

**THE CRAFT OF AGING IN PLACE  
IDENTIFYING MAJOR CONSTRAINTS WITHIN THE COMMUNITY**

by

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## **Abstract**

The aging demographic of the United States is growing at an alarming rate. Each day, there are more than 10,000 people turning 65 years old. The majority of these individuals prefer to live in their home, called aging in place. Aging in place requires the resident to be relatively independent and capable of accessing necessary services. The emergent demographic shift will compel every community across the country to focus community planning efforts toward older adults.

The amenities and structures in a community are, most of the time, not favorable for the older demographic. People in their later years develop various medical and physical conditions and subsequently, find difficulty when adapting to the environment. These individuals definitely need extra care and consideration from all sectors of the community. Creating an environment that promotes aging in place for older adults is confronted with multiple barriers that a community must work past.

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## **Dedication**

I can only hope that the aging environment in America will become a place that encourages older adults to stay involved in their communities long after their retirement. This report is dedicated to my family and friends, for who deserve the very best throughout all stages of life.

## **Chapter 1 - Introduction**

There is no denying that America's population is aging. Within a decade, over 10,000 Baby Boomers will turn 65 each day, and by 2030, 21 percent of the nation will be 65 years of age or older (U.S. Census, 2008). Most American's, if given the choice, would choose to age in place within the same communities in which they have resided most of their life (National Association of Area Agencies on Aging, 2007).

Aging in place is a comprehensive community driven strategy to give Americans the services, opportunities and infrastructure so that they can grow with dignity in their own homes while remaining active and engaged members of their communities.  
(Koff, 2008, p.2).

The emergent demographic shift will impact every community across the country. The future impact of the older adult population on the government and local communities will be substantial. The amenities in a community are, most of the time, not favorable for the senior citizen population. People in their later years develop various medical and physical conditions and find huge difficulty when adapting to the environment that has designed with a typical young adult in mind (Sharma, 2008). The older adult population certainly needs extra care and consideration. This report will study aging in place and seek to identify the major constraints that many communities in the United States are experiencing as they address the needs for the aging population attempting to age in place.

The dynamic of the U.S. is changing and it no longer benefits the older adult population. As marriages shorten, birth rates decrease, and American families become more geographically dispersed, the care and support provided by the family unit is

shrinking for older adults. Sometimes, it is non-existent. Today, American's are more geographically mobile, lessening the sense of obligation to their parent and family members.

Along with the family structure spanning over large geographical space, many of the older adults entering retirement are living in suburbs or near the fringe of the cities due to the growth of suburban housing opportunities available to this population in their young adult years. Following the end of WWII, a large number of WWII veterans came home and bought homes in the suburbs. Stafford (2009), author of *Elderburbia*, describes the suburb as:

Not an ideal place to age in place because the older adults are disconnected from the central community and the services for which it provides. Often times the homes in suburbs are on larger lots and require more maintenance - something an older adult may have trouble doing." He goes on to explain, "the older adult is forced to be dependent on the automobile for any of their appointments, social events, or to receive community services because their strong desire to stay living in their home and near their familiar neighborhood. At some point, driving may not be an option and then the older adult is forced into institutionalized living early. However, this situation might be different if there was a more systematic, collaborative approach towards elder care and services (p. 8).

Every year there are additional older adults entering retirement who identify their retirement options and decide where to locate themselves for the remainder of their life.

Shultz and Binstock (2006) point out:

The 76 million Baby Boomer population entering retirement is healthier and more independent than previous generations, and not ready to give up homeownership when they retire. This will

require communities across the U.S. to approach the aging population in a new way (p. 1).

One suggested approach to address these changing demographics is to provide an environment for older adults to “age in place.” The concept of aging in place strives to delay the institutionalized living arrangements of the elderly population and maintain residence in their home, even if they need additional care and assistance. For more than just economic reasons, a primary goal for many older adults is to maintain an independent lifestyle (Willis, 1996). Aging in place allows an older adult to meet their everyday needs and adapt to their changing health status in a place that is familiar, giving the older adult personal identity, sense of place, and privacy. As an older adult, maintaining independence requires a level of performance of basic activities for daily living while being influenced by the living environment. The prospect of aging in place means prompting city planning departments, design experts, aging services and medical support to think about making communities more hospitable, or livable, for older residents (Moos, 2004).

