

Zoning Case 1118 M Erickson

Applicant/Protestant

Exhibit # 13 Date 3/10/21

Testimony of Mark Bobotek
ZB 1118 M - Erickson at Limestone Valley
March 10, 2021
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Good evening Chairperson Rigby and members of the Zoning Board. My name is Mark Bobotek. For 27 years I have been a Howard County resident and business owner of the Golden Oak Elder Law estate planning and elder law firm here in Howard County. Thus, in my professional life I have worked with Howard County seniors, and so have been acquainted with their finances, for a quarter of a century. I have attached my resume at the end of my written testimony.

Because of my experience with the finances of CCRCs like Erickson, Vantage Point and Millers Grant, I am going to walk you through how they work in some detail. But you deserve for me to start with a snapshot of where we will end up. Erickson is a very fine company which builds excellent communities; I have many happy clients who live in their communities. If Erickson were proposing to build a community with a few hundred apartments, I would welcome it because that would match the projected growth in Howard County seniors for the next 20 years. But adding 1200 such units is exactly like surrounding Howard County General Hospital with 3 gleaming new hospitals -- and wishing them all luck. It is like bringing a large Wal-Mart into a small town and expecting Main Street retail to thrive. As I will explain, it will risk the life savings of the almost 500 families at Miller's Grant and Vantage Point.

Basis of Expertise and Testimony

I need to disclose several things to you, both so that you will understand the basis of my expertise, and also who I do and do not represent. Currently I serve as the President and Board Member of COGS, the nonprofit Howard County-based Coalition on Geriatric Services, which is a network of over 120 service business providers for seniors here in Central Maryland. I also volunteer as a Board Member and as Treasurer of the nonprofit corporation which owns the Residences at Vantage Point CCRC in Columbia, and as a Board Member and President of the Columbia Vantage Point Foundation, which is the fundraising arm

for Vantage Point. I want to make it clear without yelling that I am NOT here in any capacity representing any of those organizations. To my knowledge, they have not taken a position on this proposal. I am only testifying in my own capacity as a citizen who has tried to be well-informed. But I do have special knowledge of the workings of CCRCs from my long elder law career and from volunteering at Vantage Point.

The Question to be Decided

Legal technicalities made simple, your job as I understand it, is to decide for the citizens of Howard County whether the benefits of the alleged community enhancements of this proposal make it worthwhile to depart from the normal zoning regulations, which would not allow Limestone, to approve it.

It was many nights of hearings ago, so it is easy to forget, but in her testimony, on cross examination I believe, the Department of Planning and Zoning head Amy Gowan clearly stated that *DPZ and Howard County did not take a position* on whether the proposed community enhancements make this project worthwhile; instead she stated that it is the job of this Zoning Board to weigh that.

Many Touted Enhancements Would Be Required of Any Development / Many Touted Enhancements are Targeted for Limestone Residents Only

From my involvement with recent Howard County development proposals, I note that developers are generally required to improve streets, sidewalks, and intersections near the development anyway. So, many of the touted community “enhancements” are not truly enhancements beyond those which are needed to meet other regulations. They would be required anyway. Also, many more of them are unlikely to be used by non-residents of Limestone, such as a shuffleboard or bocce ball court, so they cannot fairly be viewed as enhancements to the *greater community*. And while we are on the subject, I want to rebut a point made by Ms. Joan Lancos months ago. She stated that we really have 2 choices for this land: either Erickson or a few McMansions. But that is an oversimplification. When you reject this proposal, the land owner or contract owner can of course come back with a more appropriate proposal to extend the water and sewer boundary and develop it alternatively.

But that is not the main focus of my testimony tonight. I am going to walk you through the reasons why the alleged community enhancements of dog park and bocce ball courts, etc. are *not even close* to being worth it when balanced against the *terrible economic detriment of flooding the community with far too many CCRC units*. This will risk the life savings of the hundreds of voting families at the two existing retirement communities in Howard County, the Lutheran Village at Miller's Grant and the Residences at Vantage Point. Again, if this were a mere proposal to increase the amount of CCRC units commensurately with the expected increase in the senior population, I would not oppose that. But this is a huge scale of project that is going to dump a tripling of CCRC units into Howard County, very far above the projected increase in our local senior population. Let me now explain how I came to this conclusion.

Key Numbers

The key numbers are these: (1) Howard County's senior *population is projected to increase by 41%* in the 20 years from 2020 to 2040. (2) The Limestone project will *increase the number of independent CCRC dwellings by 270%*, from 444 to 1644, in that same time. Keep your eye on the ball of these two mismatched numbers; everything else is smoke and mirrors from the deep pockets of Limestone's backers. I have attached a spreadsheet and bar chart, which I prepared from these numbers, to the end of my written testimony. It shows the data in numeric and visual forms. [At this point I would like to show it on the screen.] The population increase estimate is from the Office on Aging and Independence, and the number of units is from the CCRC websites. Actually, the experts believe that seniors are *even less likely* to want to live in a CCRC than before the pandemic. [At this point I would like to show you an article on the screen from the Wall Street Journal which documents this.]

Economics of a CCRC: Banks are Legal Ponzi Schemes and So Are CCRCs

We need to understand the economics of a CCRC. As a volunteer on the Board of the Residences at Vantage Point community in downtown Columbia for the past three years or so, as the Treasurer of that corporation, and as the current President of the fund-raising foundation for Vantage Point, I have learned a lot about this.

In order to understand the economics of CCRC residences, you have to go all the way back to high school or college, where we learned how banks work. The great depression of the 1920s started when we had a run on the banks because of widespread panic causing depositors to come and get their money all at once. Why was that a problem? Because the banks *didn't actually have* all the money. They had lent it out. They were a Ponzi scheme, and they still are, but now with government backing. They were only required to keep a reserve requirement of around 10% of the funds, so when 30% of people came clamoring for their money, of course the banks collapsed.

In Maryland, and elsewhere as far as I know, the CCRCs work the same way. New entrants put hundreds of thousands of dollars per family in as an entrance deposit, depending on many factors including unit size. It is pooled with other deposits. But *only a small fraction is retained for refunds*. Most is invested in the bricks and mortar and other things for the community. Yet part to most of that entrance deposit is refundable when the resident moves out. This is usually when they pass away, but it can be even sooner when they move from independent living to the health center. This model is not unique to Howard County or even to Maryland. It is the *fundamental business model of these continuing care retirement communities*. In other words, they CCRC cannot withstand a large number of moveouts because people passed away without the funds being replenished by a newcomer. For occupancy to decline from the current mid 90 percent range, even to the 70 or 80% range, causes the economic catastrophe known as bankruptcy, and residents can lose life savings. I recall that one of the Vantage Point residents who testified, Bobbi Fagan, cited a 93% occupancy needed to break even. It was widely reported in the media that even Erickson, a well-run organization, was in financial extremis in the financial crisis of 2008-09 when people could not sell their homes to pay the entrance deposit.

Building 1200 new CCRC units in Howard County is just like surrounding Howard County General Hospital with three brand new hospitals at the same time, and wishing them all luck. This would be a terrible race to the bottom, and would of course lead to financial failure for most of them, but probably for the older ones. There is a *reason* why Maryland requires a certificate of need for new hospital beds, and you should be thinking the same way about CCRC dwellings. Mr. Erskine has reminded us that the Limestone project would be built in stages over 7 years, and not all at once. But the numbers about population growth were for 20 years.

They won't come close to filling the units, and if they do, it will be as Millers Grant and Vantage point empty out. This zoning case is your one and only opportunity to consider this need. Everyone wants to move into the shiny new place, even when the old one has been renovated. This is fundamentally why the Limestone project proposed is such a bad idea.

Now let's take this analogy a little further. If Howard County General Hospital were to fail financially, it has the deep pockets of Johns Hopkins Medicine behind it, which could absorb the loss. But not so with Miller's Grant and Vantage Point. They are nonprofits owned by the *life savings of their residents*. Do you understand that these residents are at risk of losing their life savings if the county is inundated with an immense number of new senior residences?

This is not chicken little economics with the sky falling. It really happens. In the financial crisis of 10 or so years ago, people died at a steady rate and vacated their CCRC apartments. Yet new families could not pay the entrance deposit to move in because they could not sell their homes in the weak real estate market. It was widely reported in the media that Erickson and other CCRCs were under EXTREME financial stress then because of this fact.

Comments About CEF Process

Let me say a few words about the CEF zoning category in the first place. It can be a way to get the camel's nose under all kinds of inappropriate tents, and I ask you to be careful in using it to approve something that could not otherwise be approved.

By voting "no" on this proposal, you will send a strong and appropriate signal to the Howard County community that the CEF zoning process is only to be used for projects of extraordinary benefit, ones beyond a dog park and a bocce ball court.

