



# BUILDING AN INTERGENERATIONAL METROPOLIS: AUSTIN

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## UT Austin LBJ School Team



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# Executive Summary

This report examines a serious problem in the City of Austin for an increasingly older and frail population that overwhelmingly wishes to age in place. Previous research highlights a growing need for affordable housing and community-based services. These include wellness care and supportive services conveniently located all in one place for seniors and children in East Central Austin, one of the city's most underserved areas. Intergenerational Day Care Centers (IDC) are effective at providing easy access to health and social services for improving the lives of residents across multiple generations. LBJ School of Public Affairs students have worked with support from the St. David's Foundation, Central Health, Austin Public Health (APH) and a wide range of partners since 2015 to examine innovative, viable, and sustainable solutions to make Austin more inclusive for residents of all ages and abilities.

On October 18, 2018, the Austin City Council adopted Resolution #41 (No. 20181018041) to pursue measures regarding a process for developing an adult day center. The center would provide social activities, meals, recreation, and some health-related services located at the Rebekah Baines Johnson (RBJ) Center for Independent Living or another city-owned property in the 78702-zip code.

This report focuses on answering four questions posed by APH intended to guide the research this semester:

- (1) What is the City's jurisdiction to provide IDC services?
- (2) What services could be provided in a pilot space that is 5,000-10,000 square feet?
- (3) What level of service is feasible based on the potential space and the city jurisdiction?
- (4) Are there state regulatory requirements for the scope of services identified

The current study focuses on aspects of pilot feasibility for developing an intergenerational day care center by addressing these four questions Austin Public Health posed in early 2020. The LBJ student research team under direction of Dr. Jacqueline Angel ("The Team") compiled information from administrative memoranda, personal interviews with community informants, journal articles, government and legal documents, and consulted with IDC environmental and health care design experts.

Based on these findings, the Team collaborated with an architectural team under the leadership of Dr. Norouzi that has drawn up architectural plans for the pilot project serving 50 seniors and 25 infants and toddlers. The design includes an adult day center, a child development center, and shared spaces for intergenerational interactions.

For successful implementation of the three-year IDC pilot program, coordination among city officials, the Commission on Seniors, non-governmental organizations, industry experts, as well as the newly established community advisory group is vital. This process will involve identifying a city-owned property on which to locate the IDC and developing safety protocols in light of COVID-19. With this plan, we hope to inspire other cities and municipalities with aging populations to implement similar models.

## Acknowledgements

This report will guide best practices for IDC implementation in Austin, leveraging expertise and experiences of community participants, their caregivers, and staff from various respite and adult day programs around the city. Special thanks to St. David's Foundation for their generous support of the efforts over the past five years.

We all benefited immensely from the assistance of many individuals, agencies, and organizations. We would like to express the sincere appreciation to all for their guidance that enabled the completion of this report, including the many who preferred to remain anonymous.

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## Introduction

In 2012, the City of Austin became the first city in Texas to be named to AARP's Network of Age-Friendly Cities, signifying strides taken to enable access to key senior services, advocate for equal opportunities in community activities, and support housing services for the aging. This designation was only the first step in an ever-continuing goal to make Austin the most Age-Friendly city in the nation (figure 1). In 2013, the City of Austin Mayor's Task Force on Aging found a glaring gap in services for caregivers of aging parents and young children in desperate need of respite and opportunities to access co-located affordable adult day health centers and childcare services. The Task Force then established the city's first Commission on Seniors to gather city leaders on aging to discuss new advancements and provide advocacy. The City of Austin also recognizes the need to design a plan for a more inclusive society, partly as the result of gentrification and displacement, particularly in the communities east of Interstate Highway 35, a focus area for The Team (City of Austin, 2019).

As shown in Figures 11 through 13 later in this report, the City of Austin has experienced exponential growth in populous, business and income that has led to major changes demographically. As younger, higher income workers move closer towards the urban core, seniors over 65 years of age are at particular risk of being displaced from long-time stable housing due to increased home sale prices while living on fixed and social security incomes in addition to increased risk of disabilities and chronic health conditions (Resolution 41 Report, 2019). These figures also underscore the most concentrated areas of seniors aged 65+ are overlapped in zip codes such as 78702 where the incomes are the lowest and median homes sales have increased the most.

Resilience is defined as a "...measure of the persistence of systems and their ability to absorb change and disturbance and still maintain the same relationships between populations or state variables" (Holling, 1973). In smart cities of the future, social resilience will be key in building stronger communities and addressing aging-in-place issues. In 2013, a report published by the Federal Reserve Bank of Atlanta concluded

that cities with a high degree of social resilience tend to see numerous health and economic benefits (Carpenter, 2013). In addressing barriers to building stronger communities, resilience refers to the ability to achieve a new, equitable equilibrium. This will be exceptionally critical as everyone faces a post-pandemic world. Strong social networks are a factor widely believed to impact resilience.

The University of Texas at Austin LBJ School of Public Affairs, the Commission on Seniors, Austin Public Health (APH) and other community partners are working on a set of recommendations for the development of an Intergenerational Day Center (IDC). According to a 2018 report entitled, *All in Together: Creating Places Where Young and Old Thrive: A Report from Generations United and the Eisner Foundation*, such intergenerational shared sites “involve one or more organizations delivering services to unrelated younger people, usually 24 and under and older adults, typically over 50, at the same location, such as a building, campus, or neighboring buildings” (Jayson, p.5). Generations United, a prominent intergenerational advocacy non-profit, compiles reports over several years that provide evidence on the benefits of IDC, such as those presented in this report.

Extent literature cited in this report and many previous, highlight the numerous benefits of an IDC. Some of these benefits are shown in Figure 2 below, and include several domains such as cognitive, physical, respite and economical. These sites, shared by older adults and young children, foster a positive learning environment, and provide much needed respite for caregivers of both the young and old. The LBJ research team has gathered data and evidence over several years to underscore the great need for an IDC in the city of Austin, where affordable, quality day care has lacked behind the need of a growing city and multiple generations.

Besides the increasing need for intergenerational programming and wellness services for low-income seniors, affordable childcare services are in high demand and low supply in Austin-Travis County. Data reveal that 34% of children under age 4 from low income households do not receive any early learning services (United Way of Greater Austin,

2019). Further, barely a third (39%) of children from low-income households begin kindergarten ready to learn and succeed.

Exceedingly, Austin's low-income children have the greatest need for quality daycare. According to United Way of Greater Austin benchmarks, fewer than 3,000 of Austin's 93,000 low-income children receive high-quality childcare. Moreover, the average cost of tuition for infants in the City of Austin (\$9,474) exceeds the income of most low income families in Austin-Travis County (United Way and E-Three Alliance, 2019).

Resolution 20181018-041 passed in October 2018 in response to mounting evidence on the specialized needs of Austin's growing senior and pre-senior populations. The corresponding Resolution 41 Report by Austin Public Health and LBJ School students in May of 2019 recommended a pilot feasibility study for the multigenerational program model. Based on these recommendations, the City of Austin received Austin City Council approval to select the property for the IDC and its ancillary services and programs.

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In response to the first question, researchers obtained information from the City of Austin Legal Department that recommended the use of city funds and resources for an IDC that will not include medical provider delivered health care. Since the City of Austin no longer provides medical services following the creation of Central Health as the Travis County Hospital District (in 2004), the pilot design will focus on social aspects of care. Tele-behavioral health services, such as screenings for depression, are recommended if initial assessments do not require a medical professional.

To fully investigate the second question, The Team gathered public input from Austin's senior residents, providers, and caregivers ("Community Informants") to identify which services should be made available at the center. We employed a co-production approach, a procedure to engage individuals of focus commonly used as "subjects" of analyses (RBJ seniors), at the initial, development and evaluation stages of the IDC service design model. Investigators conducted interviews in the community with 17 seniors who use health and care services, along with 15 caregivers, aging services staff, and volunteers regarding their preference and level of interest in adult day services for an IDC pilot (n=32). To reach a consensus on the IDC model, researchers conducted follow up telephone and email interviews with a subset of participants (n=15) who agreed to evaluate the most important design elements. This collaborative process revealed the following as the most highly ranked intergenerational programming among respondents/participants:

- Recreational activities such as live music, excursions, and cooking
- Socio-emotional therapies such as pet therapy, mindfulness, and activities with infants and toddlers
- Learning services such as lifestyle and nutrition, technology, and art

In response to question 3, the city requires a facility with approximately 10,000 square feet. The Team has a unique privilege of creating a space from the ground up that will serve the needs of the focus community. The proposal is based on an architectural prototype that Environmental Architect, Dr. Neda Norouzi, who specializes in intergenerational and healthcare designs, created for the pilot. The renderings include the following functional areas for group activities:

- A dividable multipurpose room for dining with adequate table setting space
- An area for physical activities, a kitchen area for refrigerated food storage, the preparation of meals and/or training participants in activities of daily living
- A quiet room (with at least one bed), which functions to isolate participants who become ill or disruptive, or who require rest, privacy, or observation
- At least one toilet for every eight participants and equipped for persons with limited mobility

- Space for storage arts and crafts materials, personal clothing and belongings, wheelchairs, chairs, individual handiwork, and general supplies.