One of the most appropriate ways to address the aging population of a community is to include a “senior citizen” element in the comprehensive planning process (Sharma, 2008). Recognizing the need and ability to influence the planning process through the comprehensive plan will create more aging appropriate plans for the community. Incorporating this element into the comprehensive plan process will allow older adults to participate and influence the future of their community. The collaborative input between older adults, planners, and service providers will provide a variety of perspectives. It will challenge the planning process to reassess the current policies, programs and services in



their community and create an environment that encourages older adults to stay in their homes far into retirement.

Thinking strategically about transportation availability, accessible housing, parks and public places, age appropriate fitness and retail facilities, as well as connectivity within the community will become vital. And even though these considerations are targeted at the older adult population, they will improve the quality of life for all age groups. However, because the aging population is increasing, the aging element of planning is a wise investment of time and resources for all communities throughout the United States.

In the attempt to create an aging in place environment there is a growing mismatch between the medical needs of the older adult population and housing type. As a result, inadequate health services and the housing arrangement becomes a poor match for older adults. Without the needed services, residents will have to move multiple times, such as from a home to a hospital because of a health episode, then to a nursing home for rehabilitation, then back to the home, then on to assisted living for longer term care. Moving between facilities is often disorienting, disturbing, and undesirable, not only for the individual but also for the entire family (Tenenbaum, 2010). “The relocation stress caused by transferring residence is detrimental to the older adult” (Parmelee et. al., 1992, p. 3). Joyce Carboni (1990) has found that the unexpected move of an older adult often leads to depression and lower quality of life because they lost part of their identity. Their home holds significance. A home is a kitchen with a big window, the smell of fresh cut grass, and the sound of the floors creaking. An individual makes a home and a home makes an individual.

Providing an aging in place environment is complex. It deals with physical health, personal identity, finances, family, transportation, and societal influences. Currently, many of the services needed for an older adult to aging in place are not sufficiently funded which impacts their ability to organize their services into an easily managed, systematic whole. Piecemeal development of home and community-based services explains why the services do not always work in coordination with each other. Additionally, programming and funding have emerged from an array of congressional appropriations, state programs, non-profit grants, private enterprise, and community initiatives.

In 1973, the Older American Act incorporated a comprehensive service amendment to establish the Area Agencies on Aging (National Association of Area Agencies on Aging, 2007); however, there have been a dozen amendments affecting the organization and financial support it provides. The coordination between service agencies and community planning may or may not always work alongside one another. Both groups are equally busy and collaboration may take more time than they have to give. This routine leaves the older adult population disorganized and on occasion, with inadequate care. “Neither funding nor providers are developed for comprehensive care on an at-home basis” (Tenenbaum, 2010, p. 10). A study by Maturing of America (2006) found that only 46 percent of American communities have considered planning for the aging demographic. With an environment such as this, it is not surprising why older adults may be unable to age in place.

Creating a community that empowers the older adult and provides the opportunity to choose where they grow old can be accomplished through appropriate planning,

design, and collaboration efforts. Making obvious changes such as innovative home designs, wider doors and hallways, lower cabinets, and appropriate bathroom appliances are all part of the aging in place environment. Being conscientious of the older adult population takes extra thought and planning. The U.S. has never had to respond to a demographic shift of this magnitude and therefore, finding an appropriate solution for communities may be arduous. There is not one way to handle the aging population, each community will approach this change in their own unique way.

It is clear that a majority of communities in the United States have not adapted themselves to adequately serve the older adult population that is pursuing aging in place. As stated previously, only 46 percent of U.S. communities have considered planning for the aging population (Maturing America, 2006, p. 1). The dilemmas confronting aging in place may restrict communities from creating an environment that allows the aging population to age in place. The significant expense to incorporate elder-friendly design has to be funded by someone, although no one is willing to take this responsibility. The non-collaborative attempts of various organizations to address the growing older adult population are relatively insignificant, such as providing food services in a senior center and not providing the transportation to get to the senior center. The barriers that keep a community from developing into an environment that encourages aging in place must be addressed before any planning begins. Most of this report will describe the barriers of aging in place. Planning for the Baby Boomer retirement will require communities to begin working together to create a reasonable, systematic, aging friendly environment. The planning should begin now, otherwise the United States will create their own problematic situation.