Conclusion

Capitalist competition is a great and time-tested system in general, but for a few things like hospitals and CCRCs, it doesn't work. To allow capitalism to flood the market with units and take its course with the life savings of the residents at Miller's Grant and Vantage Point would just be terrible public policy. It is the very

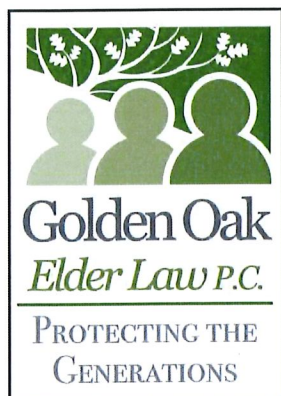
same reason that hospitals are required by law to get certificates of need in Maryland, so that they don't just compete in a capitalistic system and end up with empty beds. In your mind, picture those 3 shiny new hospitals surrounding Howard County General Hospital, because that is essentially what you are being asked to approve.

Even the name "Limestone" is ironic, because geologically it is the kind of soft rock in which sinkholes appear. If approved, this project is almost certain to cause sinkholes at Miller's Grant and Vantage Point, if not within Limestone itself.

Thank you very much, Chairperson Rigby and members of the Zoning Board, for your patience with all of us through this process over many months. Despite the messy appearance of the sausage factory sometimes, public service is a noble thing and I thank you for it.

Attachments

1. Resume of Mark Bobotek
2. Spreadsheet of Supply and Demand
3. 11/15/2020 Wall Street Journal Article on Retirement Trends
4. Office on Aging and Independence 10/28/2020 PowerPoint with Senior Population Data



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Mark Bobotek has helped hundreds of families with wills, trusts and other estate planning and elder law matters over the past 25 years. He practices law in Maryland, Virginia, and the District of Columbia. Dubbed “the planning man” by the *Baltimore Sun*, he limits his practice to estate planning and elder law: wills, trusts, estates, powers of attorney and health care documents, charitable giving, and related areas.

Mark attended Amherst College and George Mason University and the George Mason University School of Law in Arlington, Virginia. He also has advanced training in Tax Law from the University of Baltimore.

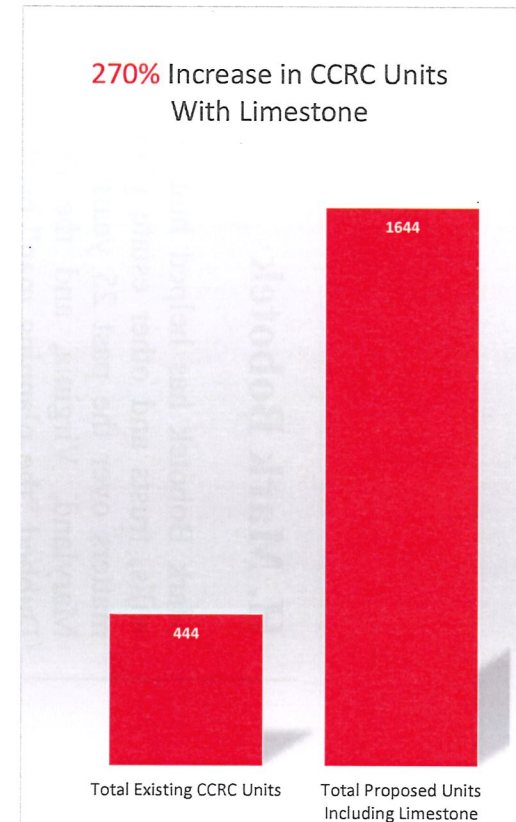
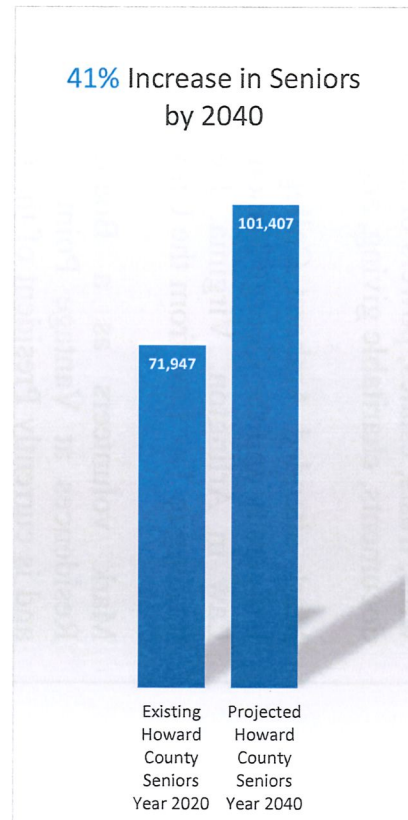
Mark volunteers as a Board Member for the Residences at Vantage Point retirement community and is currently President of the Coalition on Geriatric Services (COGS), an organization of 125 local senior service businesses. He is a former member of the Board of Managers for the Howard County YMCA and the Deerfield Senior Services. Mark has served on the board of the National Network of Estate Planning Attorneys. He is a current or former member of ElderCounsel, the Md. State Bar Association (Sections on Taxation, Elder Law and Estates & Trusts), the Virginia State Bar (Estates & Trusts Section), the District of Columbia Bar, the National Academy of Elder Law Attorneys, and the Howard County Bar Association.

Mark’s many articles and publications include contributions to the “Daily Plan-It”, a newsletter for thousands of financial advisors nationwide. He speaks often on estate planning and elder law issues.

After college, Mark served aboard ship as U.S. Coast Guard officer. He lives in Ellicott City and enjoys time with his three adult children and baby granddaughters.

RECIPE FOR FAILURE: HUGE MISMATCH OF HOWARD COUNTY CCRC SUPPLY AND DEMAND

Lutheran Village at Miller's Grant Units	241
Residences at Vantage Point Units	203
Total Existing CCRC Units	444
Proposed Limestone Units	1200
Total Proposed Units Including Limestone	1644
Percentage Increase in Senior Units	270.27
Existing Howard County Seniors Year 2020	71,947
Projected Howard County Seniors Year 2040	101,407
Percentage Increase in Senior Population	40.95



Notes:

1. Counts Independent Living Units Only
2. Miller's Grant has approx. 50 more units in its pipeline
3. Seniors = 60+ years old
4. Data Source: Office on Aging And Independence for Growth Data
5. Data Source: CCRC Websites for Number of Units

<https://www.wsj.com/articles/how-covid-19-will-change-aging-and-retirement-11605452401>

JOURNAL REPORTS: RETIREMENT

How Covid-19 Will Change Aging and Retirement

Among other things, expect more aging in place and a wave of innovation to help make that happen

By [Anne Tergesen](#)

Nov. 15, 2020 10:00 am ET



Listen to this article

15 minutes

As the pandemic wreaks havoc on our mental and physical health, it is also quietly reshaping how Americans will face retirement and old age in the years to come.

The virus is bringing sweeping change, mainly by “accelerating developments already under way,” says physician and entrepreneur Bill Thomas. For example, “isolation of older people has long been a problem, but Covid is focusing attention on the issue and adding urgency” to address it.

Some changes in store will be stressful. Rising government deficits and falling bond yields are creating so much uncertainty about financing retirement that most people who can continue to work will—and for as long as possible, says Laura Carstensen, director of Stanford University’s Center on Longevity.

“It’s going to make people rethink retirement altogether,” she says.

Other developments will be welcome. For instance, more people will age at home, where most adults say they want to remain. There will be a boom in innovations improving life in later years. And with Covid giving us a reason to reflect on mortality, we will plan how we want to live and die more deliberately.

Lessons learned from the virus may even help us combat ageism. Surveys and studies indicate that older adults are coping emotionally better than younger generations, says Prof. Carstensen, which may help us “recognize the resilience and strength of older adults.”

1. More will age at home

With about 40% of Covid-related deaths in the U.S. occurring in long-term-care facilities, the disease has exposed “how shockingly inadequate our care infrastructure and systems are” and “how essential access to home care is,” says Ai-jen Poo, an advocate for caregivers.

That recognition should have two different but beneficial effects: fewer but better nursing homes, and more resources to help people age at home.

As the government raises regulatory standards on nursing homes, industry watchers are saying 30% or more could file for bankruptcy, according to Sarah Slocum, co-director of the Program to Improve Eldercare at Altarum, a nonprofit health-care consulting group.

“You will see a lot more focus on aging at home and figuring out how to shift the financial incentives to make that work” says Ezekiel Emanuel, vice provost of global initiatives at the University of Pennsylvania. (After Dr. Emanuel was interviewed for this article he was appointed to President-elect Joe Biden’s task force on coronavirus.)

