

*A Policy Note on:*

*HOUSING FOR AN AGING SOCIETY: HOW RELEVANT IS AGE?*

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*ABSTRACT*

*Many older individuals want to remain in their own homes as long as possible. Thus, it makes sense to have their homes "age proof" from the beginning; that is, suitable for their changing needs and capabilities. Research in the United States and Sweden has demonstrated the feasibility of incorporating desirable housing features for individuals with temporary or permanent disabilities into housing for individuals of all ages. This paper asks housing professionals to consider the potential benefits of this approach.*

*INTRODUCTION*

"The elderly need housing that offers safety and comfort in a convenient, desirable location and at a cost within their budgets" (Barrow, 1986, p. 218). The purpose of this paper is to question the emphasis on special needs for housing for the elderly and to suggest instead that good housing for the elderly is good housing for individuals of all ages.

*Need for Reform*

Without reform in housing design and modification of existing homes, the United States may embark on a program to build more nursing homes and specialized housing to accommodate increasing numbers of elderly individuals, many of whom would prefer to stay in their own homes. A recent American Association of Retired Persons (AARP) survey of 1500 adults age 60-and-over indicates that 70 percent of the respondents agree with the statement "What I'd really like to do is stay in my own home and never move" (AARP, 1987, p. 22). Care at home is the choice for most older individuals who require long-term care (McAuley and Bliesnzer, 1985). Yet, Struyk (1985) estimates that 12 percent of older households in the United States have a dwelling-use problem where a functional impairment due to a disability or health problem produces a need for home modification and/or some sort of supportive services in the home. Some experts in the United States have projected a 280 percent growth in the number of nursing home residents between 1980 and 2040 and advise that between now and the year 2000, a new 220-bed facility will have to be opened every day (Gibbs, 1988). According to Wiener (1987, p. 10), "If we maintain the status quo, total nursing home expenditures between now and roughly 2020, in constant U.S. dollars, will triple to almost \$100 billion with Medicaid picking up half that tab." However, it may be a mistake to project future needs for nursing homes and even various forms of supportive housing for the elderly based on the assumption that everything else will remain unchanged.

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Housing professionals are in a position to influence decisions that will determine the kinds of housing available as the number and proportion of older people in the population increases. One scenario for the future would make it possible for persons of all ages with permanent or temporary disabilities to continue to live in their own homes as long as they desire.

#### *The Swedish Experience*

In planning housing for increasing numbers of older people, the Swedish experience may be relevant to the United States. Sweden has the highest proportion of persons over age 65 of any nation in the world. In 1986, 17 percent of their population was over age 65 as compared to 12 percent in the United States. By the year 2000, the United States will have a projected 13 percent of its population over the age of 65. Sweden also predicts a growing proportion of elderly, particularly those over age 80. Yet, Sweden is reducing its projections for "category" housing to meet the needs of older individuals in favor of "normalization" to give the "aged the possibility of living in their own quarters and experiencing an active and meaningful life with others" (The Swedish Institute, 1986, p. 1).

In 1983, the Swedish parliament adopted a ten-year program consisting of increased investments in new housing and modernization of existing housing. According to Soderstrom and Viklund (1986), the aim is to enable

people to be able to continue to live in the environment which they have become accustomed to over the years.....Preliminary results indicate there is, in addition to the humanitarian aspect, economic motivation in creating conditions which will allow more people to live and get various forms of service in their own homes (p. 8).

#### *Attachment to Home*

Typically, older individuals in the United States have lived in their homes 20, 30, 40 or more years. More than half their dwellings were built prior to 1950 (Carlin and Mansberg, 1984). By objective measures, many of these dwellings are now substandard or unsuitable for their owners. Subjectively, however, for many, the house is "home" and they feel "at home" in the neighborhood. Those who choose to move are most often relatively young and vigorous with sufficient economic and social resources to allow them to choose from a variety of desirable locations. Their moves are apt to be associated with retirement when they no longer need to be tied to one locality because of employment. Thus, their moves are associated with increased independence rather than with increased dependence. As they grow older and a second move might be associated with increased dependence, they are apt to want to remain where they are. For example, an AARP (1987) survey finds that women over 80-years old are especially adamant about not wanting to move. Gunn and Tripple (1987) find that retired in-movers to a remote rural area plan to stay there the rest of their lives. O'Bryant, Murray, and McGloshen (1986) examine relocation decisions made by widows two years after the loss of their husbands. Most (119) are stayers - only 16 chose to move. Even those who move return to their former doctors, dentists, beauticians, and churches in their old neighborhoods. Considering the desire of so many older individuals to remain in their own homes, it makes sense to have their homes "age proof" from the beginning; that is, suitable for their changing needs and capabilities.

