

Housing Needs of Culturally Deaf Older Adults in Southeast Michigan

A study of the need for development of
senior housing and supportive services
designed exclusively for culturally
Deaf and Hard of Hearing older adults

April, 2006





Deaf Senior Housing Coalition

Supported by
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INTRODUCTION

This report represents the findings, conclusions, and beliefs of members of the Deaf Senior Housing Coalition, a group of Deaf individuals and concerned agencies who are committed to responding to the need for a Deaf senior housing community in southeast Michigan.

Deaf Senior Housing Coalition

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Executive Summary

Deaf older adults often live in “crowded isolation” in senior housing facilities and neighborhoods today. They have a separate and distinct language that places formidable barriers between them and their surroundings. It is a visual, silent language, not a written language, called American Sign Language. Traditional senior housing facilities do not provide assistive listening/signaling equipment for the Deaf, placing Deaf residents in an at-risk living environment. Because of this need, Deaf older adults in southeast Michigan have been advocating for the establishment of Deaf senior housing for more than 30 years.

At the urging of Deaf older adults James Bischer and Charlotte Graf, a small workgroup of service provider agencies and Deaf older adults, self-named the Deaf Senior Housing Coalition, began meeting to explore the feasibility of developing housing to meet the needs of the aging Deaf and Hard of Hearing (HOH) community. Participating organizations are Area Agency on Aging 1-B (AAA 1-B), Deaf & Hearing Impaired Services, Inc. (DHIS), and Presbyterian Villages of Michigan (PVM). The Deaf older adults on the coalition were aware of Deaf senior housing developments in other states, and knew of many peers from Michigan who had relocated to these facilities in states as far away as Oregon and Massachusetts. They questioned whether it would be possible to have a Deaf senior housing option located in Michigan so they could remain close to family and friends, and still have the option of living in a Deaf community.

The purpose of this study is to determine whether there is sufficient evidence of demand to justify building a Deaf senior housing community in Michigan, and to collect information that suggests what type of housing development (independent vs. assisted) and supportive services and amenities are most needed. The data which is the basis for this report’s findings and conclusions was obtained through a variety of methods, including a survey of 340 Deaf older adults, a focus group, a national survey of Deaf senior housing developments, and an analysis of Deaf older adult demographics. Key findings are:

- Based on Gallaudet University estimates, there are an estimated 44,720 - 89,445 Deaf and HOH adults age 65+ in Michigan, with approximately 28,355 - 56,725 living in the 17 counties that are within a 60-mile radius of Oakland County.
- Deaf older adults are more likely to report poorer health, more dissatisfaction with relationships, more symptoms of depression, and more help needed in performing independent activities of daily living than their hearing peers due to the communication barrier that exists¹.

¹ National Academy on an Aging Society. (2005). *Hearing Loss: A Growing Problem that Affects Quality of Life* [Brochure]. Washington, DC: Author.

- 95% of survey respondents expressed an interest in living in a senior housing development for Deaf and HOH individuals.
- 60% of respondents indicated they would move over 60 miles to relocate to such a development, with more than one-third indicating they would move any distance. Generally, hearing older adults move within ten miles of their existing residence.
- Interest in moving into a Deaf senior housing community in the near future, if not at this time, was higher among renters than among homeowners.
- The three most-often requested amenities for a Deaf senior housing community were interpreters to coordinate services', special response communication systems that accommodate the needs of the Deaf, especially in an emergency situation; and the availability of meals three times per day.
- When asked to choose, more focus group participants said it was more important to live near other Deaf individuals than it was to live near family members.
- 89% of those surveyed responded positively to a northern Oakland County location for a Deaf senior housing development.

Deaf elders who participated in the coalition's surveys, focus group, and meetings were overwhelmingly enthusiastic about the prospect of having a Deaf senior housing development located in southeast Michigan. Current renters and those with health and mobility issues expressed greater interest; however, those who would not move into such a facility at this time indicated they could change their opinions if faced with declining health, the loss of a spouse or other family members, or the loss of driving ability. While the Deaf senior housing and nursing home facilities surveyed in other states did not have significant wait lists, all facilities that were open for more than one year were at full occupancy. The coalition concluded that there is a very high level of interest in congregate living with other Deaf older adults, and a need for accommodations for the Deaf-blind. While many Deaf older adults resist the idea of moving into this type of housing initially, most report they would move if they had significant changes in their health or a spouse died. This is similar to the general aging population. Regardless of their willingness to move, Deaf older adults do want a high quality Deaf senior housing community that offers a wide range of amenities and levels of supports that will be attractive to them once they make the decision to change their living arrangement.

The model of housing in Michigan which matches this need best would be an affordable adaptation of a continuing care retirement community, which offers "independent living," assisted living, dementia/memory care and nursing home care on a single site, possibly in the same building. This model would be unaffordable to many with low and moderate incomes. Therefore, it will be necessary to engage in fundraising, and utilize financing subsidies in order to make the rent and service costs manageable for low- and moderate-income households. There would be many advantages to co-locating Deaf senior services within the community, and to accommodate activities that are typically offered through a senior center. A north Oakland

County site appears to be the most suitable location. The Coalition recommends that Presbyterian Villages of Michigan (PVM) be the developer and manager of a community for Deaf and HOH older adults. With its 60 years of commitment to senior living and having village boards that include residents, resident family members, community members, aging professionals, etc., they would respect the goals of such a senior living community.

Based on the findings of this report, the Deaf Senior Housing Coalition should proceed by expanding coalition participation, developing plans for a Deaf senior housing community, raising donations and financing necessary to construct the facility, and initiating marketing activities.

Deaf and Hard of Hearing Older Adults in Southeast Michigan

Deaf persons have a separate language of American Sign Language as well as a separate and distinct culture. Spoken English is often a second language for the Deaf. Deaf and Hard of Hearing (HOH) older adults generally face more barriers to successful aging and accessing community resources, and as a result have greater incidences of need in the areas of health, mobility, housing, and economic security. Because of the language barrier, Deaf and HOH older adults often are isolated from the hearing world, and dependent on family, when available, as well as on the Deaf community, which has limited resources.

“Individuals who have not heard for most of their lives, and who are now aged, have often spent years in isolation. Many of them grew up in state schools in a time when there were no teletypewriters (TTYs, also known as telecommunication devices for the Deaf, or TDDs) or professional interpreters.

While Deaf children from non-hearing families learned to sign, those who had hearing families were not encouraged to learn to sign because it was believed that they would isolate themselves from the hearing world.