Community-based programs will expand, including the Program of All-Inclusive Care for the Elderly, a Medicare-sponsored service that is currently helping 50,000 people with such needs as medical services, day care, home care and transportation. The program costs Medicare and Medicaid an average of about \$7,000 per person a month, versus \$9,000 per person for nursing homes, according to Altarum.

Pinchas Cohen, dean of the Leonard Davis School of Gerontology at the University of Southern California, predicts that federal or state governments will expand programs, including one under Medicaid, that pay some family caregivers, typically an adult child.

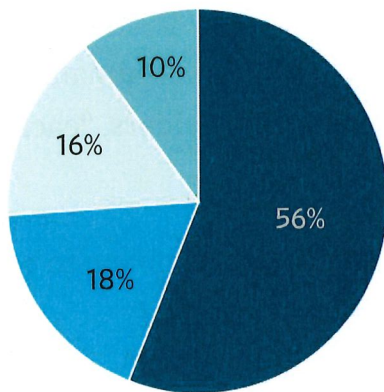
Generally, the amount depends on an assessment of the elderly individual's needs, as well as the average wage for a home care aide in the state and geographic region in which one lives.

Cut Off

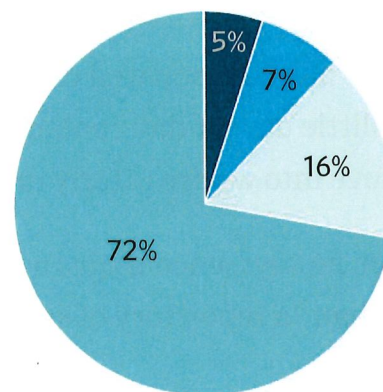
Nursing home residents reported dramatic swings in types and frequency of visitation as a result of the pandemic in an online survey conducted this summer.

■ Three or more times ■ Twice ■ Once ■ Never

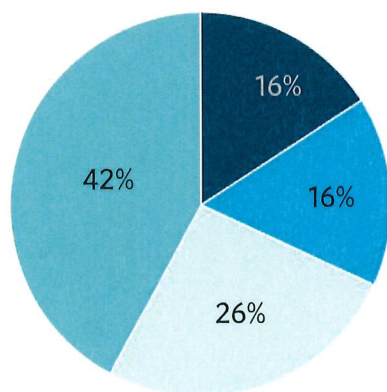
Before Coronavirus restrictions were imposed, how many times a week did you have outside visitors (e.g. family or friends)?



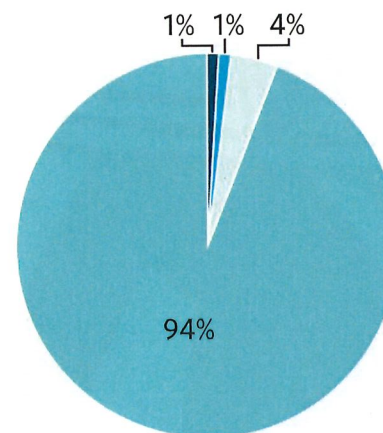
After Coronavirus restrictions were imposed, how many times a week do you now have visitors?



Before Coronavirus restrictions were imposed, how many times a week did you leave the nursing home?*



After Coronavirus restrictions were imposed, how many times a week do you leave the nursing home?*



*E.g. to visit family, attend religious services, go shopping, eat at restaurants etc.

Source: Altarum online survey conducted early July to August 2020. There were 365 respondents from 36 states.

Ms. Poo says that the pandemic has shone a light on the inadequacy of the average \$17,000 annual income of home health aides, many of whom are working “without health care, hazard pay or child care.”

The trend toward more aging at home will also favor smaller elder-care arrangements like the nonprofit Green House Project, which was started by Dr. Thomas and promotes senior living in small, homelike cooperative settings. Some 300 such homes in dozens of states house up to 12 residents and typically feature open floor plans, large dining-room tables, fireplaces and porches. Data gathered by the University of North Carolina and the Green House Project show 94% or more of the homes certified to provide skilled nursing care remained virus-free through Aug. 31.

A movement away from nursing homes might prompt Americans to also rethink other forms of age-segregated housing, including 55-plus communities, predicts Marc Freedman, president of Encore.org, a nonprofit working to bridge generational divides.

Age segregation “has not prepared us well for living longer lives,” says Mr. Freedman. With relatively little day-to-day contact between younger generations and elders, “each life stage we move into we are utterly unprepared for.”

Age segregation, he says, encourages a view that an aging population is “a problem to be solved” rather than “a repository of social, intellectual and community capital.”



PHOTO: ROBERT NEUBECKER

2. Older people will benefit from a technology boom

The pandemic, and the aging of the population, is contributing to a wave of innovation aimed at older adults.

Specifically, the country's experience of quarantining has spurred entrepreneurs to think about what older people will need to age at home, says Katy Fike, a gerontologist and partner in Generator Ventures, a venture-capital firm focused on aging.

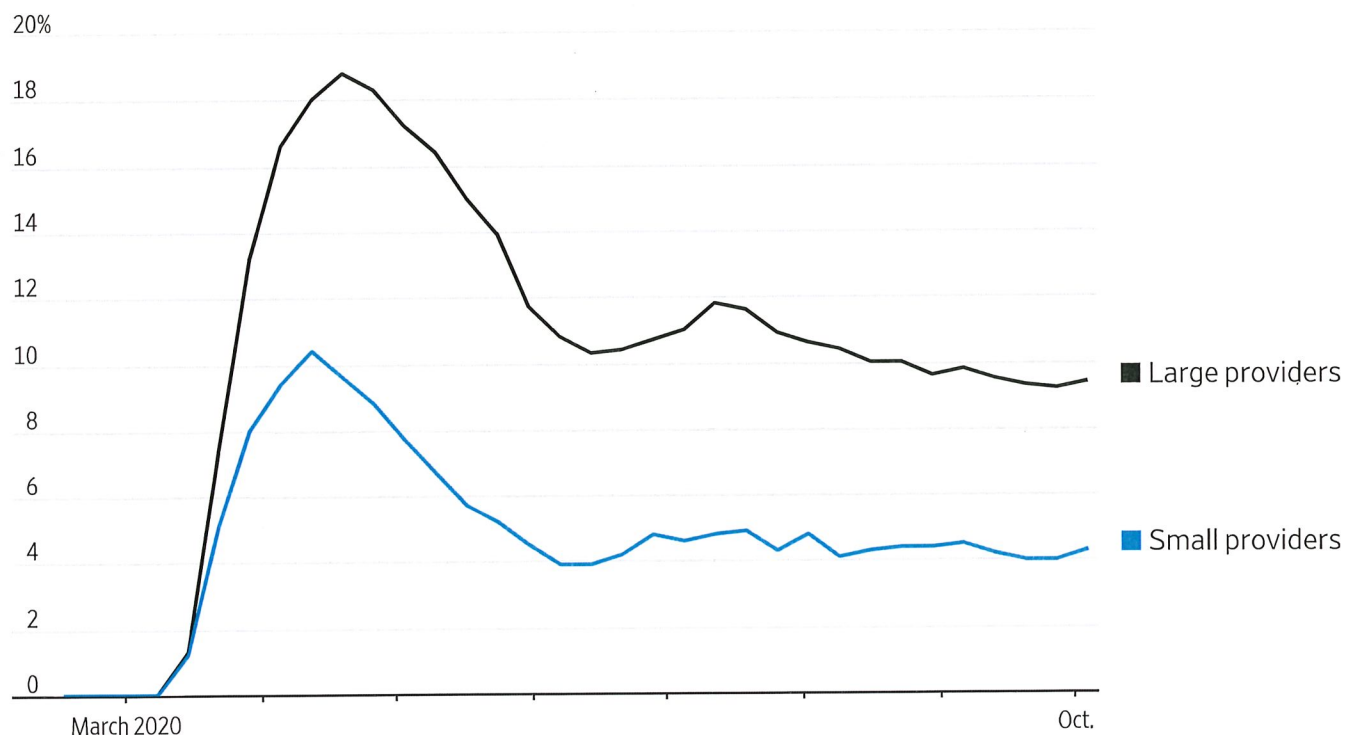
The most dramatic change under way is the growth in telemedicine, facilitated in part by Medicare's decision since March to expand reimbursement to doctors for virtual visits.

Wearable devices and diagnostic tests for home use will provide doctors with key information, including patients' blood pressure and weight, and pave the way for better remote patient monitoring, says Dr. Fike.

Laurie Orlov, a consultant who specializes in technology for older adults, says Amazon's forthcoming Care Hub, free in the Alexa app, uses voice technology to notify an emergency contact if a user asks for help.