Other space requirements include an individual room for counseling/interviewing participants and family members for tele-behavioral health screening and other matters of wellness; a reception area, an outside space with a garden area and recreational space that is safe, available for outdoor activities, accessible to indoor areas, and accessible to those with a disability.

In addressing the last question, The Team yearns for a long-term established IDC to meet state requirements for an adult and child day center that provides social activities (at least three hours of social activities per day), nutrition and food service, recreation, and some health-related services, such as nursing services, physical rehabilitation, and wrap-around services. Adult day center (ADC) programming, as defined by the State of Texas, must occur for at least 10 hours each day, up to 5 days a week (Monday through Friday), except for published holidays. Licensure regulation of adult day care services include employment of an Activity Director, maintenance of a staff to participant ratio of one to eight, and provision of appropriate staff training for emergency procedures. The indoor space for an activity day and health care center must be at least 100 square feet per participant, including office space for staff, and must be 60 square feet per participant excluding office space for staff. The estimated space required for an ADC is at least 40 square feet per participant; the model estimates 80 square feet per participant.

In further discussion with partners at St. David's Foundation, The Team has committed to flexibility in considering pilot space to remained unlicensed by state Adult Day Center requirements in order to ensure the most swift, timely implementation of a pilot program that features intergenerational programming. As seen through the local Respite Programs for capable seniors, effective adult day and respite programming can still be accomplished in a setting that is unlicensed. What will set the IDC apart even in pilot stages, will be robust and co-produced intergenerational programming that will feature most necessary curriculum as outlined by the seniors in the community as shown in our co-production model (p. 20).

# Background

## Project Objectives

To meet the Resolution 41 objectives, the LBJ School of Public Affairs and Austin Public Health assessed the needs and preferences of low-income seniors and the feasibility of an adult day center to be located adjacent to the RBJ Health Center or another city-owned property. The findings revealed a critical gap in accessible wellness and social services, for which Austin's low-income elderly residents have indicated the greatest need, as well as space for child-care and multigenerational programming.

Housing plus services models can help older people remain healthy and independent for longer periods, all while saving healthcare dollars (Fenelon et al., 2017; Magan, 2018). Previous research demonstrates that adult day centers provide opportunities for socialization and camaraderie, as well as increase access to healthcare (LeadingAge, 2019). There are also numerous positive benefits of linking an IDC with affordable housing for low-income seniors. Displayed in Figure 2 below, an IDC combines senior and child-care in one place as multiple generations come together to participate in intergenerational programs (Goyer and Zuses, 2008). In these facilities, children and seniors learn, play, and grow together through activities offered to enhance personal interactions and wellbeing (Seeman, et al., 2001). Such programs reduce ageism and loneliness, while increasing seniors' level of social engagement and younger people's empathy (Andreoletti, 2018, figure 2).

A 2018 *Harris* public opinion poll, coordinated by Generations United and The Ohio State University and supported by The Eisner Foundation, revealed 94% of Americans agree that older people have talents that can help address childcare needs.

Additionally, 86% of Americans stated, "if a loved one needed care services, they would prefer an intergenerational setting" (GU/Harris, 2018). These data highlight on a national level the positive reception an IDC has and the support it garners from communities that have interest and positive feedback to provide for such a setting.

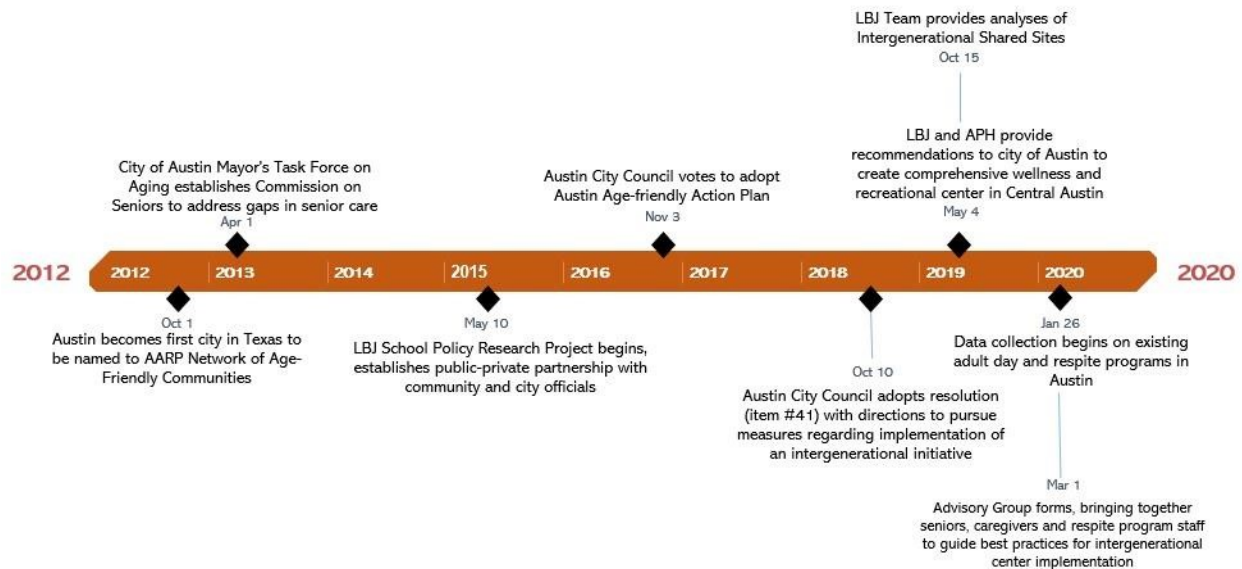


Figure 1: Project Timeline



Figure 2: Benefit of IDC

At the time of this report, the LBJ student research team has collected data from community-based respite and adult day care groups to analyze commonly used practices and services, as well as to gauge best organizational practices of existing programs (displayed in Appendix B). The Team used a co-production model to engage community members, including low-income seniors, caregivers of aging parents and young children, care program managers, and volunteers. This practice will enable the research team to



collect both qualitative and quantitative data to analyze which programs and services will be more pertinent and valuable to a pilot and future IDC implementation.

## Existing Respite and Adult Day Care Infrastructure

Based on the Alzheimer's Texas list of respite and adult day care centers in the City of Austin, The Team conducted a series of interviews with leaders from the respective centers. The list, summarized in Appendix B, identifies one licensed adult day center and eight respite care centers. Austin Groups for the Elderly (AGE) of Central Texas is the sole public, licensed adult day care in Austin, with services provided in their Thrive Social & Wellness Center. A licensed adult day facility in Texas must have care services available for at least 10 hours each day with professional staff, such as a facility nurse, director, or activities director, available at all times.

Respite centers in Austin provide public respite care, are unlicensed, and provide less than 10 hours of care a day with no medical interventions. They are open to the public and serve participants with memory cognitive deficits, giving their family members and caregivers several hours of respite. The respite centers require participants to be mobile, verbal, and be able to perform basic activities of daily living (ADLs), such as toileting, ability to get in and out of car, and eating/drinking. These community respite centers generally have limited budgets from donations, use community/church spaces, and rely on volunteers and limited staff. Many centers also include an element of intergenerational activities, demonstrating a desire in the community for programming like what could be offered at an IDC.

## IDC in a Post-COVID-19 Environment

The Team originally intended their research design of co-production to consist of mostly in-person interviews with the co-production participants, visits with existing adult respite centers around Austin, and pilot sessions with the co-production colleagues. The Team adapted to the pandemic with telephone interviews, online polls, and follow up emails. The need to understand the elder community and the isolation facing this marginalized group has become more apparent through the crisis.

Focus populations, including seniors over 65 years of age and children under 4 years of age could be suspect to increased risk of infectious disease like COVID-19. Additional safety protocols will need to be in place at the pilot and in the center. This may include temperature checks and additional hygiene measures, including extra full-time cleaning staff, more sinks in the bathrooms, and hand sanitizer units spread across the property. This health crisis has also underscored the fact that low-income individuals and families and those from socially disadvantaged backgrounds are more likely to rely on front line, high-risk, essential jobs in the community that cannot be completed at home (Vesoulis, 2020). This project prioritizes populations that are of low-income and disadvantaged backgrounds and will continue to adapt the scope of services and attention to better serve these populations who will likely be in greater need when the pandemic ends.

Social barriers, such as transportation, nutrition and health literacy have only increased burdens on these groups in a pandemic environment, the effects of which will be felt for years to come. To prepare for this in an intergenerational setting, the model must adapt to the need for increased virtual participation in health and social activities. This not only includes the physical preparedness mentioned above, but the ability as a research team to continue to identify community needs as we transition to a post-pandemic world. The goal will be to better serve the populations, as well as their caregivers who will need respite more than ever.