## **Chapter 2 - Methodology**

The aging baby boomer population is radically changing the composition of the United States demographics. Communities across the country have not sufficiently planned for the retirement of this large population for a variety of reasons (Maturing America, 2006). In 2003, American Association of Retired Persons (AARP) conducted a study and found 83 percent of the baby boomer population would prefer to stay in their home while they age. In 2006, Maturing America found that only a mere 46 percent of communities in the United States have even considered planning for this aging population. This report will study the demographic changes occurring and the emerging trends that are taking place within the United States. The general needs and desires of the older adult population will be determined using current literature on the subject of aging. More specifically, this report will examine the preference of aging in place.

Report objectives:

1. Identify the demographic change occurring in the United States.
2. Discuss aging in place and the benefits and/or challenges it may have on older adults, as compared to living in an institutional living arrangement.
3. Identify the major constraints of aging in place in a community.

### **Literature**

The topic of aging is influenced by a variety of issues; therefore, it will require a variety of literature perspectives, including social services, academic academia, and public sectors. The literature that is available on aging in place is relatively underdeveloped because of the recent growth of older adults entering retirement.

Throughout the research process, a glossary of related terminology has been created, it is found on pages 54-56. There are multiple types of housing options for older adults to age in place; thus, each housing option will be described. Other aspects such as transportation and medical or social services will be included in the literature review to provide a comprehensive overview.

### **Interview Process**

The purpose of the interview process is to discuss aging in place with experts that deal with transitional living issues and identify the barriers that keep a community from developing an environment that allows older adults to age in their homes. The individuals interviewed provide expert opinion on topics such as housing, service delivery, geriatric care, geriatric research, aging conscious design, and community planning. Once the interview process is complete and the constraints to aging in place have been identified, further literature research will be conducted on each barrier. It is particularly important to combine literature and expert opinion to understand all aspects required to age in place.

### **Analysis and Conclusion**

The purpose of this report is to identify the major constraints to developing an environment capable of sustaining the older adult population within a community. Once the barriers have been identified, further literature research will be conducted to better understand each barrier. Each constraint will be described and explained through interview findings and supplementary literature.

The topic of aging in place is incredibly complex and would require further research if there were to be any recommendations for a community to guide them through

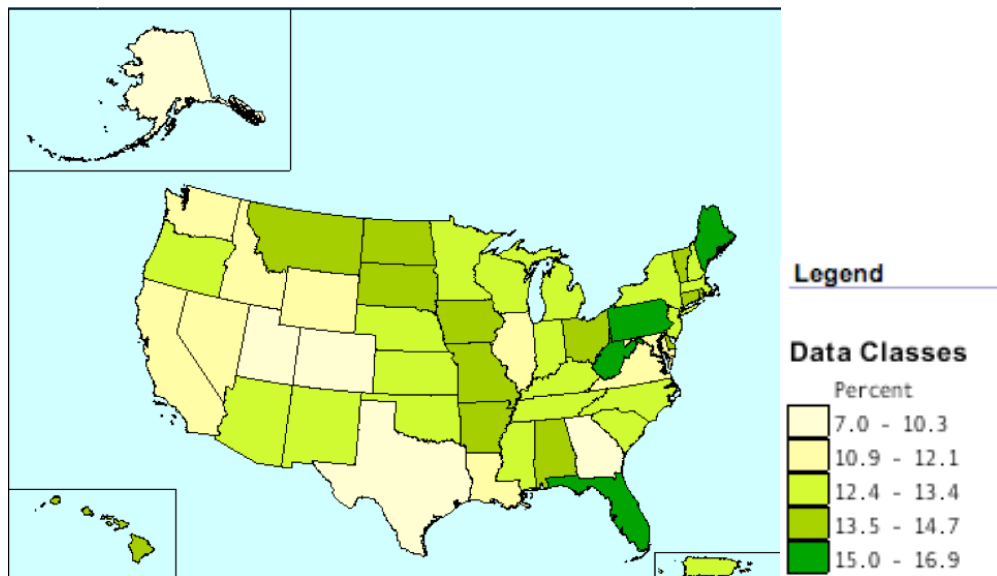
a development and implementation process. This report will identify the barriers a community may face, and is not a guide on how to create an environment for aging in place.