Demand for Telemedicine Remains Elevated

Increase in U.S. telemedicine visits from pre-pandemic levels, by health-care provider size



Note: Includes telephone and video visits. Provider size based on clinicians in all specialties but data reflect visits only with adult primary-care clinicians. Figures are weekly.

Sources: Ateev Mehrotra et al.; Commonwealth Fund

Other innovations will take aim at isolation. Already, Discover.Live Inc. provides seniors and others with virtual travel led by guides on live stream. Eldera Inc. and Table Wisdom pair older adults with, respectively, children needing homework help and foreign-born students wanting to practice English. Silvernest Inc. matches older homeowners with roommates who pay rent.

3. Lifespans will decline

With so many people dying of Covid, virus-related deaths are projected to reduce the aggregate life expectancy of Americans age 65 today by nearly a year, according to researchers at Princeton University and the University of Southern California.

But Covid-related lockdowns also are likely to reduce the life expectancies of those who avoid or survive the virus, says Philip Pizzo, former dean of Stanford University's medical school and the founding director of Stanford's Distinguished Careers Institute, a program for midcareer professionals transitioning to new acts.

In addition to the long-term physical damage some Covid survivors suffer, the pandemic is undermining our ability to engage in activities associated with better health and longer lives, including socializing, exercising and helping others. "These variables are important at all stages of life and particularly for those in midlife and older," says Dr. Pizzo.

Studies indicate that loneliness may be linked to a greater risk of death, cognitive decline, depression and heart disease.

According to a survey of 365 nursing-home residents conducted by Altarum this summer, only 5% reported having visitors three or more times a week, versus 56% before the pandemic, and 76% said they felt lonelier.

Technology can help overcome some of these problems. But online platforms like Zoom are far from a perfect substitute for the human contact we need, says Dr. Pizzo.

"We are social beings, and we need human contact," he says.



PHOTO: ROBERT NEUBECKER

4. We will have a better handle on what we want to do with our time

Working from home can provide a sense for “what retirement might look like,” says Dr. Cohen at USC. “Some are saying ‘No thanks, I want to continue to work,’ ” he says. Others, including Dr. Cohen himself, are exploring hobbies.

Many retirees are frustrated that the virus is interrupting plans to travel and see grandchildren. But the break from routine has also freed up time to assess plans, values and the kind of legacies we want to leave, says George Kinder, founder of the Kinder Institute of Life Planning. As a result, he says more of his clients—and the clients of financial advisers who train with him—are re-evaluating what’s important in their lives and changing their plans.

SHARE YOUR THOUGHTS

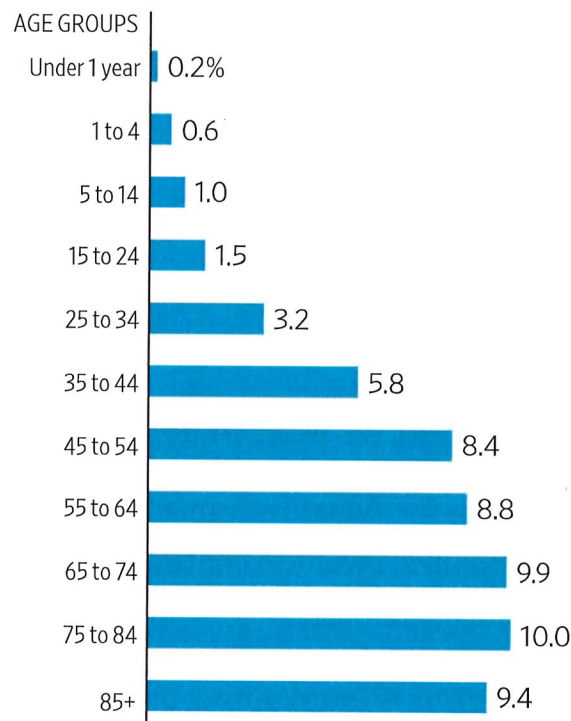
How has the pandemic reshaped the way you look at retirement? Join the conversation below.

To prompt clients to clarify their goals, Mr. Kinder asks three questions: What would you do if you had all the time and money in the world? How would you live if you knew you had only five to 10 years left? And what would you most regret if you died tomorrow?

“Covid essentially poses the same questions,” says Mr. Kinder.

The virus has enhanced the feeling “that life is short, which is ordinarily something we are aware of occasionally, but this is a collective moment” of reckoning that “the clock is ticking,” says Ellen Goodman, co-founder of the nonprofit [Conversation Project](#), which is dedicated to encouraging conversations about end-of-life wishes.

Deaths involving COVID-19 as a percentage of all deaths in the U.S. by age



Note: From Feb. 1 to Oct. 31, 2020

Source: Centers for Disease Control and Prevention

“What matters is finding meaning and doing what really matters to us,” she says, whether that is to be good to people or study classical music or make the world better through commitment to a cause.

5. We will plan for death

End-of-life-care planning is something many put off, says Kate DeBartolo, director of the Conversation Project. But thanks to Covid, she says, “it feels more pressing, even for younger people,” who are using the website in greater numbers.

Traffic and downloads of end-of-life planning material have surged this year, she says.

As difficult as it is to plan for death, experts say it is crucial that people prepare. It can improve not only how we live our last days, but how our loved ones deal with our deaths.

Dr. Emanuel predicts that the experience of living amid lockdowns may cause more people to think about end-of-life care. Some undoubtedly will choose not to receive medical treatment that helps extend life but that also often negatively affects the quality of those extra days, especially if they can’t spend time with their family, he says.



PHOTO: ROBERT NEUBECKER

6. We will embrace healthier lifestyles

The older you are, the greater your statistical odds are of dying from the coronavirus. But underlying health problems, including diabetes, heart conditions and obesity, are also significant risk factors, says Dr. Cohen.

Such conditions can be caused by factors beyond our control, including genes. But diet and exercise also often play a role.

The pandemic is helping raise awareness of the concept of “biological age,” or the internal pace of aging, says Dr. Cohen. “Age is the No. 1 cause of risk for mortality from Covid, but it’s not chronological age, it’s biological age,” he says.

As wearable devices become more prevalent, more of us will track measures of underlying health, including blood pressure and glucose levels. Medicine may eventually assign patients a biological age to help them make better-informed decisions, Dr. Cohen says.

7. We need to save more to retire

While stocks for now continue to perform well, lower bond yields caused by the pandemic might make it harder to make ends meet on a fixed income.

For years, retirees have relied on the so-called 4% rule, which says you can withdraw 4% from your savings in the first year of retirement, and then give yourself an annual raise to account for inflation, without running a big risk of running out of money.

For someone with a \$1 million portfolio, that formula produced an initial income of \$40,000 and—assuming inflation of 2%—an increase to \$40,800 in year two.

But today’s low bond yields mean future returns are expected to be lower than in the past, says David Blanchett, head of retirement research at Morningstar Inc. Mr. Blanchett says his safe-spending recommendation is now between 3% and 3.5%. That means that someone who wants to safely withdraw \$40,000 in the first year of retirement needs to save closer to \$1.2 million than \$1 million.

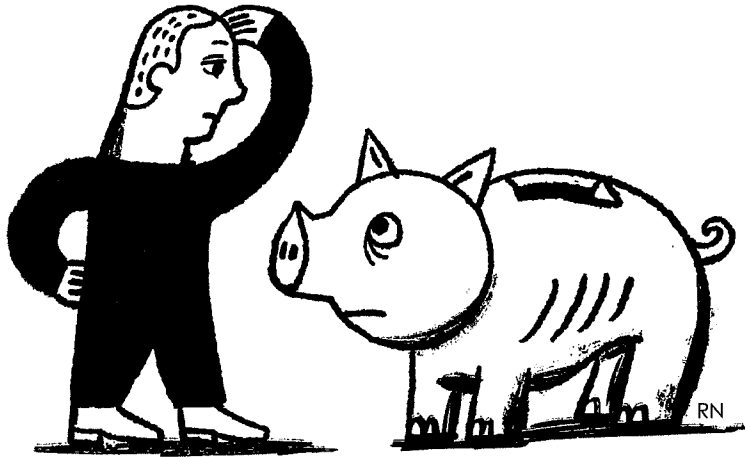


PHOTO: ROBERT NEUBECKER

8. The 401(k) will morph into a multipurpose account

The economic crisis has shown that for many people, the priority should be to build an emergency fund before putting money into a 401(k), where savings can be hard to access before retirement.

David John, a senior policy adviser at AARP, says employers are already starting to use a new kind of flexible savings account that lets workers funnel salary deferrals to more than one goal, including emergencies and retirement. Other future uses could include health-care and college expenses. Mr. John predicts that once the accounts become popular the government will apply the current tax advantage for retirement savings to them.

