	\$28,049.21	\$30,077.21
Childcare Center								
Infant All day: 6:30 am - 6:30 pm (assumes 5 infants)					\$66,000.00		\$66,000.00	
Per child cost					\$13,200.00		\$13,200.00	
Toddler All Day: 6:30 am - 3:00 pm (assumes 10 toddlers)					\$116,400.00		\$116,400.00	
Per child cost					\$11,640.00		\$11,640.00	
Toddler Half Day: 6:30 am - 11:30 am (assumes 10 toddlers)					\$100,800.00		\$100,800.00	
Per child cost					\$10,080.00		\$10,080.00	
Subtotal					\$283,200.00		\$283,200.00	
Transportation								
Total	\$1,126,953.44	\$1,225,953.44	\$847,476.41		\$1,130,676.41	\$1,191,516.41	\$1,130,676.41	\$1,191,516.41
	Year Zero - Start Up		Year One		Year Two		Year Three	
	Total for Pilot Initiative		Total Cost to the City					
	\$6,618,815.49	\$6,717,815.49	\$1,324,457.94		\$1,423,457.94			