## Chapter 3 - Literature Review

### The Crisis

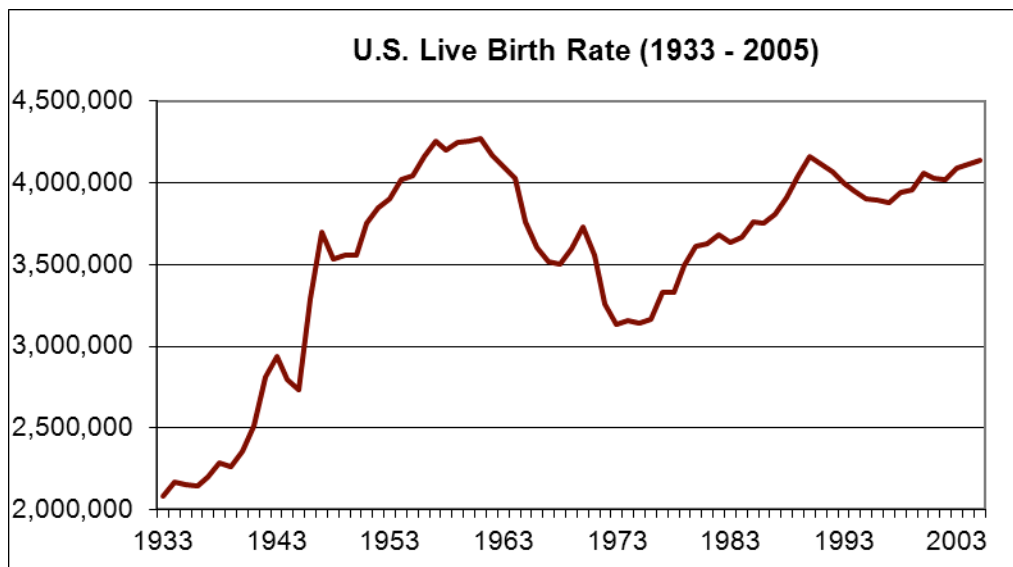
The United States is experiencing the greatest demographic shift throughout its history. Ready or not, our 76 million Baby Boomers will reach retirement age (65 years of age and older) by 2030. Their limited attendance in the workforce will be significant. Even more significant will be the needs they require in retirement. *“At present, the number of individuals over the age of 65 is approximately 35 million and is expected to grow to be 71 million by the year 2030”* (Shultz and Binstock, 2006, p. 3). The U.S. Census (2008) projects 21 percent of the U.S. population to be over the age of 65 by the year 2030. And to add onto this crisis, the average life expectancy at birth has risen 29.6 years from 1990 till 2000.

Percent of Total Population 65 Years or Older



(Source: U.S. Census, 2005).

The United States is not only having a huge portion of its population entering retirement, this population will be living longer than any other retired population prior to now. The older adult population will require communities across the country to take special consideration for the changing demographics. With only a mere 46 percent of U.S. communities even considering planning for this aging population (Maturing America, 2006), the United States may realize that they face serious problems.



Source: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics (2005)

Prior to now, the U.S. has never had such a large retirement population. When World War II ended, it sent millions of soldier's home and a significant increase in the United States birth rate followed. The children born between 1946 and 1965 are called the Baby Boomers (History.com, 2010, Shultz and Binstock, 2006). This age group has impacted the United States at each stage of life – childhood, adolescence, adulthood, and now retirement. As children, their large school classes increased the need for teachers and education facilities. The baby



boomers were catalysts for large social movements, such as anti-war demonstrations on college campuses or moving into commune living arrangements (History.com). The Baby boomer population is currently entering into retirement and has once again, impacted the country by imposing an entirely new set of changes for the United States to manage.

In *The Coming Generational Storm*, Kotlikoff and Burns (2004) state that the demographic shift is not unique to the United States; rather, it is a phenomenon that is happening all across the world. Simply put, the end of World War II affected the entire world, not just the United States. "By year 2050, the number of older persons over the age of 65 will exceed the number of young people (ages 0-12) for the first time in history" (p. 35). The rapidly expanding retirement population will require new designs, products, and services to accommodate the elderly and their needs.

The Baby Boomers are unique to previous cohort groups retiring in the United States because their family is no longer close by to care for them. The dynamics of the American family has changed throughout the Baby Boomers' lifetime. No longer are children living next door, down the street, or in the same town as their parents, they live across the country, hundreds of miles away. The large distance keeps retirees' children from caring for their aging parent, even if they wanted to. The decrease in the number of children in each family has also changed the family dynamic in the United States. Not only are the children incapable of providing care because of spatial distance, there are fewer children for the elderly to ask for help (Kotlikoff and Burns, 2004). The changing family dynamic forces the

older adult population to limit their options of care, aside from formal, institutionalized care giving.