Additionally, many Deaf people growing up in the early 1900s rarely learned to read or write. Although a good number of these elders still do not have these skills, most have learned to sign in order to better connect with the Deaf community.” (*Kardis, FutureAge, May/June 2005*)

Hearing loss affects more than 4 million older Americans age 65 and older, and 43% of all persons with hearing loss are age 65 and older, according to a 1999 National Academy on an Aging Society² report that examined the findings of four national surveys of the community-dwelling population. The report documented the greater social isolation and dependence of persons with hearing loss, and found that persons with hearing loss are less likely to participate in social activities than people without hearing loss. For example, among people age 51 to 61, some 10% with hearing loss reported that they performed 100 or more hours of volunteer work in the past year, compared to 18% of those without hearing loss. Among those age 70 and older, 26% of those with hearing loss, but only 15% of those without hearing loss, reported that they experienced four or more symptoms of depression during the past week. Twenty-two percent of people age 70 and older with hearing loss report they need help with IADLs (Independent Activities of Daily Living) such as shopping, compared to only 14% of those without hearing loss. Weinstein (2003) reports hearing loss has been shown to interfere with face-to-face and long distance communication, alter psychological behavior, strain family relations, limit enjoyment of daily activities, and compromise independence. Other findings from the National Academy on an Aging Society Report indicate that people with hearing loss are:

- Less satisfied with their “life as a whole”
- More dissatisfied with their friendships, family life, health, and financial situation

² National Academy on an Aging Society. (2005). *Hearing Loss: A Growing Problem that Affects Quality of Life* [Brochure]. Washington, DC: Author.

- Less healthy than their hearing peers
- More likely to report that health was a factor in their retirement decision
- Less satisfied with retirement than their hearing peers

Reliable estimates of the nation’s Deaf and HOH populations are not available because the U.S. Census does not segregate data for the Blind and Deaf populations, nor has it quantified data by age group. Other studies have attempted to estimate the size of these populations, but differing methodologies and definitions of Deaf and HOH have yielded varying estimates. However, the Gallaudet Research Institute (GRI), a part of the Gallaudet University, the nation’s only university for the Deaf, has examined this issue and reached some conclusions on the Deaf and HOH populations based on U. S. Census data. GRI estimates that between 0.9% and 1.8% of the total U. S. population includes persons with deafness or a severe hearing impairment, and that half of this group is age 65 and older. The following table estimates the size of the Deaf and HOH population for Michigan and selected southeast Michigan counties based on GRI estimates and the 2000 Census.

Estimated Deaf/Hard of Hearing Population Range:

County	Deaf/HOH All Ages	Deaf/HOH Age 65+
Michigan	90,700 – 181,400	45,350 – 90,700
Genesee	3,980 – 7,960	1,990 – 3,980
Livingston	1,560 – 3,110	780 – 1,555
Macomb	7,330 – 14,650	3,665 – 7,325
Monroe	1,360 – 2,710	680 – 1,355
Oakland	10,870 – 21,740	5,435 – 10,870
St. Clair	1,520 – 3,040	760 – 1,520
Washtenaw	3,050 – 6,090	1,525 – 3,045
Wayne	18,259 – 36,520	9130 – 18,260
Total of 8 counties in southeast Michigan	47,930 – 95,820	23,965 – 47,930

The population of Deaf and HOH older adults is expected to grow at a rate that is at least commensurate with the growth in the overall older adult population. SEMCOG (Southeast Michigan Council of Governments) projects that the age 65+ population in their seven-county region (Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne) will double by 2030, and more than triple in fast growing areas such as Livingston county and northern Oakland county. SEMCOG population projections for southeast Michigan counties are provided in the following table:

Projected Deaf/HOH Older Adult Population Growth

County	2010 Deaf/HOH Age 65+	2020 Deaf/HOH Age 65+	2030 Deaf/HOH Age 65+
Livingston	890 – 1,780	1,080 – 2,150	1,270 – 2,540
Macomb	3,760 – 7,520	3,970 – 7,940	4,190 – 8,370
Monroe	780 – 1,520	830 – 1,660	880 – 1,770
Oakland	5,640 – 11,290	5,850 – 11,700	6,000 – 12,000
St. Clair	790 – 1,590	860 – 1,720	910 – 1,830
Washtenaw	1,670 – 3,340	1,850 – 3,700	2,020 – 4,030
Wayne	9,200 – 18,290	9,060 – 18,120	9,200 – 18,130

Source: SEMCOG 2030 Regional Development Forecast

Deaf Senior Housing Demand Survey Findings

Members of the Deaf Senior Housing Coalition developed a survey to obtain data on the characteristics of the Deaf senior housing market, and assess the level of interest in living in a Deaf senior housing development by Deaf and HOH elders in Michigan. Deaf and Hearing Impaired Services identified most of the groups and individuals who completed the survey, with assistance from members of the statewide Michigan Deaf Foundation. The survey was completed by 340 Deaf and HOH older adults throughout Michigan, from April – July, 2005. The instrument was revised twice, so some questions were not asked of all participants. There were 186 respondents to the first survey, 98 responses to the second survey, and 84 responses to the last survey. The questions asked were regarding age, marital status, their present residence, income level, and willingness to move to senior housing for older adults who are Deaf or HOH. The majority of the respondents were Deaf, 70 years old or older, married or widowed, and made less than \$14,700 or \$14,700 to \$24,450 in income.

Key findings are:

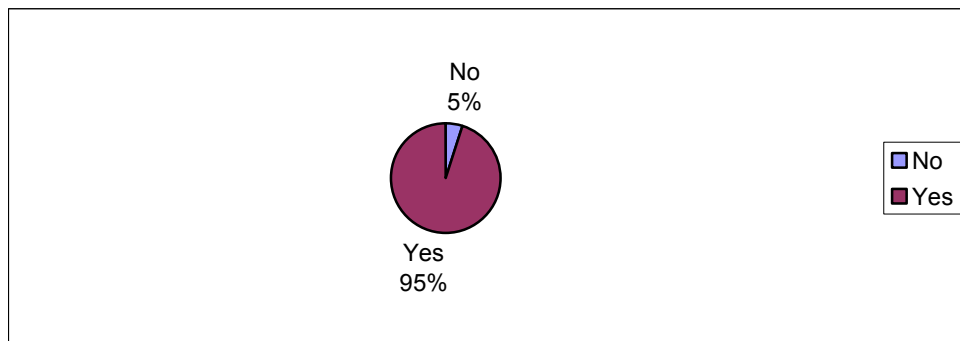
- 95% of respondents expressed an interest in living in a senior housing development for Deaf and HOH individuals.
- 60% of respondents indicated they would move over 60 miles to relocate to such a development, with more than one-third indicating they would move any distance.
- 89% were very positive or somewhat positive about a northern Oakland county location for a Deaf senior housing development.