9. We will work longer

Since the 1990s, the percentage of people 55 and older in the labor force has risen steadily, to 40% in 2019 from 29% in 1993, according to the U.S. Bureau of Labor Statistics.

With bond yields low, stock values high and Social Security in precarious shape, the trend will accelerate.

“There’s so much uncertainty about the future...most people are going to continue to work as long as they can,” says Prof. Carstensen.

With companies embracing remote work and flexible hours and the gig economy expanding, it’s easier for many older people to remain employed, says Jack Rowe, a professor of public health at Columbia University.

Of course, not everyone has the ability to work into their 70s or beyond. Some are in poor health, have jobs they can no longer perform or are victims of age discrimination.

“As a society, we will have to provide ways for people who cannot work to receive support,” says Prof. Carstensen.



PHOTO: ROBERT NEUBECKER

10. Our views on aging will change

Coronavirus has, at least in the short term, reinforced ageist stereotypes, including the notion that older people are frail and should be “segregated and isolated,” says Dr. Thomas.

The virus and the economic downturn are also inflaming intergenerational conflict.

Some “younger people see older people as the reason they have to sacrifice,” says Prof. Carstensen. At the same time, Ms. Goodman notes, “younger people are being blamed for being irresponsible” with regard to social distancing.

Still, Prof. Carstensen says the pandemic has also unleashed countervailing trends that may ultimately change our views of aging for the better.

It helped fuel the election of Joe Biden, who, at 77, is poised to become the oldest president in U.S. history, a development that contradicts the notion that older adults are weak or frail.

Adding to that view are surveys and studies that show what many are noticing in their own lives: that older adults are psychologically more resilient in the face of the disease than younger people are, says Prof. Carstensen.

As with past crises, including Sept. 11, psychologists are finding that people across generations are focusing on what matters most to them, including relationships, she says.

Amid Covid, Ms. Goodman says, “there are some signs of a deeper understanding of how we need each other.”

Ms. Tergeesen is a reporter for The Wall Street Journal in New York. She can be reached at anne.tergeesen@wsj.com.

JOURNAL REPORT

Insights from [The Experts](#)

Read more at [WSJ.com/report](https://www.wsj.com/report)

MORE IN ENCORE

[The Advantages of Age in Pandemic](#)

[Taking Care of Your Health at Home](#)

[Ask Encore: What Your Workouts May Be Missing](#)

[A Couple From Chicago Retires in Spain](#)

[The Pleasure of Phasing Into Retirement](#)

[Second Act: A Mentor of Young Black Men](#)

[Maybe My Parents Weren't Really So Bad](#)

Appeared in the November 16, 2020, print edition.

Jenna Crawley
Administrator
October 28, 2020

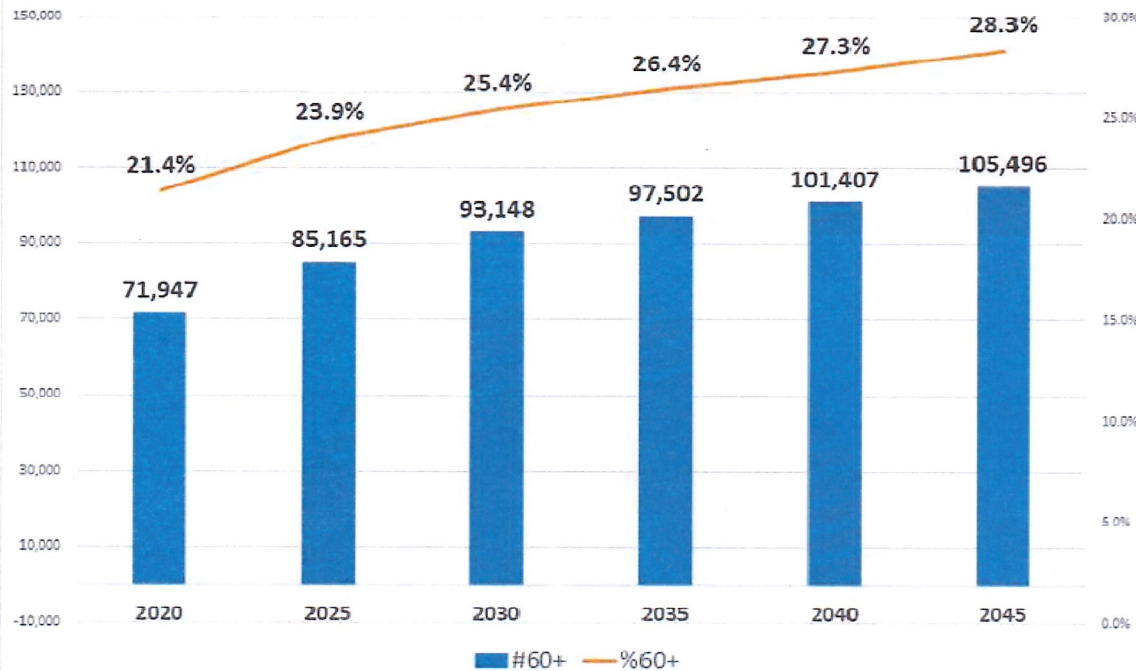




AARP Network of Age-Friendly States & Communities

- United States affiliate of the World Health Organization's Age Friendly Cities & Communities Program
- International effort launched in 2006 to help cities prepare for the rapid aging population
- AARP's participation is to advance efforts to help people live easily & comfortably in their homes & communities as they age
- Initiatives focus on areas such as housing, transportation, community engagement, health and wellbeing
- AARP facilitates the enrollment into the network & actively partners with local officials to achieve designation

Number and Percent of Older Adults 60+ in Howard County, 2020 through 2045



Howard County Older Adults

- In just 15 years, for the first time in US history, there will be more people over the age of 65 than children under age 18
- Overall age composition of the county is shifting with people age 60+ growing from 21% of the total population in 2020 to nearly 28% in 2045

Age-Friendly Communities Support People of All Ages by Focusing on the

8 DOMAINS OF LIVABILITY



Outdoor Spaces and Buildings

Public places to gather — indoors and out — and accessible buildings



Transportation Options

Sidewalks and safe, crossable streets for pedestrians; dedicated bicycle lanes; and public transit options



Housing

Housing options to meet the needs of those with differing incomes, ages and life stages



Social Participation

Access to a variety of affordable activities to combat social isolation



Respect and Social Inclusion

Intergenerational activities for young people and older adults to interact with and learn to value one another



Work and Civic Engagement

Opportunities for active community engagement through paid employment and meaningful volunteer options



Communication and Information

Information sharing through a variety of delivery methods, with respect for cultural and age-related differences