# Community Involvement

## Interview process

To integrate the community into the IDC project, the student research team used a ‘coproduction’ approach. Co-production in community research “aims to put principles of empowerment into practice, working ‘with’ communities and offering communities greater control over the research process and providing opportunities to learn and reflect from their experience” (Durose et al, 2012, p. 2). Co-production facilitates research with the elderly that is, “*with*’ or *‘by*’ older adults rather than *‘to*’, *‘about*’ or *‘for*’ them as research subjects” (Fudge, Wolfe, and McKevitt, 2007). The Team was particularly inspired by a series of studies performed with older residents in a low income neighborhood in Manchester, United Kingdom. Eighteen older adults served as “co-researchers”, conducted interviews with 68 older adults on age friendly policy and then researchers gathered further findings during a series of four reflection meetings with the older adult co-researchers (Buffel, 2018).

The co-production team gathered co-researchers through a snowball sampling method. Community leaders connected The Team to various care recipients, volunteers, and caregivers. The Team evaluated the co-production team’s interest in potential IDC activities (recreational activities, social support activities, and learning programs) using a Likert scale of 1 to 5, with 1 being no interest and 5 being high interest. Further, performed on-site interviews with sixteen older adult residents of RBJ senior housing, the neighboring building of the proposed pilot site, before the impact of COVID-19.

Considering COVID-19 pandemic restrictions, subsequent interviews were performed with one RBJ resident, four caregivers, six volunteers, and five respite care community leaders via a Google Poll administered by email and phone.

## Trial Run of Intergenerational Hour with The Sanctuary and Faith Pre-School

To better understand the existing state of eldercare infrastructure in Austin, The Team set out to interview several of the city's community-based respite groups. The volunteers in these programs are part of the IDC taskforce and have provided valuable support thus far.

The lead volunteer of The Sanctuary agreed to partake in an intergenerational activity pilot that would be used to inform the recommendation to the City. The Sanctuary participants have the unique benefit of sharing an address with Faith Preschool at 2701 South Lamar Blvd. During break time, when the children are allowed into the playground, it is apparent how interesting both groups find the other as they peer through the windows. The Assistant Director of Faith Preschool was responsive to the idea of the overall project and was eager to help facilitate the intergenerational pilot session. Apart from the usual playground-time view, the only occasion when the participants of the preschool and respite group interact is when the children come over to practice new songs and rhymes for the elderly audience once a month.

Intergenerational programs have been used in diverse settings to benefit targeted populations (e.g. older adults with dementia) and to achieve a wide range of educational, developmental, and psychosocial benefits. Objectives and benefits associated with these activities are divided into four main domains: (1) social, (2) psychological/emotional, (3) physical, and (4) intellectual/cognitive.

The activity chosen by the Director was a structured art session which would exercise each of the domains; participants work in teams and communicate utilizing their social skills. The art session allows participants to exercise emotional skills by requiring creativity and initiative; the cutting up, drawing, and pasting exercising their motor skills. Requiring their cognitive skills to stay on track, participants produce a piece of artwork in the designated time. Permission was obtained for a 30-40-minute sessions with both groups of participants including 7 elders and 12 children.

To evaluate the success of the session, The Team will use a program evaluation procedure Dr. Shannon Jarrott of the Ohio State University developed for Generations United, included in the Appendix. The Sanctuary volunteers and Faith preschool teachers provide feedback from their perspective of the success of the program. The elder participant feedback would be received in two ways: in direct conversation after the session and by way of a follow up conversation with their personal caregivers on how they had spoken about the session after leaving the Sanctuary. The children also are asked to write a short paragraph on how they felt about the interaction as a school assignment.

Unfortunately, this pilot session was postponed due to the unforeseen impact of the COVID-19 pandemic in March 2020. The feedback from this session will, however, be a useful component of future research.

## Conversations with Community Leaders

The Team also took the time to speak with community leaders and those who would serve as potential volunteers in the program. Amongst the respondents were current program directors of groups working with adults with Alzheimer's and cognitive deficits, caregivers of family members, and long-time volunteers at Mike's Place respite center. The Team also had phone calls and virtual interviews with the various program managers of eight community-based respite groups in the city of Austin.

These programs are not licensed and characterized as such because they offer less than ten hours of care a day and do not provide direct medical care, relying almost solely on donations and non-profit funding, volunteers, and donated church/community space. While many participants have cognitive and memory issues, they generally require participants to be ambulatory, able to move with minor help and have basic activities of daily living (ADLs).

The Team inquired about the activities being considered at the IDC to gauge their opinions on the potential popularity of these programs with the individuals with whom they work. To do this, The Team sent many of them the same survey used with the RBJ Senior

residents and asked them to rate on a system of 1-5 activities in three categories: “Recreational Activities,” “Social Support Activities,” and “Learning Activities.”

Researchers received a total of 15 responses from community leaders on the survey. In the “Recreational Activities” category, the most popular activities were Group Exercises (average rating 4.71 out of 5), Music (4.71 out of 5) and Dance Parties (4.35 out of 5). The least popular activities were Reading, Tai-Chi and Mindfulness, and Hula Dance, all of which had an average rating of 3.50 out of 5. Some of the respondents had additional comments within this category, many regarding practical considerations of the activities.

One comment suggested that the volleyball activity use balloons instead of real volleyballs, due to real volleyballs’ “heaviness and the strength that some participants will hit the ball with.” Another comment said that “mobility, weather conditions, and cleanup are all barriers to successful gardening ventures with the particular group [they] work with, but a few participants have enjoyed being outside and watching or minimally participating.” One individual, speaking from their own experience, said they “found that music/singing/dancing [are] the most universally enjoyed activity(s).” Other comments were more general: “At the respite center we try to keep the activities interactive and engaging. I want [the] participants to feel like they are a part of something and have a sense of belonging. I think all of the activities above are things that do that.”

In the “Social Support” category, the most popular activities were Pet Therapy (4.71 out of 5), Art Therapy (4.14 out of 5), and Lunch Helpers (4.00 out of 5). The least popular activities were Mindfulness Meditation (3.07 out of 5), Holding and Feeding Infants (3.21 out of 5), and Playing Peek-a-Boo with Infants (3.36 out of 5). Some participants had less experience with the activities in this category; one respondent said that they answered “3” on many because they either “never tried them with clients or...don’t know what they involve.” Within their experience, one respondent indicated that some of the activities, like Lunch Helpers, would not be appropriate for their group. One respondent had a general comment: “For older adults, especially with dementia, long, quieter activities normally lose

them. Short presentations are fine, but it usually needs to have something to hold their interest.”

In the “Learning Activities” category, the most popular activities were Art Classes (4.42 out of 5), Sound Bingo (4.07 out of 5), and Nutrition Classes (3.71 out of 5). The least popular activities were Tutoring (2.79 out of 5), and Sign Language and Multi-Language Classes, both of which received 2.92 out of 5. One respondent said that “art is the only thing I think the dementia patients would be able to enjoy to the extent that we didn’t wind up excluding too many people from the group.” Some other comments questioned the logistics of the photography classes. Would they use disposable cameras? Cell phones? All this feedback is extremely valuable in preparing for a pilot and feasibility study of an IDC in the City of Austin.

Many of the results of this survey were in line with the opinions of the current RBJ residents, such as the popularity of music, pet therapy, and art programs. However, there were some that were quite different. Though most of the residents were in favor of outings and excursions, it was a much more mixed response from the community leaders. Further, many of the residents were not in favor of dance activities, but the community leaders saw them as being more popular. Some of the biggest differences were in activities like Hula Dancing (1.76 amongst RBJ residents compared to 3.50 amongst program directors and volunteers), Dancing (2.47 vs. 4.35), Pet Therapy (2.88 vs. 4.71), and Sound Bingo (2.24 vs. 4.07).

Following the responses to the surveys displayed in the figures below, The Team further reached out to respondents asking if they agreed with the results. The Team received a consensus decision from all additional 15 respondents that there was agreement within the results of the data. The only slight divestment from the results was in the category of Grief Therapy. The discrepancy likely results from who was able to respond to the additional consensus feedback via email. In figure 4 below, seniors significantly approved of grief therapy and would be of interest to them in an IDC. Contrastingly as shown in figure 6, community leaders, such as program managers and volunteers did not rate grief therapy as high of interest.



This is due to the fact that senior interview data was gathered in person before the coronavirus pandemic and many of these seniors wanted to remain anonymous, not wanting to share personal information or lacking access to technology to respond to follow ups, unlike their program managers and caregivers. Community leaders may view grief therapy as challenging and complicated and maybe ineffective in their experience. But as senior co-researchers show much affinity for it, The Team must explore and divulge into how it can be successful in an IDC for all community participants.