The complete survey results can be found in Appendix A. Other key findings:

➤ **Willingness to live in Housing for Deaf and HOH seniors**

Of the 274 responses to the question, “Would you be willing to live in Deaf senior housing,” 94.9% reported “Yes” and only 5% reported that they are not interested in living in senior housing for the Deaf.

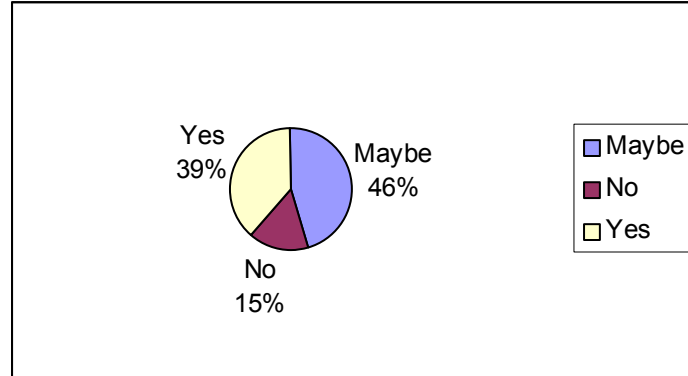
Willing to live in deaf senior housing (n=274)



➤ **Willingness to move someday into Deaf senior apartments if built today**

A revised survey instrument included a second set of questions about Deaf older adults' willingness to move. Eighty-five percent of the 84 respondents reported that they would (YES) or might (MAYBE) move into Deaf senior apartments someday, and only 15% said they would not.

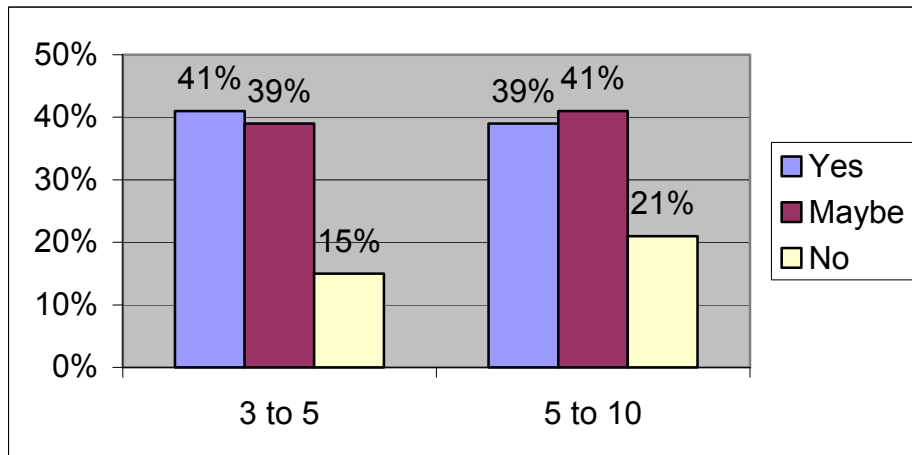
If built today move in someday (n=84)



➤ **Willingness to move into Deaf senior apartments in 3 to 5 years or 5 to 10 years**

Eighty percent of respondents reported that they would eventually move (YES OR MAYBE) into housing for the Deaf or HOH, with no significant difference for those contemplating a move in the near future (3-5 years) versus more distant future (5-10 years).

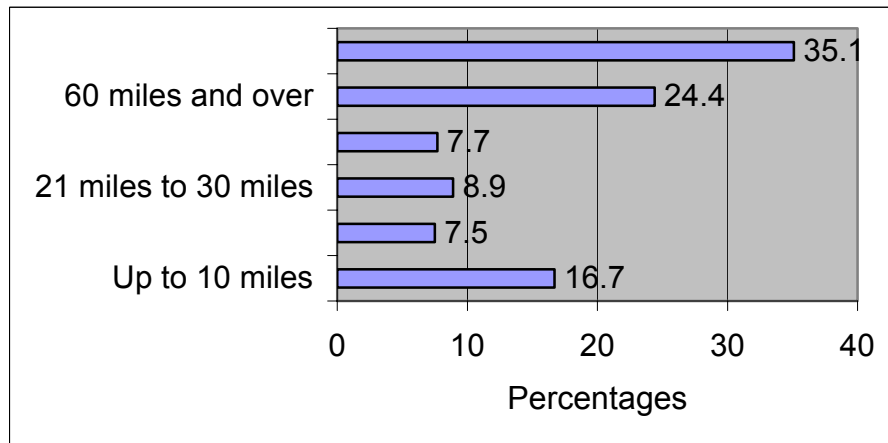
Would move in 3-5 years or (n=84) or 5-10 years (n=82)



➤ **Distance willing to move**

Over half of the 168 respondents reported they would move any distance or 60 miles and greater and only 16.7% of the respondents would not move more than 10 miles.

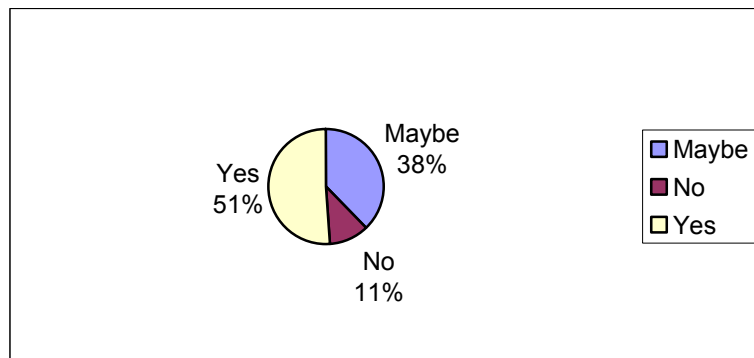
How far willing to move (n=168)



➤ **Willingness to move into Deaf apartments if they were built in Northern Oakland County**

Over 80% of the respondents reported that they would be willing (YES) or might (MAYBE) move to northern Oakland county if Deaf apartments were built. Only 11% of the respondents would not move to northern Oakland county.