Community and Health Services

Assistance and affordable care options available for all ages

www.howardcountymd.gov/agefriendly



Developing an age-friendly community: the process

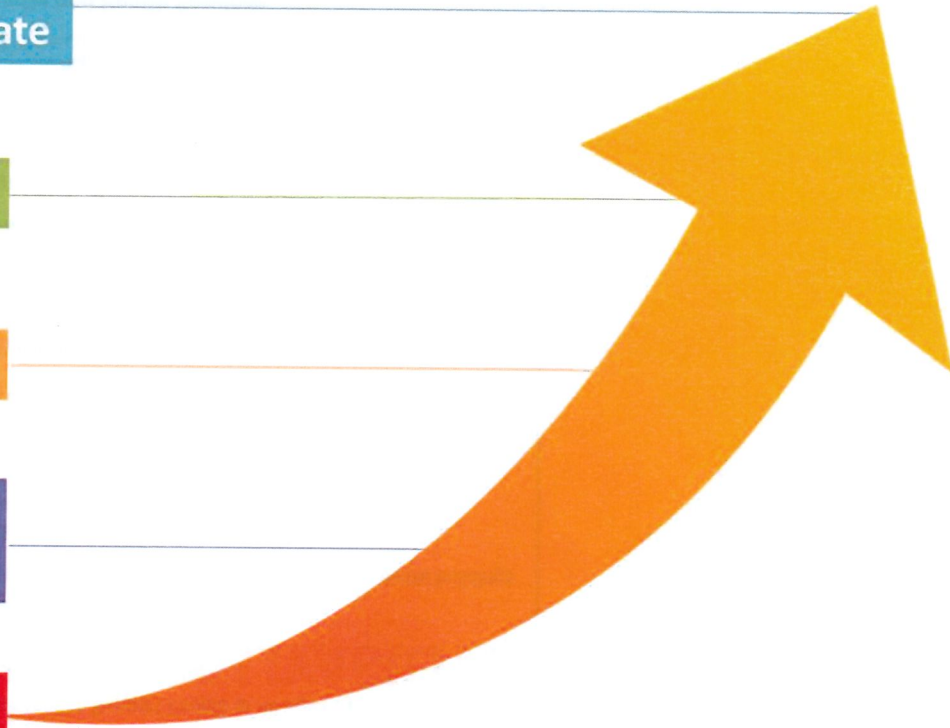
Year 5: Progress / status update

Years 3-5: Implementation

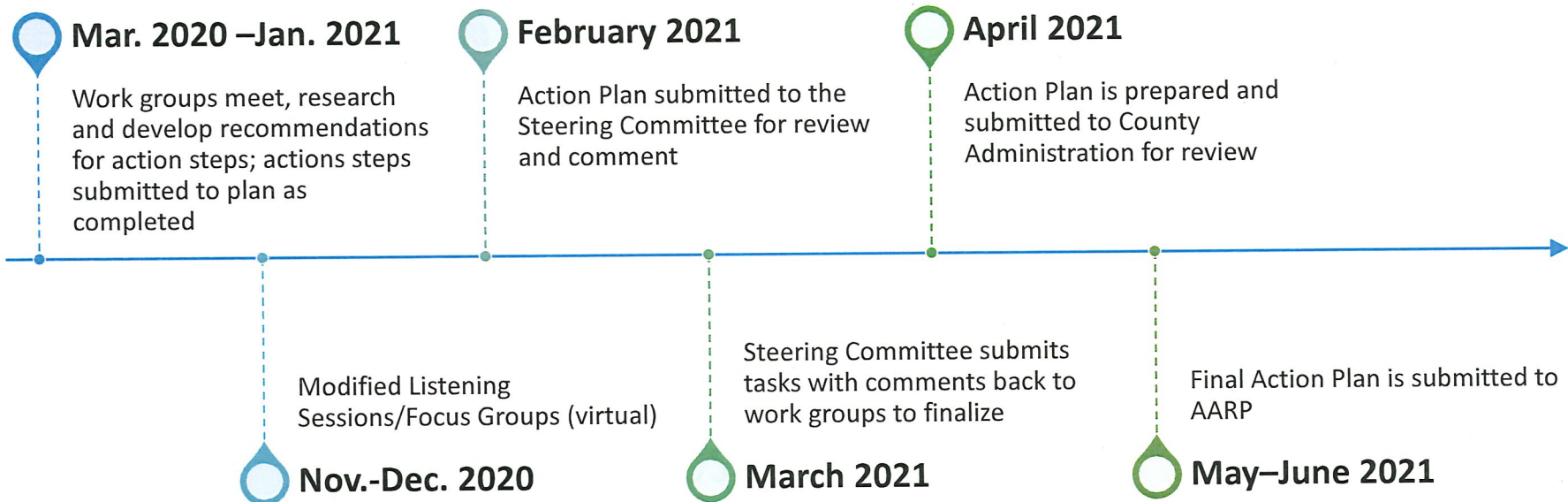
Year 2: Create an action plan

Year 1: Conduct a survey
and listening sessions

Enrollment



Howard County Age-Friendly Timeline





Age-Friendly Howard County to Date

Conducted Age-Friendly Survey in February 2020

Convened eight workgroups & steering committee

Reviewed the action plans of other communities (in US and internationally)

Developed vision statements for each work group

Listening Sessions/Focus Groups (upcoming)

Age-Friendly Howard County Survey

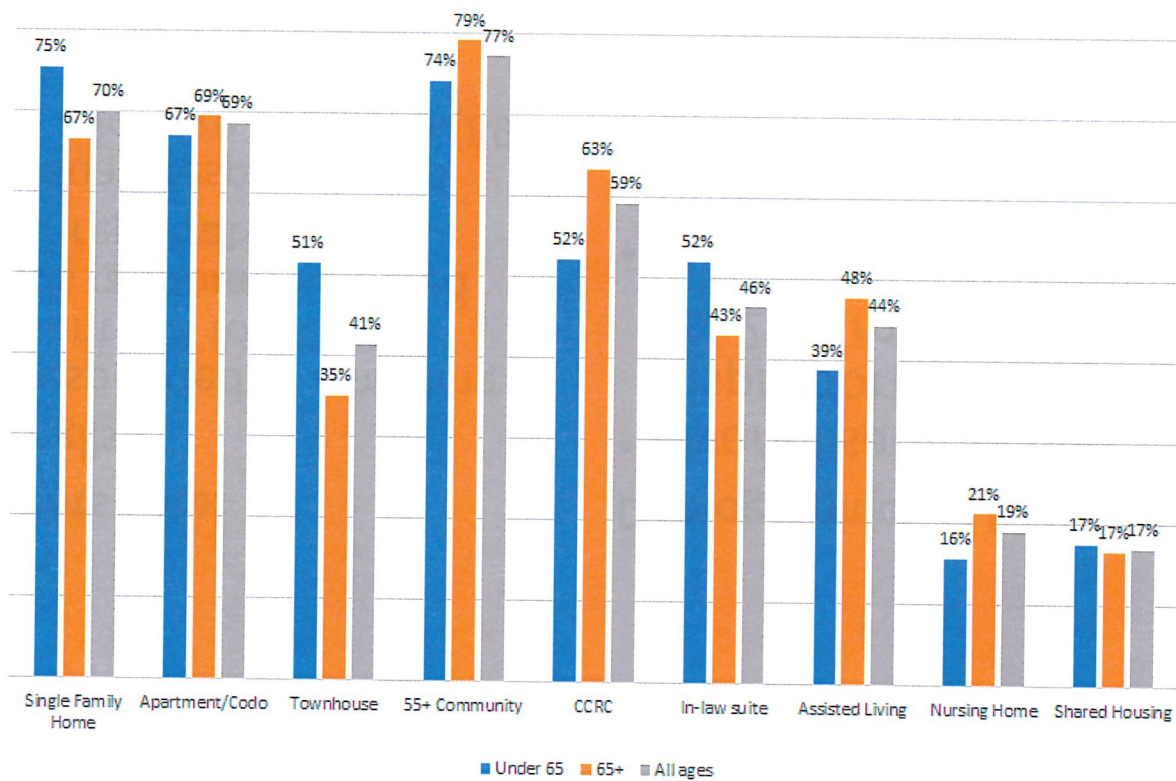
3357 Respondents Total

- **2941** in English
- **211** that responded to a mailing that was sent out to 1,000 households randomly selected from voter registration rolls
- **205** individuals responding to surveys in a foreign language (89 in Korean, 57 in Mandarin Chinese, and 59 in Spanish).

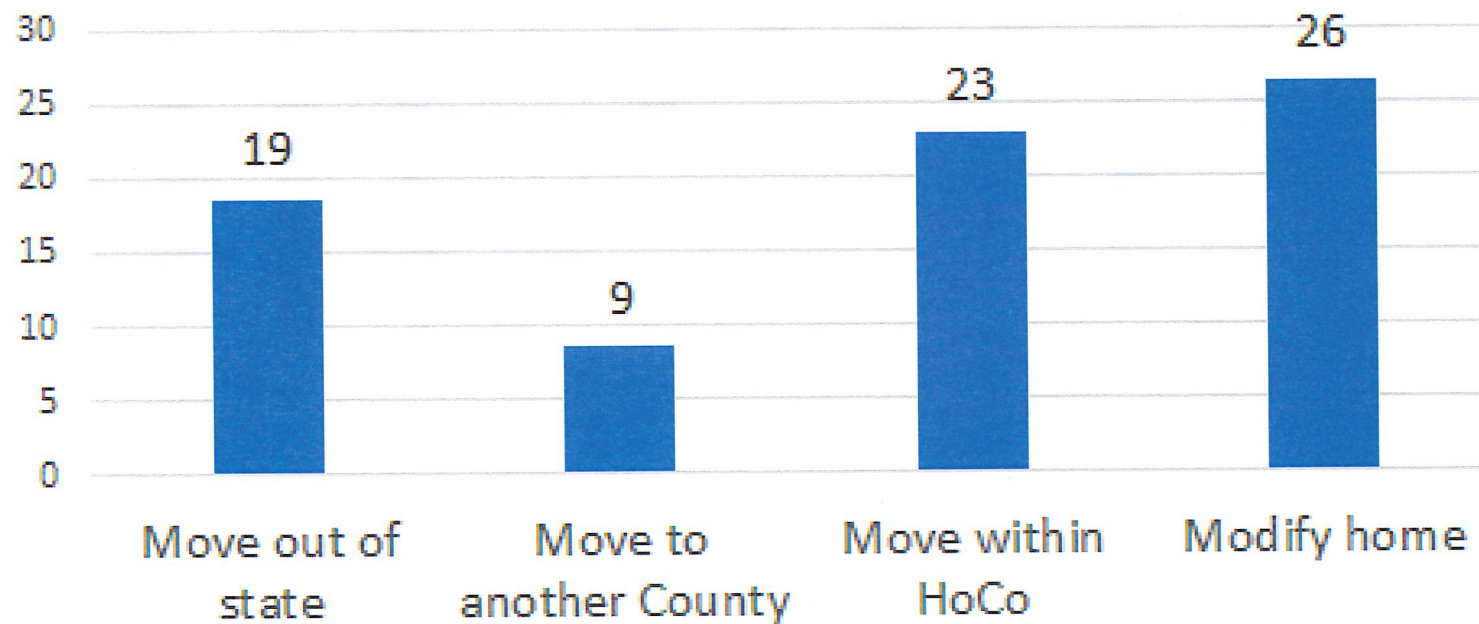
Demographics of Respondents

- Overall sample was disproportionately female (71% vs. 29% male)
- Skewed towards older adults (42% were age 70+)
- Representation by race and ethnicity was comparable to the community at large for the age groups represented