The bar graphs below display the full results of the conversations with community leaders and RBJ residents, as well as the combined results from both groups.

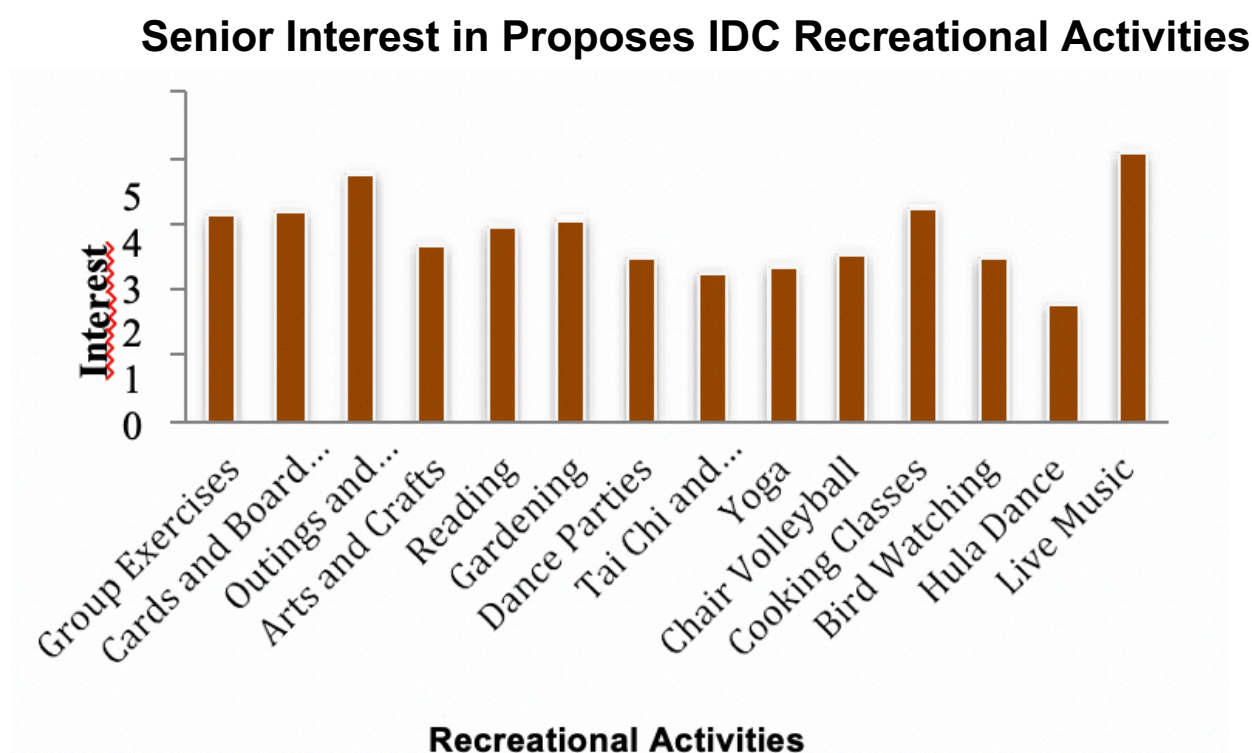


Figure 3: Senior Interest in IDC Recreational Activities

## Senior Interest in Social Support Activities

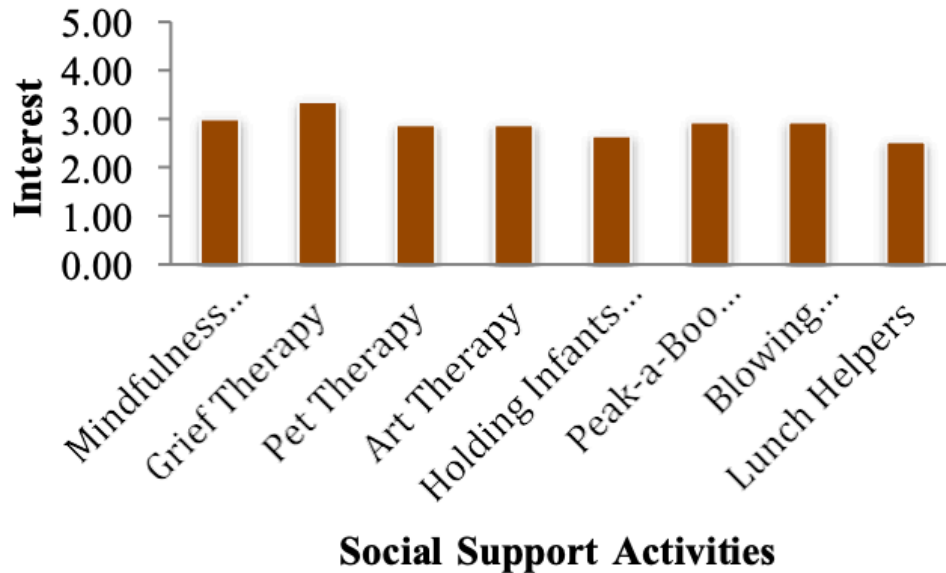


Figure 4: Senior Interest in IDC Social Support Activities

## Community Leaders Interest in Proposes IDC Recreational Activities

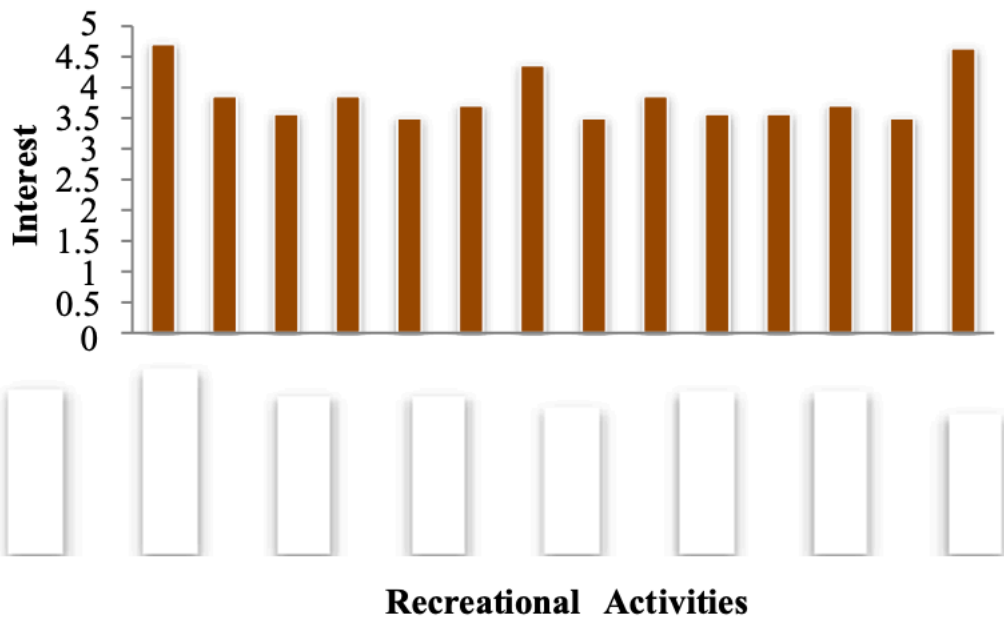


Figure 5: Community Leader Interest in IDC Recreational Activities

## Community Leaders Interest in Social Support Activities

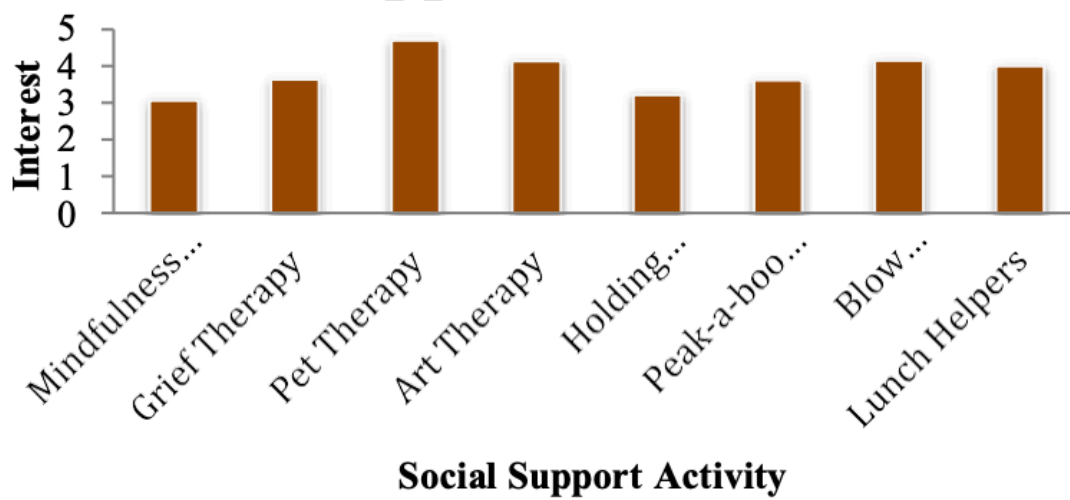


Figure 6: Community Leader Interest in IDC Social Support Activities

## Community Leaders Interest in Learning Activities

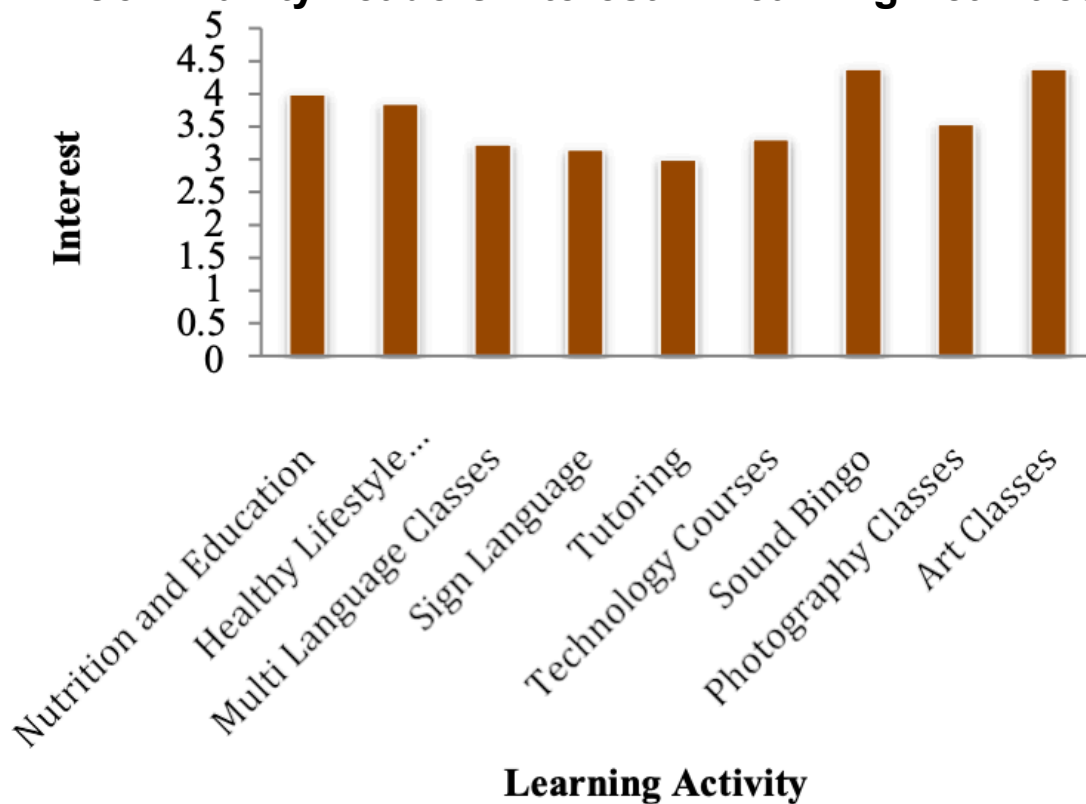


Figure 7: Community Leader Interest in IDC Learning Activities

## Total Co-Production Team Interest in Recreational Activities

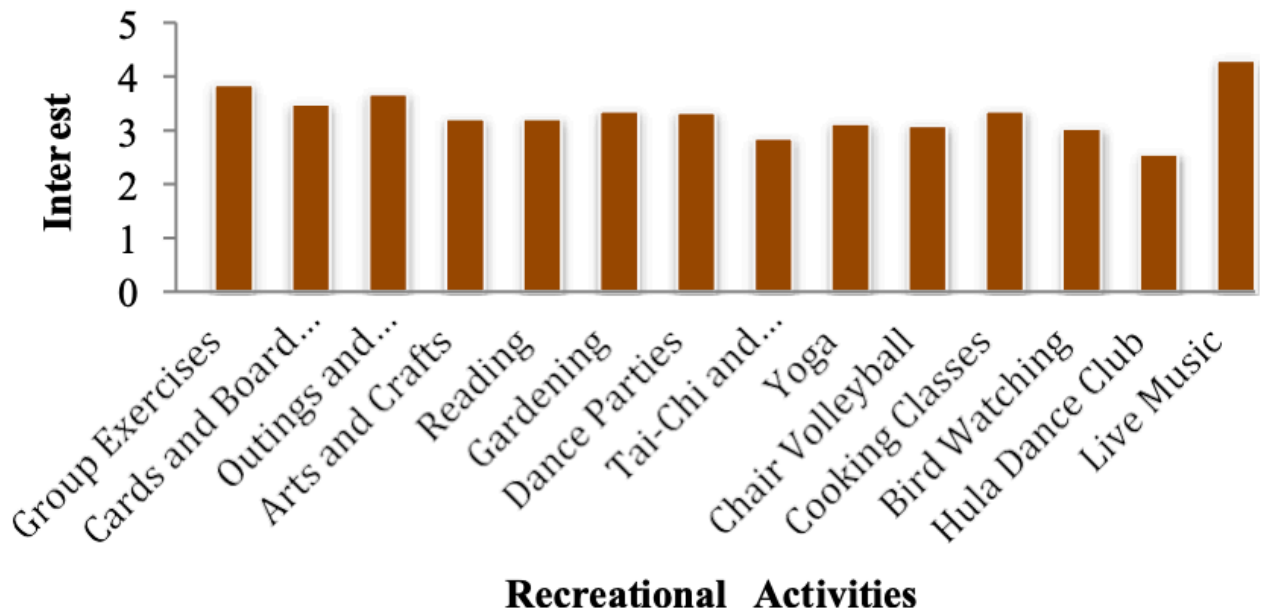


Figure 8: Total Team Interest in IDC Recreational Activities

## Total Co-Production Team Interest in Social Support Activities

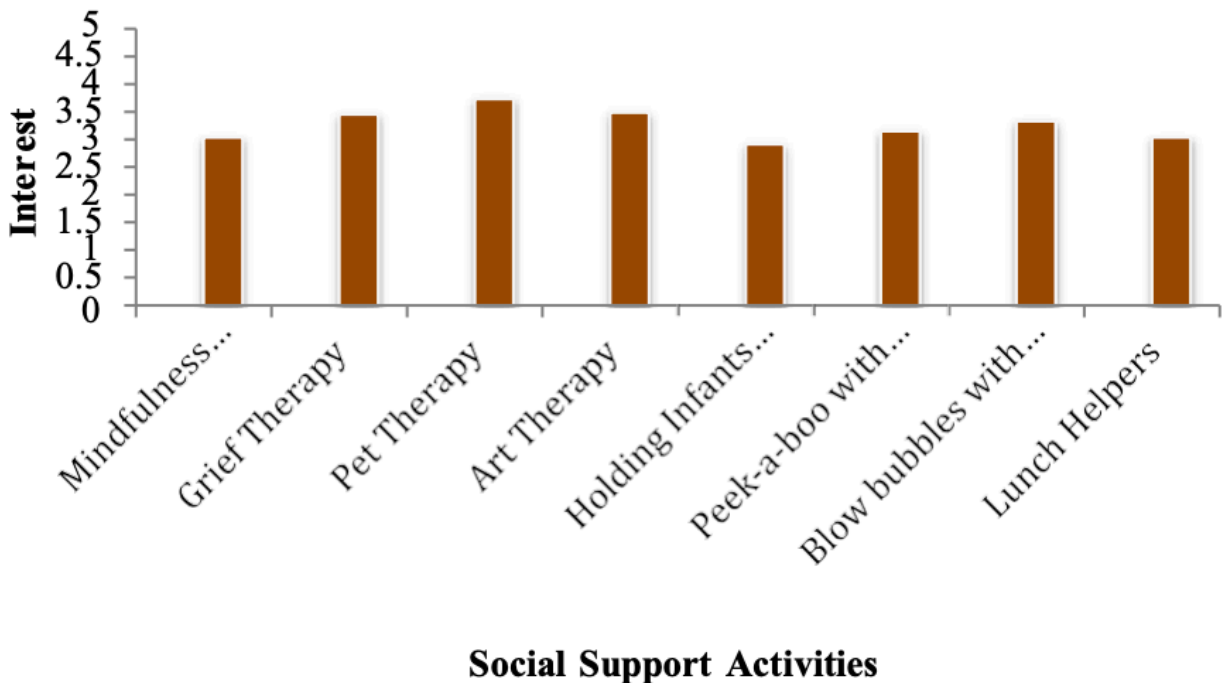


Figure 9: Total Team Interest in IDC Social Support Activities

## Total Co-Production Team Interest in Learning Activities

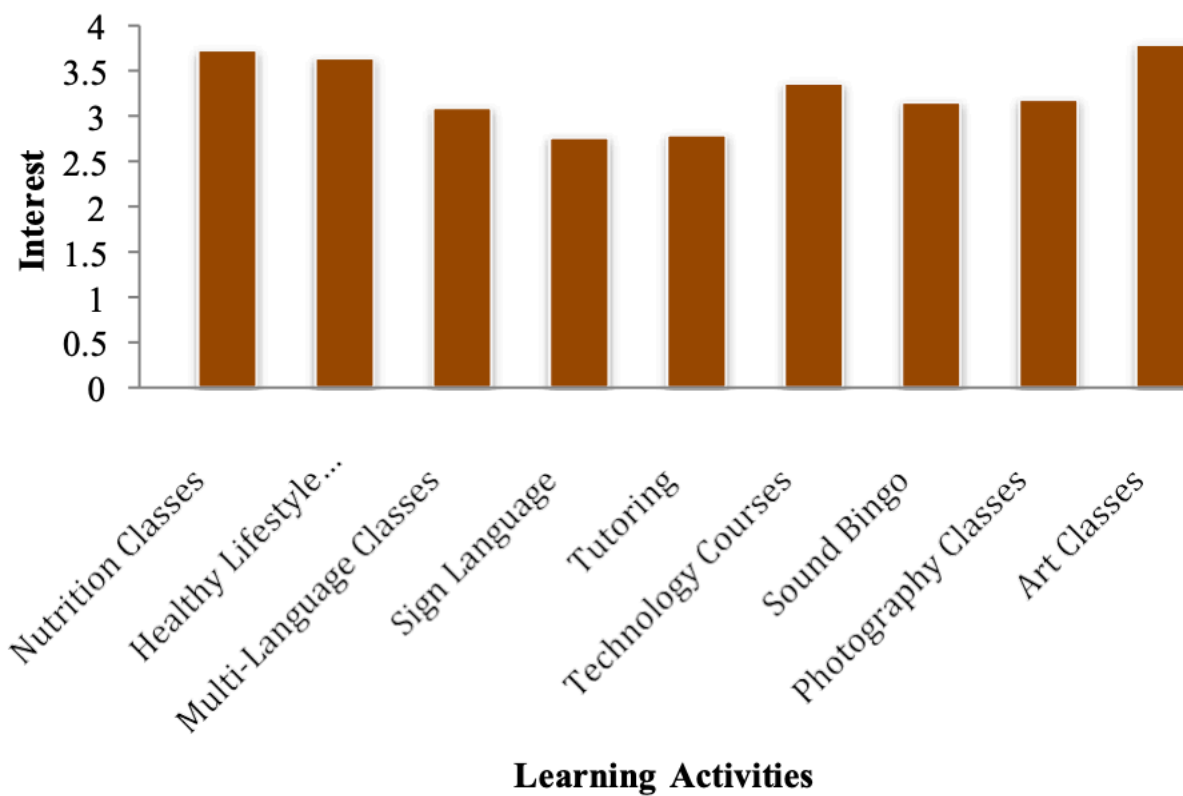


Figure 10: Total Team Interest in IDC Learning Activities

# Designing the Pilot Space

## Summary of other Locations Nationwide

In the fall of 2019, to compare intergenerational centers under similar state regulations and populations, The Team studied an established intergenerational center in Waco, TX and a center that has broken ground in Bryan-College Station, TX. Additionally, the research team analyzed an intergenerational center in Los Angeles, CA, and Columbus, OH to learn more about their differing state regulations, funding, and policies, as well as their vested interest in providing care for the most diverse communities.