Would move if located in Northern Oakland County (n=82)



Deaf Older Adult Focus Group Findings

On September 27, 2005 a focus group of Deaf older adults, from four southeastern Michigan counties, was conducted at the Village of Holly Woodlands, a subsidized senior housing site owned by Presbyterian Villages of Michigan. Twenty-one Deaf older adults participated and discussed their interest and preferences relating to development of a Deaf senior housing facility. Fourteen of the participants own their own home and five rent an apartment. The following is a summary of the comments offered by the focus group:

Vision for Deaf Senior Housing

Comments focused mostly on amenities and services that should be available, with fewer comments on the physical characteristics of a development. The most important aspects related to communication and interpretation support, especially interpreters who can help them access needed services. There was also strong sentiment that any proposed housing development should allow them to maintain existing lifestyles and privileges, such as auto ownership, pets, high-speed Internet, and individual washer and dryer units. At the same time, participants indicated that the facility should make help readily available if they should require assistance with ADLs and IADLs, with services such as meals, transportation, housekeeping, and hair care available. Preferred physical amenities mentioned were communication/response systems, covered parking, storage units, and an on-site general store. The complete list of key points, in random order:

- Assistance for the Deaf-blind
- Assistance for Deaf seniors who are wheelchair bound
- Communication facilitated with staff and other residents
- Interpreters who can help coordinate services, and facilitate communication with medical and social service providers
- Interpreters must be skilled in American Sign Language
- Some (5 people) felt there should be a medical office in the building; however, the majority (16 people) felt they didn't need this
- Transportation to shopping and appointments, with no charge for shopping trips, but a fee assessed for individual appointment trips
- Space for resident vehicles, with covered parking
- Allow pets
- Provide a kitchen area in each unit
- Some (2 people) need at least 2 meals per day – others (5 people) stated they need 1 meal (dinner) per day, with the option to purchase these meals
- Craft activities
- Swimming pool and spa
- Beauty/Barber shop and general store
- Housekeeping
- Emergency response and communication systems that accommodate the needs of the Deaf with features such as:
 - doorbell signaling devices using light or vibration instead of sound

- entrance security guard or receptionist desk and a TV monitor to visually keep track of individuals entering the building
- video relay
- high speed internet (paid by individual users)
- Caseworkers (social worker/interpreter) to help with personal issues and to interpret with hearing individuals
- Washer/dryer in individual apartments
- Extra storage units
- Covered parking

When asked to rank specific services and amenities in order of importance, participants selected the following with their three votes:

Interpreters to coordinate services	21
Response systems for Deaf	16
Meals 3 times per day	10
Barber/Beauty shop	9
Transportation	7
Crafts/recreation/activities	6
Housekeeping	5
Meals 1 time per day	5
Meals 2 times per day	5
General store	3
Storage	3
Covered carports	2
Washer/dryer in apartments	1
Pool/spa	1

Homeowner and Renter Interest in Moving to a Deaf Senior Housing Community

Two of the group's fourteen homeowners indicated they would move into a Deaf senior housing community immediately or within two years (14%). While the others were not interested at this time, if they were faced with a change in their circumstances, such as the loss of their driving ability, then they all would consider moving immediately. Four of the five renters (80%) indicated they would consider moving immediately if it were available today.

Factors that Would Prompt a Move

Participants indicated that a change in their ability to maintain social contacts, or a decline in their health status would facilitate their decision to move into Deaf senior housing. Specific reasons cited were:

- Failing health
- Desire to be with Deaf people for mental stimulation
- Loss of driving ability
- Loss of spouse
- Social isolation

Reasons for Not Moving

Participants who indicated they would not want to move to a Deaf senior housing community gave the following reasons:

- Prefer to live close to children
- Not ready
- Need more time to consider such a move
- Rent is now very low, may not be able to afford to move
- Just moved recently and don't wish to relocate again
- Already lives near Deaf people to associate with

Proximity to Current Home and Family

When asked if they would prefer to live near children or other Deaf individuals, most participants indicated it was more important to be with other Deaf people. They also indicated that living as far as a one-hour drive from their children would be acceptable.

Deaf Senior Housing Consumer Characteristics

The community of Deaf older adults in Michigan is a very diverse population, with representation in all socioeconomic classes, and with a wide variety of conditions and health needs. The Deaf Senior Housing coalition members encountered individuals in countless circumstances with an interest in senior housing for the Deaf. This included people who are:

- Deaf and Deaf-blind
- Middle- and upper-middle-class retirees with successful careers and comfortable pensions and impoverished individuals who require a subsidy to meet their housing costs
- Homeowners and renters
- Healthy, active individuals and those who need assistance with performing necessary activities of daily living
- Nursing home residents who wish to return to community living with assistance
- Drivers and transit dependent individuals
- Technologically savvy and technologically illiterate
- Without family and surrounded by family

Planning for a Deaf senior housing community must address the needs and preferences of this very diverse population to the extent possible. The following are three case studies describing the circumstances of individuals who are interested and appropriate to move into a Deaf senior housing community with the proper amenities as soon as it is available:

- 1) Ms. S is the caregiver for her husband who has Alzheimer's disease. He was diagnosed with dementia a few years ago and his cognitive abilities are deteriorating. Ms. S complains about the difficulty of being a caregiver, and she is in need of help. Last year she wanted to visit her daughter in another state but did not have anyone to take care of her husband because her husband's primary language is American Sign Language (ASL). Ms. S could not find any local adult day respite facilities that have workers who can 'sign'. She needed adult day care, but was forced to place him in a nursing home where no one will be able to communicate with him.
- 2) Ms. K is Deaf and lives in a retirement home (independent living). All the residents are hearing except for one other Deaf woman who has Alzheimer's disease, Ms. C. They know each other quite well from their involvement in the Deaf community and their Deaf church. The problem is that Ms. C is constantly following Ms. K. around and depends on her to assist with finding her room, helping her find clothing to wear, and telling her when it is time to eat. She is constantly bothering Ms. K. One time, at 3:00 a.m. Ms. K awoke to her flashing doorbell light, when she answered the door, it was Ms. C saying she couldn't find her room. Ms. K told her to ask staff but she said she could not understand anyone because the staff could not speak ASL. Although Ms. K can live without assistance, Ms. C cannot.

- 3) Ms. R, a Deaf woman, has been living with her hearing daughter, son-in-law, and their children since she moved to Michigan from New Mexico a few years ago following the death of her husband. Her family is very protective yet not aware of the importance of socialization for their Deaf mother. Ms. R says that her hearing daughter restricts her from going to Deaf senior center activities and refuses to let her drive. Also, Ms. R is beginning to have health problems, especially since she is allergic to smoke, and her grandson is allowed to smoke in the house. Ms. R is unhappy about the living arrangement with her hearing family. She says that she is extremely lonesome for other Deaf people.