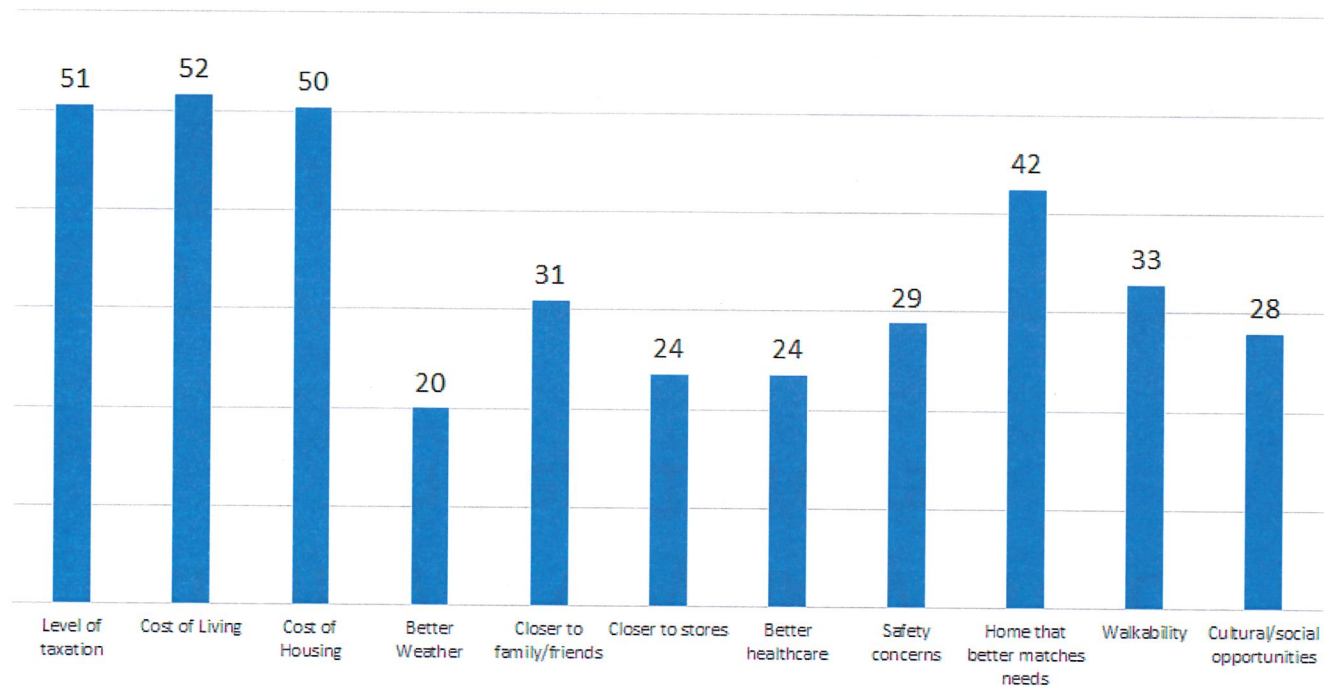
Percent Reporting Preferences for Various Housing Options



Extremely or Very Likely To Occur in Next 10 Years



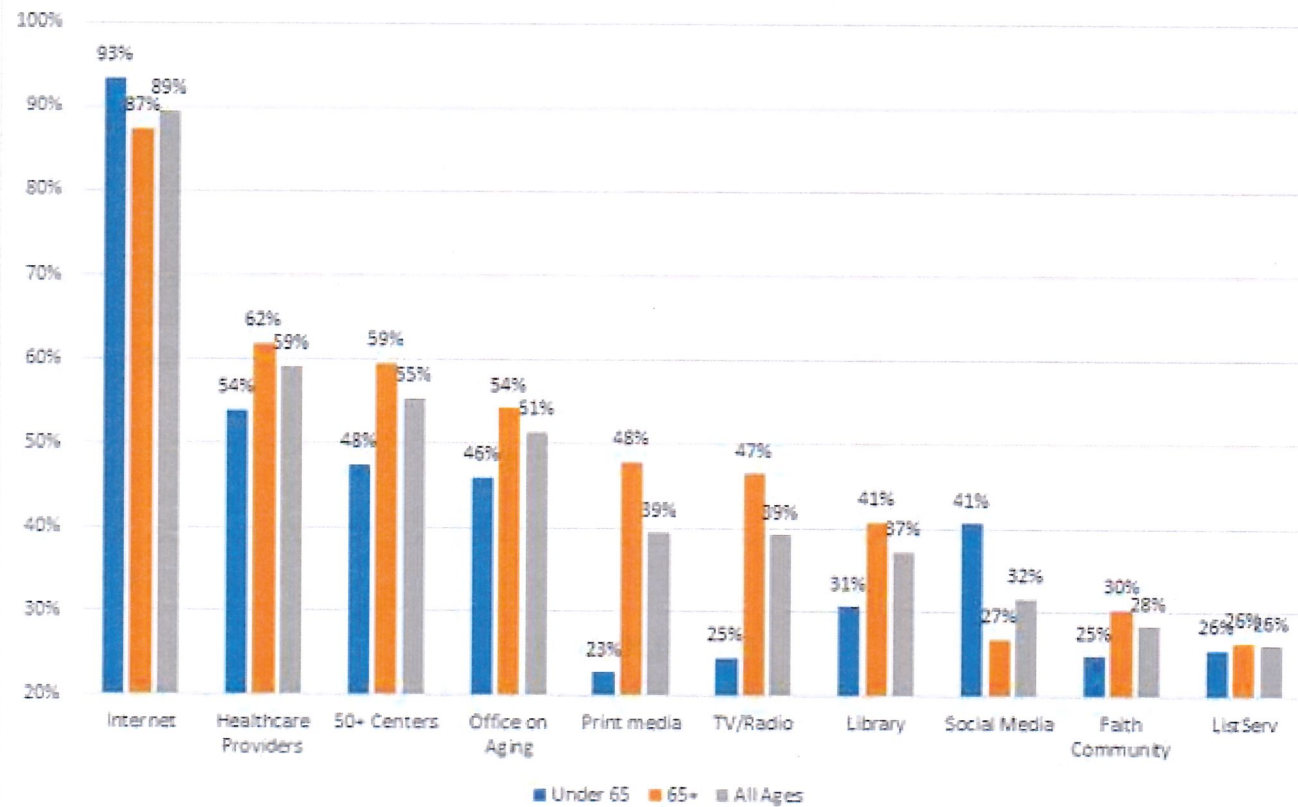
Factors That Would Influence Moving (Percent Reporting it is Extremely or Very Likely to Lead to them Moving)