The Team analyzed these four exemplars to compare their practices to the desired practices of an IDC in the City of Austin. These practices include a strong public-private partnership with the surrounding government and non-governmental community organizations and officials, focused eligibility on most vulnerable populations, social and wraparound services availability, as well as their university affiliation and age friendly designation by the World Health Organization.

The Team conducted virtual and physical meetings with officials from the distinct centers and discussed their early development and implementation processes, focus populations and the communities that have supported their goals. Results displayed in an October 2019 brief highlighted that many of the sites offered additional services onsite such as transportation, social services, tele-health appointments, and more. Majority of the sites analyzed also had affiliations with universities in their communities that leveraged resources for constituents, using research bodies to further analyze impact of services and how to better serve the community.

## Prospective Austin location

Per Resolution 41, the proposed IDC pilot space will be incorporated on city-owned property in the 78702 community which showed the greatest need. The proposed site in Figure 14 below represents the green space northwest and adjacent to the Rebecca Baines Johnson Health Administration Center (RBJ) at 15 Waller Street, 78702. RBJ includes a 16-story apartment community featuring 250 units providing affordable housing for older adults in Austin and is accessible to several social services; its central location places it on numerous bus routes with convenience to Lady Bird Lake.

As mentioned in previous reports, this initiative will focus on and prioritize the most vulnerable seniors in the areas where most citizens over 65 years of age have at least one type of disability in three domains: mental, physical, and self-care. Given the sources of vulnerability within the population area in the Holly 78702 neighborhood and the eleven surrounding zip codes, The Team anticipates a robust pool of seniors in need of care including those that already live and receive services at the existing RBJ Health Center. included in our proposal.

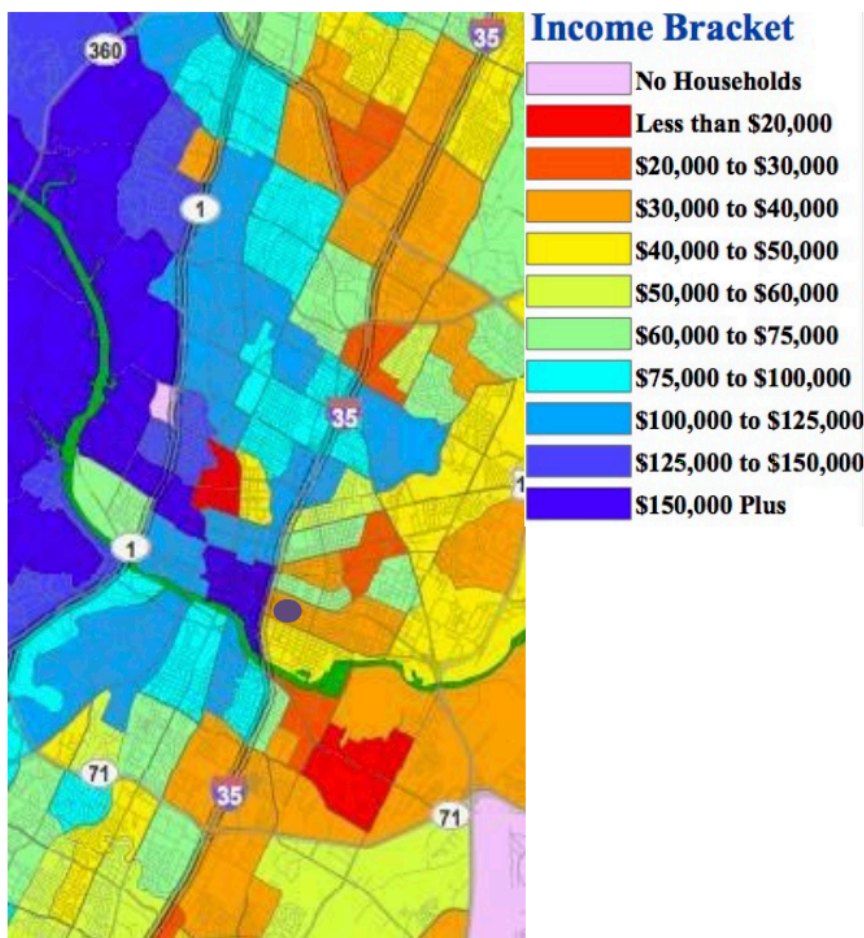
From this pool of residents, the City could potentially serve up to 50 seniors daily with group activity space for recreational therapy programs. The Center would also provide breakfast, lunch, and snack time through Meals on Wheels Central Texas, as shown in our model. Similarly, the child development center aims to serve up to 25 pupils per day and will have communal space for activities, outdoor playgrounds and gardens and programming in collaboration with the senior participants. Participation is on a voluntary basis.

This model is based on an approach pioneered by UT Austin's Child Development Center, and has been proven to reduce loneliness, social isolation, and increase overall health for seniors in adult day centers. Further, the IDC will help low-income parents who must care for both children and aging parents by providing a one-stop shop for whole-family wellness (figure 2).