*DESIGN FOR THE LIFESPAN*

Building new homes that meet or can be adapted to meet the needs of persons with temporary or long-term disabilities is official public policy in Sweden. The Swedish Building Code requires all new housing and major renovations to meet requirements regarding adaptations for people with various forms of impaired mobility, motor, or orientational capacity (Soderstrom and Viklund, 1986). The United States, unlike Sweden, probably will not mandate such requirements in housing. However, the same results might be accomplished through the marketplace if more consumers learn to evaluate a home's suitability for their needs as they and their friends grow older. If they were to make their preferences known, builders and manufacturers would find it profitable to accommodate individuals with temporary or permanent disabilities. In the United States, several research and demonstration projects are currently underway, primarily in rehabilitation centers that illustrate the feasibility of this approach (Bostrom, Mace and Long, 1987; Dean, 1987; Fisher, 1985; Lusher, 1987). Unfortunately, many individuals associate such housing with "housing for the handicapped", something special for individuals with special needs and overlook the housing features that would bring increased convenience and safety for persons of all ages.

*Conventional Housing for Most*

Most individuals over age 65, like those in other age groups, live in conventional homes, most often single-family, detached dwellings. While planned retirement communities and other innovative housing options are becoming more readily available, their appeal seems limited to a small proportion of the older population. Boldy (1983) estimates relative percentages of housing types needed by older persons in the Western Industrial countries through the end of the century as follows:

CONVENTIONAL HOUSING DESIGN	81-86%
MINIMUM SERVICE	6-10%
SERVICE RICH	4-5%
INSTITUTIONAL CARE	4%

Housing for the elderly obviously must include providing for a continuum of support ranging from no support through minimum and service-rich support to full support for the aged and frail in long-term care facilities. The danger is that housing professionals, builders, and perhaps adult children and friends will *overestimate* the need for "special" housing for the elderly and *underestimate* the need for "normal" housing that fosters independent living. Boldy (1983) notes that congregate housing is often too "service rich" for the needs of residents. Schwartz, Snyder, and Peterson (1984) are critical of environments for older individuals that are too protective, that promote helplessness rather than health. One of the greatest challenges to housing professionals is to ensure that older persons who want to continue to live in their own homes have an environment that will compensate for increasing disability or frailty and at the same time will enhance feelings of competence, independence, and self-esteem. The key would seem to lie in conventional design of a home of modest size with convenience and safety features that appeal to persons of all ages.

### *Age and Household Size*

Many parents of the baby-boom generation now find their present homes are too big and too difficult to maintain. That may not be a problem for future parent generations. Parents today, with fewer children, are apt to live where both parents or a single parent are employed, while the children are cared for by others. Many cannot afford, nor do they desire, a large home in the suburbs. Their household size, need for support services, and level of income is more comparable to their grandparents' than their parents' generation. In fact, lists of desirable housing features for retirement living appear about equally applicable to single-parent or dual-career families (AARP, 1985; Pickett and Sullivan, 1975). Few individuals want a home that is too big, too expensive, and too difficult to care for. That means that individuals of all ages are looking for a home with many of the same basic characteristics.

### *Housing and Health*

Age is far from a perfect predictor of health status. What is sometimes overlooked in citing the general increase in disability with age is that many people are healthy and vigorous into their 80s. At age 85 and older, for example, more than one-third of those living in the community report no limitations in carrying out the daily activities of living and another one-third report only minor limitations. At age 75, over three-fourths of the population can carry out all major activities of daily living. More than half of those over age 65 report their health as good-to-excellent and more than half report they spent zero days in bed the past year (National Center for Health Statistics, 1986). This raises the question of whether these large numbers of healthy older people have housing needs different from those of individuals in other age groups.

An unfortunate consequence of equating age with disability and poor health is to obscure the fact that there are individuals with disabilities in all age groups. For example, about half as many persons aged 45 to 65 as those in the over-65 age group have some chronic disability. Individuals 45 to 64 have arthritis about half as often (24.7%) as the over-65 group (46.5%); 14 percent of individuals in the 45 to 64 age groups have some hearing impairment compared to 28 percent in the older age group. Both age groups have about the same rate of orthopedic impairments. Those under age 65 have a slightly higher rate of accidents from all causes than do individuals over age 65 (U.S. Senate Special Committee on Aging, 1985). Although the consequences of accidents and the limitations of disabilities generally are more severe with increased age, there are many individuals younger than 65 who need housing to compensate for their disabilities and limitations. As the baby-boom generation swells the numbers of individuals in the 45-to-65 age group, there will be increased need for housing for individuals of all ages with disabilities.