The Deaf Senior Housing Market

There are no senior housing accommodations that target Deaf older adults in Michigan. There are only eleven such facilities in the United States, and the closest facility to southeast Michigan is in Columbus, Ohio, which is over 200 miles away. Interviews were conducted with staff from a sample of the nation's Deaf senior housing communities between November 2004 and February 2005, and the following summarizes the interview comments and findings:

Columbus Colony Elder Care Nursing Home and Independent Living and Health Care in Westerville, OH³

<http://www.columbuscolony.org/>

Columbus Colony provides skilled nursing care and independent housing for seniors and is considered one of the most successful projects in the country.

Columbus Colony Elderly Care (CCEC) is a 150-bed nursing facility offering both skilled and intermediate care. The primary mission of CCEC is to provide comprehensive, long-term or short-term rehabilitation services, principally to Deaf, Deaf-Blind, and HOH people. Columbus Colony Elderly Care is a Helen Keller National Center affiliate, built in 1979.

Among the health services available within the facility are physical therapy, occupational therapy, speech therapy, dentistry, podiatry and psychiatry. Escorted transportation is provided to various types of other specialized care.

Other Services that are Available:

- Regular religious services by various denominations
- Beauty/barber shop located on premises
- A Resident Council
- Laundry and housekeeping provided
- Shopping services for incidentals available at the facility on a regular basis

Information from Interview:

- Method of Funding:
 - HUD project
- Typical Resident:
 - Residents come from all over the United States
 - Average age 85
 - 95% of residents are on Medicaid
- Typical Room:
 - Room rates are \$170 per day for semi-private room and \$185 for a private room
- Deaf or ASL Competent Staff:

³ Information adapted from Columbus Colony Elder Care Website (<http://www.columbuscolony.org/>)

- Staff needs to sign and have an understanding of deaf culture
- All staff must take 2 levels of American Sign Language (ASL) taught at the site. The levels are 10 weeks each.
- Waiting List:
 - Currently there is not a waiting list
 - Residents often have to wait over a year to move in after their first inquiry

Deaf Senior Housing in Cave Spring, Georgia⁴
www.deafseniorhousing.com

The mission of Deaf Senior Housing is to serve as an advocate for Deaf senior adults and to help create a safe, affordable rental apartment community where Deaf older adults can seek to establish a socially fulfilling and independent lifestyle. Founded by Ben Jackson, an advocate for the Deaf, its purpose is to facilitate the establishment of housing options to serve the needs of sensory impaired individuals and their families. In addition to meeting the physical housing needs, efforts to provide a platform for service delivery to residents who have special needs and an environment for social support are priorities. Deaf Senior Housing has sites in Georgia and Florida. As of this writing Deaf Senior Housing is planning to build Deaf senior housing in Tennessee, South Carolina, New York, and Arizona.

Information from Interview:

- Method of Funding:
 - Low income tax credits
 - A mix of low- and market-rate units
- Typical Resident:
 - Most residents have SSI as part of their income (\$550 a month)
 - Most over 60, some over 75
- Deaf Staff:
 - Deaf staff or staff who are proficient in ASL is preferred
 - Not necessary to hire all Deaf staff
 - A Deaf person living in a Deaf/HOH community who communicates well with hearing people could fill that role.
- Current Waiting List:
 - No current waiting lists; only operating facility in Cave Spring, Georgia near Georgia School for Deaf
 - Even though there is no waiting list, local Deaf individuals are continuously expressing interest in this facility or interest in facilities in other locations
 - While there are only 24 apartments, the facility has attracted residents from 24 different states since 2001
- Offer Aging in Place Services:
 - Home delivered meals
 - Volunteers in community help with transportation

⁴ Adapted from Deaf Senior Housing Website (www.deafseniorhousing.com)

- In-home help with various tasks including cleaning the apartment, money management, assistance with other activities of daily living and independent activities of daily living
- Suggestions on Location:
 - Near residential school for Deaf, may be good location
 - Survey Deaf community and find appropriate target market group (size and income) and ask where they would want to live
 - Build senior housing where there are some existing programs and services for the deaf

Valley View Assisted Living Program in Elwyn, Pennsylvania

<http://www.columbuscolony.org/>

The Valley View Assisted Living program’s mission is to serve children and adults with a wide range of physical, developmental, sensory (deafness, blindness), and emotional disabilities, as well as those with mental illness; those with disabilities due to age; and those who are economically disadvantaged⁵. Services include education, rehabilitation, employment options, child welfare services, assisted living, respite care, campus and community therapeutic residential programs, and other supports for daily living.

For elderly Deaf and Deaf-blind men and women, the Valley View Assisted Living program is a comfortable, caring place to call home. Supported by staff who are fluent in American Sign Language, residents of Valley View enjoy the companionship of people their own age in a lifestyle attentive to their own communications needs.

Located on the 40-acre suburban Philadelphia campus of Elwyn, Incorporated, one of Pennsylvania’s largest human services organizations, the Valley View Assisted Living program was developed to enable residents to live their lives with the same level of independence and self-sufficiency to which they have always been accustomed. With assisted living, supports for residents are available as needed in healthcare, housekeeping, daily living and recreation.

Elwyn Valley View Assisted Living Provides the Following Services:

- Single and double occupancy apartments, several with private kitchen and bathroom area
- Three meals a day
- Indoor and outdoor dining areas for congregate meals; also, shared accessible mini-kitchen areas for snacks and hot and cold drinks
- Patio and garden areas for relaxed socializing and interacting
- Large-screen televisions with closed caption, large print and Braille reading material, visual doorbells and alarms, and TTY/TDDs

Information from Interview:

⁵ Information adapted from Elwyn Assisted Living Website (<http://www.columbuscolony.org/>)

- History:
 - Began in 1902 as a retirement home, started by Pennsylvania Society for the Deaf
 - 1953 began losing money as nursing home facility
 - 1987 changed funding source due to nursing home regulations
 - 1996 became assisted living funded through nursing home waiver, some private pay and Medicaid
- Typical Room:
 - Charge separately for room and board and services fees; costs average \$3,600 a month
 - Some private pay but mostly (95%) funded through Medicaid
 - Charges include everything such as shampoo, deodorant, etc.
 - No hidden/additional charges
 - Residents are responsible for outside medical or pharmacy bills
- Deaf Staff:
 - 100% of direct care staff are Deaf
 - Nursing staff are hearing but can sign
 - ASL is the language spoken at home
- Current Waiting List:
 - Currently there are 45 residents (this fluctuates)
 - No current waiting list
- Aging in Place Services:
 - Philosophy supports aging in place services
 - Only service the facility cannot accommodate is ventilators and constant intravenous feeding

New England Homes for the Deaf in Denvers, Massachusetts⁶

<http://www.nehomesdeaf.org>

New England Homes for the Deaf is dedicated to meeting the needs of the elderly Deaf. It is a private not-for-profit organization headed by a licensed nursing home administrator fluent in ASL and governed by a board of directors, one half of whom are Deaf themselves. Many of the staff are Deaf and all are required to know and use American Sign Language. The “Homes” has become the heart of the elder Deaf Community with weekly social events and church services for residents and community-based Deaf individuals conducted in American Sign Language.