The concentration of those with low-income in zip codes east of I-35 (Figure 11), the aging population (Figure 12) and increased gentrification (Figure 13) makes the 78702 zip code an ideal location for an affordable IDC to encourage the community to age in place. Buffell and Phillipson (2019) found that in areas of rapid gentrification, older adults experienced changes that were, “damaging to the quality of their life and the networks of which they are a part” (p. 1000). Their research also suggests that, “supporting interventions which can promote the ‘age-friendliness’ of urban communities” such as intergenerational services will be a form of “spatial justice” (Buffell and Phillipson, 2019, p. 1001)

#### Average household income bracket by zip code in Austin, TX, 2012



*Figure 11: Average household income bracket by zip code in Austin, TX. The 78702 zip code, which will house the proposed IDC location has an average household income between \$30,000 and \$50,000*

## Population 65+ in Austin, TX, 2012

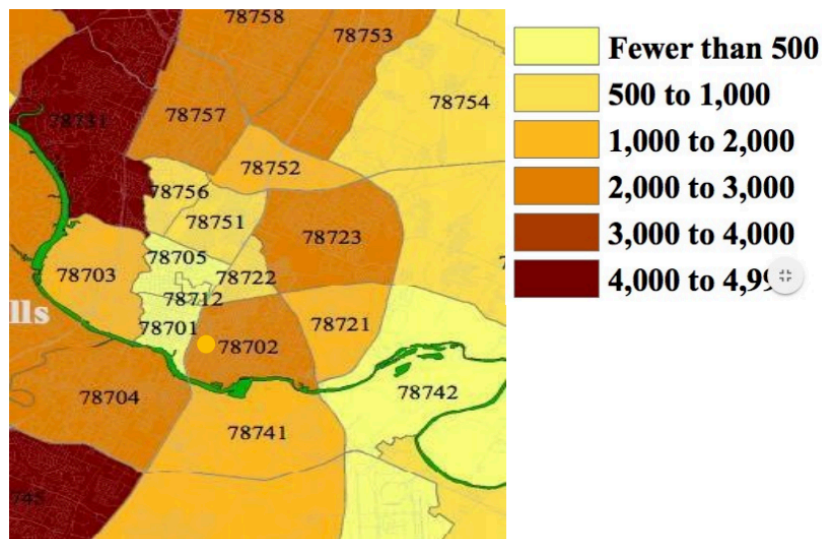


Figure 12: Distribution of 65+ Seniors in Austin, TX, proposed IDC zip-code has 2,000-3,000 seniors

## Percentage Change in Median Sales

### Price of Houses in Austin, 2010-2015

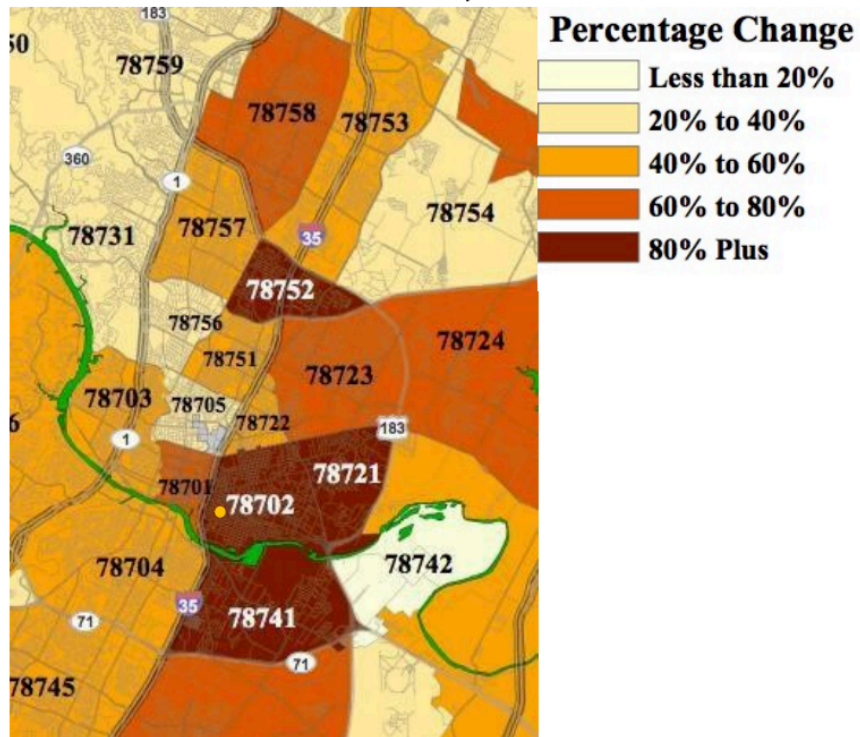


Figure 13: The 78702-zip code, which houses the RBJ Center has experienced an 80% change in housing prices across five years

## Architectural Illustration

Dr. Neda Norouzi, Assistant Professor of Architecture at the University of Texas at San Antonio, created a proposal for the design of the IDC in Austin. The building will house both seniors and children, as well as indoor and outdoor spaces for single-generation and intergenerational activities. These spaces (presented in figure 14) include an Adult Day Room where older adults can spend their day with their peers and away from children if they choose too.

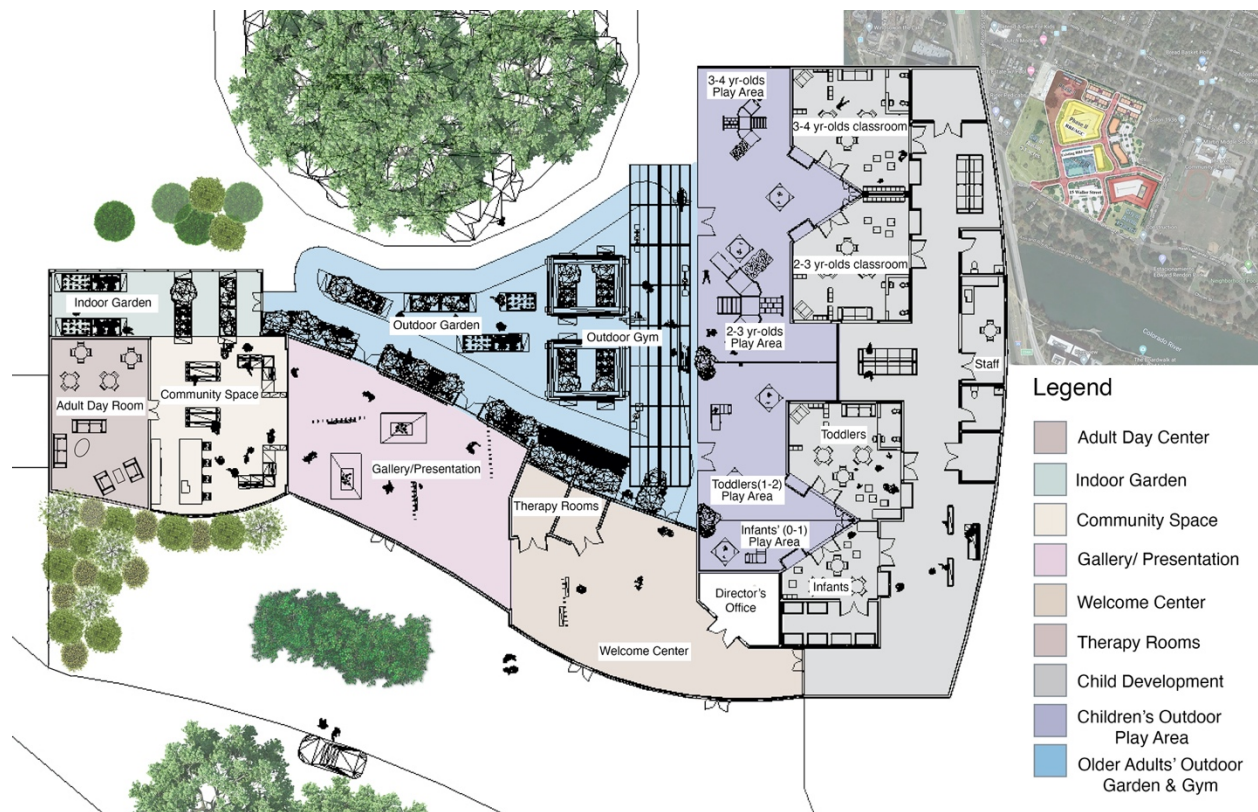


Figure 14: Austin IDC Proposed Schematic Design

This room is adjacent to the indoor garden (figure 15) and the community space (figure 16a) that includes a kitchen (figure 16b). The purpose of this layout was so older adults could use the indoor garden to plant herbs, root vegetables, and salad greens and they could use the community kitchen to make fresh meals. Although these spaces are designed for older adults, the IDC center could also use both spaces to facilitate intergenerational gardening or cooking activities where older adults could teach children



about the importance of eating healthy eating habits and including vegetables in their daily diet while communication different cultural and familial food interests.



Figure 15: Indoor Garden



Figure 16: a) Community Gathering Space



b) Community Kitchen

Other intergenerational spaces are the gallery/presentation area where children and older adults can create art together and use the beautifully designed panels to showcase their art work. The room will also feature a drop-down projector for movie and informative

presentation opportunities. Not only this will boost the level of confidence in both children and older adults but it will also bring awareness to the importance of intergenerational connections in the community. The IDC also includes an outdoor garden to be used by both older adults and children separately or together, an outdoor adult gym (Figure 17) that is adjacent to children's playground. The purpose of this design was to offer opportunities for older adults and children to exercise and play separately but also have the option of spontaneous interactions if they choose to. The children's playgrounds are next to four different classrooms for different age groups of 0-1 (figure 18), 1-2, 2-3, and 3-4 years old children. This center includes two tele-behavioral health screening rooms in the lobby and was also designed with COVID 19 in mind as the child development center and the adult day center could be closed off to all other areas and function independent of one another.