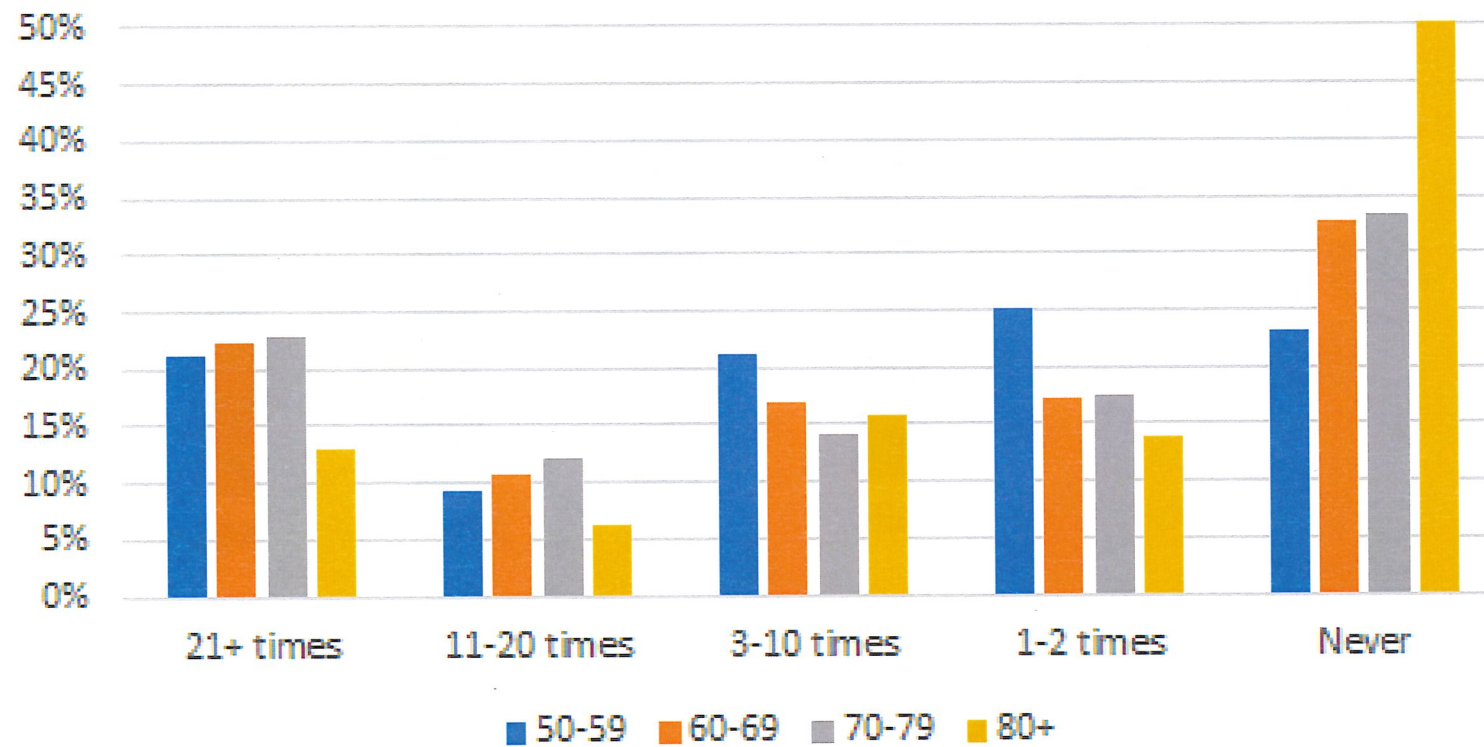
Relative Importance of Transportation Features, Among Those With and Without Cars (Higher Scores Reflect More Importance)



Information Sources for Aging Issues
Percent Reporting Extremely or Very Likely to Use

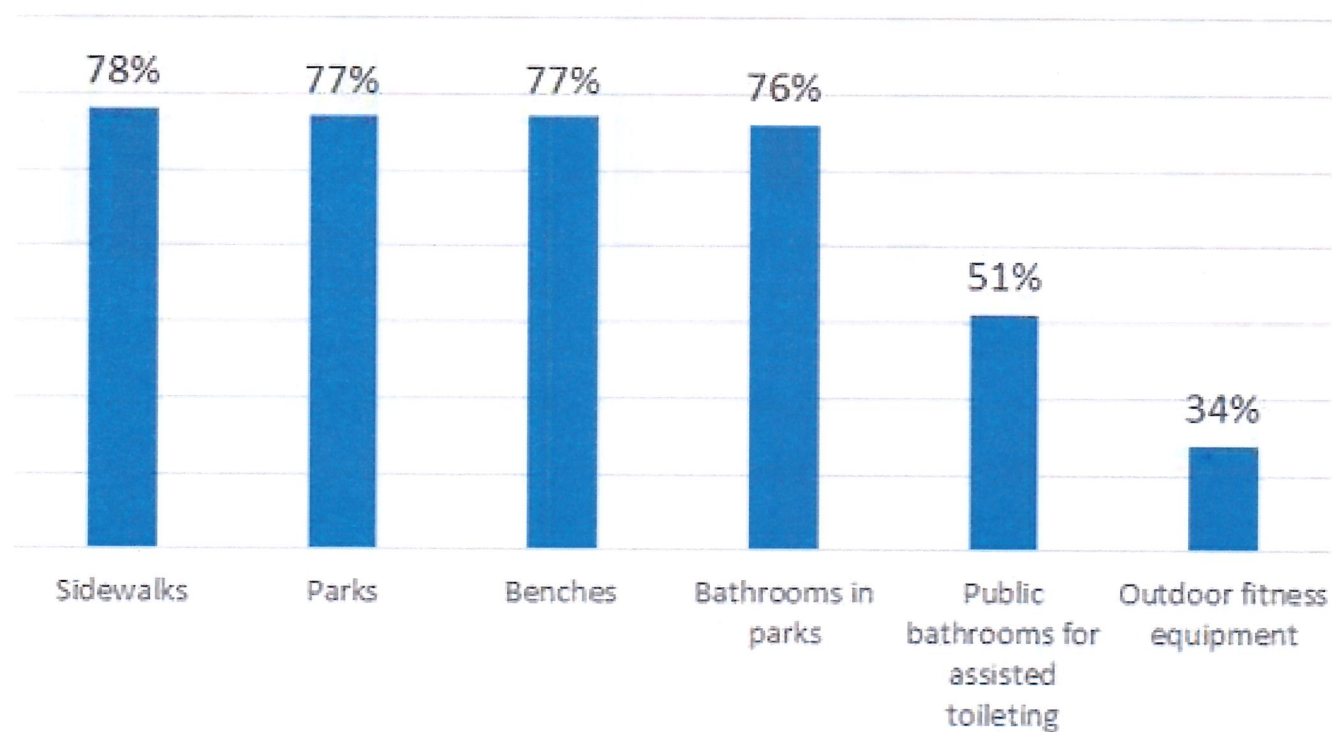


Volunteer Frequency by Age Group



Outdoor Spaces and Buildings

Percent Reporting Feature is Extremely to Very Important



Summary of HOCO's Previous Studies/Reports

- Howard County: Community Health Needs Assessment (2019)
- Report on the Status of People with Disabilities in Howard County (2019)
- Howard County Recreation & Parks FY2020-2024 Strategic Plan (2019)
- Homeless Response System – National Alliance to End Homelessness' Report (2019)
- Economic Opportunity and Prosperity Task Force Report (2018)
- PlanHoward 2030 (2017)
- Howard County Land Preservation, Parks & Recreation Plan (2017)
- Planning for the Growth of the Older Adult Population in Howard County: Creating an Age-Friendly Community (2015)
- Community for a Lifetime: Columbia Association's Comprehensive Plan for Serving the Older Adult Community (2014)
- Howard County Senior Housing Master Plan (2004)

Age-Friendly Work Groups

- Over 100 members participating
 - Representative of Community Organizations, Businesses, Government, Residents, Faith-based groups
- Organized around each of the eight domains of livability
- Meet monthly
- Each workgroup has developed vision statements, goals & objectives
- Beginning to formulate recommendations for Action Plan
- Exceptional skills, interest, engagement

Listening Sessions



Need new, creative ways to reach out to the groups of people not represented in the 2020 survey



Telephone town hall with 12-15 people at a time



Partner with groups (churches, civic groups, providers, etc.) to utilize an existing virtual meeting to gather input

Golden Thread...

- Age-Friendly Workgroup Participants are actively engaged in our community
 - Participating on Task Forces (Housing, Complete Streets, HoCo By Design)
 - Serving on Boards & Commissions such as the Commission on Aging and CA Senior Advisory Commission
 - Representatives from Governmental departments: Housing, Transportation, Department of Public Works, Recreation & Parks
 - Community activists and advocates
- Embracing collaboration, new thinking, strategies, & designation of resources to support the wellbeing of people of all ages



How to Get Involved: Join a Workgroup

Outdoor Spaces & Buildings

Meets 3rd Wednesday • 9:00 to 10:30 a.m.

Transportation Options

Meets 2nd Tuesday • 3:00 to 4:30p.m.

Housing

Meets 1st Friday • 9:30 to 11:00 a.m.

Social Participation

Meets 4th Monday • 3:00 to 4:30 p.m.

Respect & Social Inclusion

Meets 4th Wednesday • 9:00 to 10:30 a.m.

Work & Civic Engagement

Meets 2nd Thursday • 3:00 to 4:30 p.m.

Communication & Information

Meets 3rd Thursday • 1:00 to 2:30 p.m.

Community Support & Health Services

Meets 3rd Tuesday • 9:00 to 10:30 a.m.



Age Friendly Howard County

- Howard County is leading the way as demonstrated by current initiatives including:
 - Complete Streets
 - Livable Homes Tax Credit
 - Incredible recreation facilities & outdoor spaces
 - 50+ Centers
 - Universal Design Guidelines
- Age Friendly is the platform to ensure our all our community members remain connected to the community where they live