Since 1901, New England Homes for the Deaf has been serving the needs of the Elderly Deaf and Deaf-blind population. Today, the “Homes” serves over 250 people weekly in programs that include:

- 30 Residential Care Units (similar to Assisted Living)
- 30 Skilled Nursing Units

⁶ Information adapted from New England’s Home for the Deaf Website (<http://www.nehomesdeaf.org/>)

- 24 Independent Living Apartments
- 5 Regional Senior Centers for Deaf and Deaf-blind aged

Priority is given to those who are either born Deaf or deafened prior to the acquisition of language, or those who, because of advanced age, economic, social and/or physical constraints will most benefit from the unique linguistics and cultural support offered through the New England Homes for the Deaf residential and community-based programs.

Information from Interview:

- Programs:
 - Nursing care facility has two units-skilled and assisted living
 - Independent living
 - Senior center with Deaf senior outreach
- Funding Sources:
 - Independent housing financed through HUD 811 program
 - Nursing home financed with mortgage and paid for by Medicaid and Medicare reimbursements
 - Senior center funded through small grant from area agency on aging

Chestnut Lane Assisted and Independent Living in Gresham, Oregon⁷

www.deafnw.com

Chestnut Lane has 70 assisted and independent living units for those who are Deaf. The facility provides a comfortable, safe residential setting. Chestnut Lane offers studio or one-bedroom apartments, universally accessible to accommodate walkers and wheelchairs. All units have emergency call systems designed for the specific needs of the Deaf, kitchenettes and trained staff available 24-hours a day.

Chestnut Lane Assisted Living Provides the Following Services:

- Personal plans of care, which may include bathing and dressing, and incontinence training.
- Weekly housekeeping consisting of vacuuming and dusting, as well as bed and bath linen changes.
- Assistance with medication management and diabetic care.
- Three meals per day, specially designed diets, guest meals available, and a special area for family meals.
- Transportation services including weekly outings, weekend church trips within a 10-mile radius, scheduled grocery trips and other visits.
- Beauty and barber salon, private mailboxes, a computer room, cable access, movies with closed captioning, and private TTY access in each apartment.
- A wellness program, which includes an outdoor walking path, waist high gardens and an exercise area within the building.

⁷ Information adapted from Chestnut Lane Assisted and Independent Living website (www.deafnw.com)

- A variety of craft programs, recreational and social events that keep residents active and involved with each other and their community at large.

Information from Interview:

- Development Information:
 - Assisted living, open 1 year
 - Built with help from Deaf Northwest, a Deaf service organization
 - Funded through tax credit-senior and disabled bonds
 - Challenges: building cost more than Deaf people can afford, need subsidized housing
- Typical Room:
 - Basic room rent \$550 per month
 - Care costs and meals cost just under \$2,000 per month; prices are higher when more services are needed.
- Staff:
 - 20 of 26 are deaf
 - All staff use American Sign Language (ASL)
- Current Waiting List:
 - Because only open for a little more than a year, not full yet but close
- Aging in Place Services:
 - Many social services are provided

The Coalition has identified additional communities that are under development in the following localities:

- In Canada, a Deaf senior community is under development in Barrie, Ontario, with the support of the Ontario Mission of the Deaf and the Canadian Hearing Society. Legal issues reportedly have stalled this community's development.
- In St. Augustine, Florida, the Summerset Village Apartments are being built near the Florida School for the Deaf and Blind.

In addition, Deaf Senior Housing, an organization involved in the development of the Cave Spring, Georgia community, is working to promote the development of additional communities in Knoxville, Tennessee; Spartanburg, South Carolina; Rochester, New York; and Phoenix, Arizona.

Most of the identified Deaf senior housing sites are targeted to low-income individuals. Funding mechanisms that have been used to finance senior housing and supportive services for Deaf and HOH individuals include low-income tax credits, HUD section 202 or 811 programs, grants, Medicaid, and private pay.

Potential Deaf Senior Housing Market Based on Northern Oakland County Site

The coalition’s initial belief was that a northern Oakland County location is preferred, and only 11% of Deaf older persons surveyed objected to this location. Therefore, an analysis of the potential market is based on that assumption. Survey findings indicate that a large number of Deaf older adults are willing to travel a considerable distance to relocate to a Deaf senior housing community. One third indicated they would move any distance, and an additional 25% indicated they would relocate 60 miles or more from their current home. The Deaf senior housing developments in other states also draw residents from a multi-state area. In addition, there are many Michigan residents who have moved into the nearest Deaf senior housing community in Columbus, and residents are known to have moved into the facilities in Oregon and Massachusetts. Therefore, the primary market for a development in northern Oakland County would consist of individuals living within a 60-mile radius, but there would be a strong secondary market in the balance of Michigan, and in other Great Lakes states.