### *Home Health Care*

Although the likelihood of one's being hospitalized or needing home health care increases with age, the likelihood is increasing that individuals of all ages will at some time need temporary home health care and a recuperative environment. Hospitals now discharge a young athlete a few hours after knee surgery, the ski-accident victim may be in traction at home, and a new mother comes home a few hours after her infant's birth. Early discharge of patients means IV's, catheters, pain medication, and monitoring devices in more and more homes of individuals of all ages. Many will need, at least temporarily, a supportive environment similar to that needed by the frail elderly.

*Generational Interdependence and Reciprocity*

The interdependence of generations, the reciprocity of giving and receiving throughout life is well-documented in gerontological literature (Kingson, Hirshorn, and Cornman, 1986). Individuals in all age groups over 18 report assisting older parents and grandparents by helping out during an illness, shopping and running errands, taking them places, and helping fix things around the house (Harris and Associates, 1975). Parents and grandparents over age 65 reciprocate. In the same Harris poll, 68 percent of those over age 65 report that they help out when someone is ill, 54 percent of those over age 65 say they take care of grandchildren, 34 percent shop or run errands, and 26 percent fix things around the house or keep house for younger family members. This mutual helping between older and younger family members suggests much visiting back and forth in each other's homes. This, in turn, means homes for both age groups need to be safe, well-lighted, with handrails and perhaps accessible to wheelchairs.

*SUMMARY AND RECOMMENDATIONS*

Many of the design features and interior components that foster independent living for individuals with disabilities also provide greater convenience and safety for all ages. The key to consumer acceptance of such innovations and housing adaptations lies in marketing them in such a way that no one notices anything special, only the safety and convenience features in a normal dwelling. The challenge to housing professionals would seem to be to engage in research, develop a knowledge base, plan consumer programs, and address public policy issues to incorporate features desirable for the elderly in housing for individuals of all ages. For example, housing professionals might make greater efforts to

*Educate consumers to the possibility they will remain in the same home for 20 or more years.* That would mean evaluating a home's suitability for their needs as they grow older. Consumers of all ages might ask themselves such questions as those listed in AARP's guide (1985), "Do I need or do I anticipate needing...?". They might consider that, in the future, they may want to or need to share their home with an aging relative. In that case, would the home provide, or could it be adapted to provide, accessibility and privacy?

*Consider that features desired by older individuals may also be features desired by younger persons.* One survey (Sumichrast, Shafer, and Sumichrast, 1984) finds that older persons prefer one "great room" combining dining, family room and living room. A Swedish architect and researcher goes even further in suggesting that all rooms be directly connected with at least one other room in the dwelling to provide for direct visual and auditory contact between the members of a household or for an uninterrupted view and airiness (Reinius, 1984). In such a design, doors can be closed, but the provision for direct visual and auditory contact between rooms makes it easier to respond to the needs of another person; for example, a frail elder, a convalescent, or a child.

*Provide barrier-free environment in normal housing.* Accessible housing need not have an appearance that is different from that of other housing. Ramps and entry ways can be designed in such a way that they accommodate wheelchairs, yet are appealing to non-disabled individuals (Bostrom, Mace, and Long, 1987; Dietl, 1987). A ramp, for example, allows for the use of a handtruck to move heavy loads into and out of a dwelling, makes it easier to accommodate children in strollers, and is safer than stairs for young and old alike. Wider doorways are an advantage when it comes to moving furniture from room to room. Larger bathrooms with maneuvering space for an individual in a wheelchair are desirable for other user-groups who can take advantage of extra

space by "placing book shelves, etageres, and other furniture in these usually austere spaces" (Bostrom, Mace, and Long, 1987, p. 9). A walk-in, sit-down shower can accommodate a person in a wheelchair and be safer for other individuals as well.

*Improve design and functioning of handles, controls and wall outlets.* "By improving the functioning of various handles and controls for critical user groups, one makes them easier and more convenient to manipulate for the majority of users" (Sperling, 1984, p. 117). For example, when the Whirlpool Corporation designed appliances for use by individuals with impairments, other consumers appreciated the safety features for children who use the appliances. Door levers and/or pocket doors, essential for individuals with restricted mobility and for some persons recuperating from an accident or illness, are also convenient for someone using both hands to carry large or bulky loads. Electrical sockets at a convenient height and with grip-type plugs are desirable for all consumers. If such features are incorporated from the start, no special adaptation is needed later. This is important for both psychological and economic considerations.

To date, the strongest advocates in the United States for what the Swedish call "the normalization" of housing for vulnerable user groups are associated primarily with efforts to foster independent living for persons with various handicapping conditions (Bostrom, Mace, and Long, 1987; Dean, 1987; Dietl, 1987; Fisher, 1985; Lusher, 1987). The challenge to all housing professionals concerned with the need for housing for increasing numbers of older individuals would seem to be to recognize that normalization is the key to safer, more convenient housing for people of all ages. "With imagination and good sense, the dwellings built today could become functional and cherished homes where people can continue to live during their last years" (Reinius, 1984, p. 105).

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