*Figure 17: Older Adults' outdoor Gym- Intergenerational Playscape*

The outdoor area surrounding the facility will serve as an outdoor learning environment providing a blend of natural areas, environmental features, and plants to interest children in learning about nature and its elements. These initial designs for the IDC are meant to facilitate interaction between the various age groups that will participate in programming at the center. The goal is to create a community center that will bring together not just the seniors and preschool children, but a wider group thanks to the center's proposed ability to rent out some of the common spaces after their regular operating hours.

## Discussion and Next Steps

As Resolution 41 underscored, “Austin’s ‘silver tsunami’ poses unique challenges and opportunities across the City portfolio to meet the needs of the rising number of elderlies...” (Angel, 2018 p. 2). This report included a detailed and robust canvassing of the existing adult day and respite services that currently exist in the City of Austin. At the publication of this report, in Austin city limits, there is only one licensed adult day care center that provides over 10 hours of adult respite care a day with licensed staff. The Intergenerational Day Center model represents an innovative solution to fill this critical gap for making a better life for the most vulnerable seniors and children in the City of Austin.

The Team has taken many innovative steps this year to ensure a pilot is serving the focus population with the appropriate services and programs. This includes using the input from caregivers, program managers, and volunteers to guide best practices for the model to be sustainable and successful in practice. The future of this initiative is strengthened through partnerships with city officials, non-profit funders, industry experts, as well as the community advisory group and fellow academics. These relationships are vital to the success of this project.

The Team will also continue to broaden the relationship and collaboration efforts with Austin Public Health and other partners to create a more detailed Proforma of recommended budget based on the market rates, how the future city economy will be impacted, and based on the timeframe to implement and develop the pilot. The Team also looks forward to gaining some finality for a city-owned site to start the pilot IDC, based on recommendations provided to the city in 2019 and working alongside APH and City Council to make this project a reality.

The Team was committed to hosting the annual Livability & Longevity Symposium for the elderly constituents, public-private partners, and fellow students to learn more about the initiative and gather data in a central setting, but the event has been postponed due to

the ongoing coronavirus pandemic. Future teams remain committed to hosting this event if safe to do so in person or virtually to share deliverables, progress, and gain more insight from groups and individuals they may have missed. Intergenerational programming sessions in collaboration with the community partners will inform future studies, and the hope is to continue them when possible.

The data collection displayed in this report regarding activities and services the community co-researchers prefer will go a long way in the eventual implementation of a pilot and long-term intergenerational day center. This Team and the ones that follow will be well-equipped with data from seniors in the proposed location regarding desired curricula, as well as a team of informants through caregivers and existing program managers and volunteers to guide practices that have already worked in Austin on a smaller platform. These will need to be scaled up to a licensed, professional IDC setting that adheres to regulations of the Travis County Central Health district and the State of Texas.

We will continue to formalize the service partners, governance roles, and financial commitments to implement a pilot study. This pilot will 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 older adult population with special consideration for low-income seniors, and especially taking into considerations factors that will continue to affect all of us in a post-pandemic world.

To further expand scope of analysis as well continue to add community co-researchers to The Team, further liaison with different departments of The University of Texas at Austin to engage students and researchers from several disciplines will further deepen purview in terms of policy, research, and practice. Many of the intergenerational shared sites around the country incorporate university departments of engineering, education,



architecture, and more involved for long-term research and lab work, which The Team will continue to do in addition to the constant work with Dr. Norouzi and her team.

This initiative and corresponding literature review have revealed many positive factors of IDCs and their benefits. They help combat social isolation and reduce ageism, have mutual financial benefits with shared space and healthcare dollars, and create a unique research and training opportunity for healthcare professionals, educators, and academia. All of these, in addition to the extensive data collected from community co-researchers and existing adult day care services, further underscore the critical need for a public-private Intergenerational Day Center serving the City's youth and elderly most in need.

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# Appendix A:

## Evaluation Toolkit Example

Intergenerational facilitating partners complete after each intergenerational activity

Activity name/description	_____	Activity date	_____
Location	_____	Activity duration (approx.)	_____
Youth participants (#)	_____	Older participants (#)	_____
Youth group (e.g., class)	_____	Older group (e.g. ADS)	_____
Facilitating staff member(s)	_____	Form completed by	_____
How will you know this activity was successful for youth and older adult participants?			

**For each item, choose the single answer that best describes the activity.**

### Before the Intergenerational Activity

1. Time was set aside for adult and youth program facilitators to plan the activity. a. Clarification:	Yes	No (clarify)
2. Activity plans were informed by participants and/or facilitator knowledge of participant culture, experiences, interests and language(s).	Yes	No
3. Materials and space reflected participants' diversity (cognitive, cultural, developmental, sensory, and/or socioeconomic). a. Clarification:	Yes	No (clarify)

### During the Intergenerational Activity

4. The activity was appropriate for older adult participants. a. Clarification:	Yes	No (clarify)	
5. Materials were paired or used centrally (e.g., intergenerational participants shared materials rather than having their own). (Select N/A if no materials were used)	Yes	No	N/A
6. Activity incorporated intergenerational pairs or small intergenerational groups (e.g., no more than 3 youth per older adult or 3 older adults per youth).	Yes	No	
7. Facilitators used directions that encouraged intergenerational interaction. a. Clarification:	Yes	No (clarify)	
8. Facilitators shared or invited participants to share social history (e.g., preferences and experiences) to encourage intergenerational interaction.	Yes	No	
9. Facilitators stood back periodically to encourage intergenerational interaction. a. Clarification:	Yes	No (clarify)	N/A

### After the Intergenerational Activity

10. Youth and older adult participants were or will be invited to provide feedback about this activity. a. Clarification:	Yes	No (clarify)	
11. This activity should be facilitated again, without modifications. a. Clarification: What modifications are needed before repeating? (e.g., getting materials in other languages.)	Yes	No (clarify)	
12. What effect did the intergenerational component have on the activity? a. Clarification: How did intergenerational negatively or positively affect the activity?	None	Negative	Positive



## Appendix A (continued)

13. The success of an intergenerational activity depends, in part, on youth and older adult participants' observable social behaviors. Which behavior was most common among the majority of participants during the activity? Answer separately for youth and older adults.

Youth participants (circle one behavior)



Solitary: engaged in an activity without observing, responding to or interacting with others.



Watching: observing, without engaging in the activity or interacting with others.

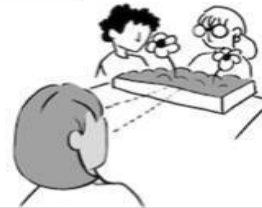


Intergenerational Interactive: responding to, communicating with, or interacting with 1 or more intergenerational partners.

Older adult participants (circle one behavior)



Solitary: engaged in an activity without observing, responding to or interacting with others.



Watching: observing, without engaging in the activity or interacting with others.



Intergenerational Interactive: responding to, communicating with, or interacting with 1 or more intergenerational partners.

14. Which face describes the predominant mood of:

- a. Youth participants: \_\_\_\_\_  
b. Older adult participants: \_\_\_\_\_



Awful

1



Not very good

2



Okay

3



Really good

4



Fantastic

5

**Facilitator notes.** Reflect on aspects of the activity not captured above. If you're familiar with the intergenerational activities, reflect on changes you observed, such as indication of developing intergenerational relationships. Reflections may spark ideas for improvements, activities, or ways to demonstrate impact.



## Appendix B:

### Select Respite and Adult Day Health Centers in City of Austin: 2020

<b>AGE of Central Texas Thrive Social &amp; Wellness Center</b>  Monday – Friday 7:00am – 5:30pm	Older adults with physical needs or memory loss  <b>Age:</b> No requirements <b>Finances:</b> \$65 a day, covered by Medicaid and veterans' benefits <b>Transportation:</b> transportation provided	Full-time nursing staff, dietitian, Therapeutic activities like walking, yoga, gardening, games, parties, field trips, music, and art therapy. Hot meals and snacks.  <b>Intergenerational Programming:</b> occasional play time and group activities with children from local churches	Full-time licensed vocational nurse (LVN), certified nurse aides, a licensed activity director, program aides, RN as clinical supervisor. Required 8:1 patient-to-care ratio	<b>Cost:</b> Program fees, non-profit donations/funding, contracted vendors, and workers  <b>Space:</b> Operates in a space larger than 5,000 square feet; 1 location in Central Austin, one in Round Rock (Williamson County)	Licensed Adult Day Health Center by Texas Department of Health & Human Services
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