The total age population 65+ for counties within a 60-mile radius of Oakland County is 731,476 which is roughly 62% of Michigan’s total older adult population. The estimated number of older adults who are Deaf or have a severe hearing impairment ranges between 28,355 and 56,725 individuals. The following chart shows each county and the total population of older adults⁸:

County	Total Population 65+	Projected 65+ Deaf or Severe Hearing Impairment
Bay	16,170	500 – 990
Clinton	7,034	290 – 580
Genesee	50,607	1,990 – 3,980
Ingham	26,257	1,260 – 2,510
Jackson	20,380	710 – 1,430
Lapeer	8,399	400 – 790
Lenawee	12,523	450 – 890
Livingston	13,037	780 – 1,555
Macomb	107,651	3,665 – 7,325
Monroe	16,222	680 – 1,355
Oakland	134,959	5,435 – 10,870
St. Clair	20,088	760 – 1,555
Sanilac	6,865	200 – 400
Shiawassee	8,581	320 – 670
Tuscola	7,450	260 – 520
Washtenaw	26,271	1,525 – 3,045
Wayne	248,982	9,130 – 18,260
17-County Area	731,476	28,355 – 56,725
Michigan	1,219,018	44,720 – 89,445

⁸ Based on US Census data and Gallaudet Research Institute estimates www.gri.gallaudet.edu

Required Supportive Services and Amenities of a Deaf Senior Housing Community

Focus group participants made it clear that a wide range of access, social, and health-related services and amenities need to be a part of any planned Deaf senior housing community. Additional important accommodations will be needed by some residents, but not all, and should be available with the understanding that those who can afford to pay should be expected to do so. These considerations could be met by a community which incorporates aspects of an “independent living” facility under Michigan’s current regulatory structure for senior housing options, as well as those of licensed facilities such as adult foster care homes and homes for the aged which offer secure dementia or memory care units, and the new greenhouse model of nursing home care. The development would need to assist residents with social issues in a manner comparable to how senior housing service coordinators work in HUD senior apartments, offer the hotel and personal care services that are available in assisted living facilities, provide long term care services, and have design features which accommodate the unique needs of Deaf and Blind individuals.

Social Services and Service Coordination

Independent subsidized senior housing communities have long recognized that the building management structure must do more than attend to the building, grounds, and real estate administrative issues. As older residents age in place and become collectively an older, frailer population, the importance of accessing benefits and linking with supportive services increases. This issue is more pronounced among Deaf older adults who face formidable cultural and communication barriers, as well as the other challenges that arise as a consequence of age. HUD has responded to this need in some buildings they have financed by supporting the creation of ‘service coordinator’ positions - as part of subsidized senior housing developments to attend to resident needs. Service coordinators assess resident needs, engage in problem solving with and on behalf of residents, and act as advocates in linking residents with needed benefits and resources. This service coordinator program has proven to be a popular and effective model for addressing resident needs, particularly when there are adequate community resources available to residents. A form of service coordination will need to be a component of any Deaf senior housing service. A service coordinator’s competencies will need to include American Sign Language to communicate with residents and Deaf family members, spoken English to communicate with community resources, and interpretation skills for both languages, as well as the traditional social work and gerontology competencies required of any service coordinator.

In addition, the Deaf senior housing community will need to work cooperatively with local officials and community agencies to assure that needed public, social, and health services are accessible and sensitive to the needs of Deaf older adults. Training and communication protocols will be needed with local law enforcement, fire protection, and emergency management officials. Public transit and private (taxi) transportation providers and ambulance services must develop the capacity to serve Deaf residents. Local health care providers, including any hospital health system, must have a well-functioning communication and interpretation system in place, and be sensitized to the need and responsibility to facilitate communication with Deaf patients, even when there is additional cost to facilitate this communication.

Most of the nation's Deaf senior housing developments serve as natural hubs for activity for their local Deaf senior community, and it would be wise to plan for this role in the design phase. Consideration should be given to providing space and accommodations so that some traditional senior center activities, such as recreation, socialization, wellness and fitness programs, crafts, and other activities can be accommodated. In addition, there is one very active social service organization located in Oakland County that provides a range of social services to Deaf elders, Deaf and Hearing Impaired Services (DHIS), and there may be mutual advantages for both the housing development and the agency to co-locate either their operations, or at least accommodate a DHIS satellite on the housing site.

Housing Facility Services and Amenities

Older adults require a continuum of housing to meet their needs, with options that accommodate varying degrees of affordability and disability. The traditional continuum varies from private homes and apartments (subsidized and unsubsidized rent) to condominiums, independent living with supportive services on site, assisted living facilities such as licensed adult foster care and homes for the aging, and nursing homes. A challenge of the coalition was to assess the extent of need for each housing option, determine whether there is sufficient demand to justify developing that option, and find evidence that such a facility could quickly reach and operate at full occupancy. The vast majority of Deaf older adults surveyed live independently. However, they are acutely aware that while they may be able to meet their own needs today, they will want to move to a facility that can offer them all the freedom of independent living, but also have personal care and other supportive services typically offered by assisted living facilities available if and when they are needed.

Technology/Adaptive Equipment

The survey of existing Deaf senior housing developments found that a variety of technologies and adaptive equipment were utilized to account for the needs of Deaf individuals. Deaf older adults also indicated that there will be demand for the housing units by persons who are both Deaf and Blind, so a number of units will also need to be designed to accommodate the unique needs of individuals who are Deaf-blind.

- Special technologies and design considerations:
 - Layout of building to create less sun glare (Arc of sunless glass)
 - Design for more openness, wide open spaces needed
 - Use of flashing doorbells with strobe lights
 - Strobe lights to signify meal times
 - Vibrators for fire system
 - Closed circuit televisions
 - VP 100, video telephone box, video relay (a way to get interrupter to make telephone calls)
 - TTY telephones

Conclusions

The Coalition conducted a number of activities to ascertain whether there is sufficient demand to warrant taking additional steps toward the creation of a rental housing development for Deaf and HOH older adults. The consumer survey results and focus group comments suggest that there is a high level of interest among Deaf older adults, and willingness to move, which would increase if there were a change in their health status. The nearest Deaf senior housing development is over 200 miles from Michigan in Columbus, Ohio, and that facility has full occupancy. Several Michigan residents are known to have moved there, as well as to Deaf facilities in Massachusetts and Oregon.

A Deaf senior housing development is perceived as valuable because it would offer an opportunity to interact with others in the Deaf culture. However, Deaf consumers were also clear that such a community must include amenities that make it responsive to the needs and interest of Deaf older adults. These amenities must include the adaptation of communication and security technologies, as well as accommodations for individuals who will age in place and have increasing supportive service needs due to advanced age and chronic conditions.

Additional benefits of a Deaf senior housing development would include: employment opportunities for Deaf persons who might otherwise be unemployed and dependent upon public benefits; opportunities to collaborate with local universities that offer a training experience for ASL students and individuals studying gerontology and social work; an opportunity for intergenerational programs that include Deaf children; and offering a continuum of care alternative for the children of Deaf adults (CODA) in need of resources.

There is overwhelming interest in living in a Deaf senior housing community among Deaf older adults. The investigative work of the Deaf Senior Housing Coalition has raised the hope for a Deaf senior housing community in Michigan, and the Deaf and Hearing Impaired Services Inc. now receives 2-3 inquiries each week asking when this housing will be available. There are many individuals who want a high quality Deaf senior housing community that offers a wide range of amenities and levels of supports that will be attractive to them when they decide to make a change in their living arrangement, and will allow them to age in place as their health care needs change.

The model of housing in Michigan which matches this need best would be an affordable adaptation of a continuing care retirement community, which offers independent living, assisted living, dementia/memory care and Green Houses/nursing home care on a single site, possibly in the same building.

This model as it usually exists would be unaffordable to many with low and moderate incomes based on market costs for construction and service provision. Therefore, it will be necessary to engage in fundraising, and utilize financing subsidies in order to make the rent and service costs manageable for low- and moderate-income households. The housing model must also be structured in a manner that will allow persons who qualify for public benefits such as the Section 8 Rental Assistance Voucher and Michigan's Medicaid Home and Community-Based Elderly/Disabled Waiver program (MI Choice) to reside there. At this time, individuals living in

licensed assisted living cannot receive Medicaid long term care services if they live in a licensed Adult Foster Care home or Home for the Aged. Therefore the facility should not be a licensed assisted living facility, unless state policies that prohibit MI Choice consumers from receiving services in licensed assisted living facilities are changed, as recommended by the 2005 Governor's Medicaid Long Term Care Task Force report.

The Coalition members believe that northern Oakland County would be the most appropriate location to build housing for Deaf older adults in Michigan. The location is within the tri-county area where the majority of Michigan residents live, and is in close proximity to Flint, where the renowned Flint School for the Deaf is located. Large tracts of land are only available in the northern area of the county for development, and land costs, while very expensive, are more affordable the farther north a site is located. Eighty-nine percent of those surveyed were positive or somewhat positive toward a north Oakland County location. While this analysis focused on demand within a 60-mile radius, it is expected that the facility would be a magnet to attract Deaf older adults from beyond that area. An additional consideration is the Coalition's preference that the housing development be located within the service area of DHIS, so that residents can benefit from this agency's 30-plus years of experience serving Deaf older adults exclusively.

The Coalition supports every effort to be taken to establish a Deaf and Hearing Impaired Services, Inc. satellite site within the facility, and have a Services Coordinator position staffed by an individual who is trained as a bilingual/bicultural interpreter. In addition, space should be provided to accommodate activities that are typically offered through a senior center. Survey and focus group findings have verified the coalition's initial belief that a north Oakland County site would be a suitable location.

The Coalition recommends that Presbyterian Villages of Michigan (PVM) be the developer and manager of a community for Deaf and HOH older adults. With its 60 years of commitment to senior living and having village boards that include residents, resident family members, community members, aging and Deaf services representatives, a DHIS and AAA 1-B representative, etc. to help with tasks like evaluating proficiency of key staff, they would respect the goals of such a senior living community. PVM understands the importance of having staff thoroughly knowledgeable of the needs of Deaf and HOH older adults including being trained in American Sign Language and offering residential living technology that Deaf and HOH older adults need such as door lights instead of doorbells.

Based on the findings of this report, it is recommended that the Deaf Senior Housing Coalition proceed by developing plans to expand coalition participation, develop plans for a Deaf senior housing community, create and maintain a wait list for potential residents, raise donations and financing necessary to construct the facility, and initiate marketing activities. Every effort should be made to accommodate the provision of DHIS services at the housing site.

APPENDIX A

TERMINOLOGY

American Sign Language (ASL)

It is the preferred communicating language of the Deaf. American Sign Language is also referred to as Ameslan, ASL or Sign. American Sign Language has its own morphology and syntax (which is distinct from English). It has its own unique word order and tense structure. ASL has no articles or verbs 'to be'. It is the fourth most used language in the United States. (The American Sign Language-Lexical and grammatical notes with translations by Harry W. Hoemann)

Deaf Culture

The Deaf have a distinct and separate culture. Deaf culture fulfills four essential criteria: a distinct folk tradition (encompassing ASL storytelling, performing arts, and Deaf history), distinct social institutions, distinct schools (all of which are ASL-based). The Deaf have distinct social customs and protocol.

Deaf – is a group of people with a separate and distinct language of American Sign Language as well as with a separate culture. The 'Deaf' most often are pre-lingual deaf i.e., they acquired deafness prior to language acquisition. However, post-lingual deaf may be part of the Deaf community depending on the age of onset and degree of hearing loss. The Deaf prefer to be known by its separate language and culture as opposed to having a hearing loss. (Steven Chough, Ph.D. – Northville Psychiatric Treatment Center, 1999.) The Deaf represent approximately 6.6% of the population in the United States.

Bilingual – the ability to communicate effectively, accurately, and impartially both receptively and expressively in two languages. (The Services Coordinator in the Deaf Housing Facility will be able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary as in accordance with the Americans with Disabilities Act moving in and out of both language modalities i.e., American Sign Language and English in addition to other duties.)

Bi-Cultural – trained in both Deaf and Deaf-blind cultures.

Green House – is a radically new approach to residential long term care for the elderly. It is founded on the idea that the physical and social environments in which long term care is delivered should be warm, smart, and green. The Green Houses are small (608 persons) community homes where people requiring skilled nursing services can live and receive the care they need. They are linked with a sophisticated health care delivery network that can ensure quality, provide expertise, organize back up staffing and deliver office support. Green Houses adhere to the current regulatory policies laid out for skilled nursing facilities by the Health Care Financing Administration. (www.greenhouseproject.com)

Focus Group

A group of participants (in this case – Deaf participants) were provided a series of questions regarding ‘Housing’ for the purpose of gathering data as to the need for such a Deaf housing facility, location of the facility, willingness to travel and the services to be included. Interest, preferences were discussed relating to the development of a Deaf senior housing facility (held at Holly Woodlands in Holly, MI).

Hard of Hearing (HOH) – a person who has hearing loss in various frequencies and decibel range with some residual hearing that can be increased through the use of a hearing aid or other amplification (a hard of hearing person may belong to the Deaf culture depending on the age of onset and degree of the hearing loss and/or associates with the Deaf or is married to a Deaf person). The hard of hearing represent the largest portion of the hearing impaired population.

Oral Deaf

It is important to note that there are some deaf persons who do not choose to be part of the Deaf Culture or to use the preferred communicating language of the Deaf. These persons have had intensive oral training – speech training and have developed the ‘art of speech reading’. The oral deaf most often choose to be part of the ‘hearing’ world. They represent the smallest portion of the hearing impaired population. It is important to note that the oral deaf may become part of the Deaf culture if they marry someone Deaf or begin to associate with the Deaf and learn ASL.