### **The Aging Process: A “Concerning issues”**

The aging process leads to multiple changes in community living. “The act of “aging” begins at birth and as a child grows and ages, there are services provided throughout all life cycles up until the retirement phase” (Sharma, 2008, p.3). Following retirement, Sharma believes the health and abilities diminish, making it difficult for older adults to participate in their community at the same level they were prior to retirement.

As the elderly population increases, the way the community operates will have to adjust. Diane Carsten (1993) stated:

Designing for older people requires an understanding of how the aging process can affect the way in which older people perceive, interpret, and negotiates the environment, it also demands an understanding of what it means to grow older in our society (p. 10).

The aging process is inevitable and even though older adults are living longer, healthier living, they will experience the effects of aging at some point during their later years of life. The aging process will happen to all persons, therefore, it is important to adapt to the subtle and/or critical changes in social and functional roles, physical health, sensory acuity, and physical abilities. For example, incorporating environments that encourage social interactions and physical activity for a variety of members of society, such as recreational spaces, may provide the older adult population the option to be active or passive participants in the environment.

Because the aging process is slightly different for every individual, the availability of geriatric support services should be a high priority for communities across

the United States. Accessibility to preventive services such as immunization, screenings and wellness programs are essential to promote the livability of a community that encourages aging in place. Services such as public transportation or home health care allow an older adult to receive the care they require. The aging population must have a method for connecting to the basic medical facilities of a community (National Association of Area Agencies on Aging, 2006). The older adult population should be studied with the intent of understanding the aging process, seeking out strategies that don't restrict the aging population. On the contrary, support services empower the older adult to make their own decisions about where they want to travel within the community, where they want to live, and what they want to do while in that location.

American Association of Retired Persons conducted a telephone survey of two thousand forty-five year old American's in 2003. Through this survey, it was determined that 83 percent of the baby boomer population would prefer to stay in their home while they age - the act of aging in place. In 2007, Clarity surveyed over 800 baby boomers and found that 26 percent feared losing their independence and 13 percent feared moving into a nursing home more than they feared death (3 percent). The same study found that 89 percent of seniors want to age in place or grow older without having to move from their home. More than half (53 percent) of the individuals surveyed are concerned about their ability to maintain residence in their home as they age. They are not sure if aging in place is actually available or just another unrealistic dream. They wonder if the United States will be able to support 63.2 million older adults wanting to aging in place by the year 2030 (AARP, 2003).

Instead of surveying the future retiree, Genworth Financial (2010) surveyed nearly 13,000 long-term care (LTC) providers nationwide and found that only 2 percent of LTC residents would choose to move into a nursing home and that 78 percent would choose to stay in their home. The high preference to stay in the home may be due to the financial advantage or it may be dependent on the quality of life in the home verses an institution. The older adult population may choose to stay in their home because they value their independence and social relationships more than the cost that may be incurred on them for special services.

The baby boomer population clearly does not want to move into a formal, institutionalized living arrangement. However, aging in one's home only happens when the assistance required by older adults can be provided. The current services and construction occurring in the United States are not entirely capable of supporting the growing proportion of older citizenry. As a result of these demographic changes and the expectations of the baby boomer population, there is an urgent need to address these challenges through the way communities are developed and the services provided to the "senior" population. Services such as public transportation, age appropriate medical facilities, financial services, home maintenance, shopping, meal delivery, and social support services are all needed.

### **Aging in Place**

Americans are enjoying longer and healthier lives due to numerous advancements in the healthcare and healthcare facilities as well as greater economic security and the delivery of supportive services (Sharma, 2008). With the availability of such services, older adults are given the opportunity to choose where to locate throughout retirement.

Most adults, when given the choice, would likely choose to age in place within the same community in which they have lived most of their life.

Aging in place is a comprehensive community driven strategy to give Americans the services, opportunities and infrastructure so that they can grow with dignity in their own homes while remaining active and engaged members of their communities. (Koff, 2008).

The concept of aging in place strives to delay the institutionalized living arrangements of the elderly population. Willis (1996) believes “a primary goal for many older adults is to maintain an independent lifestyle” (p. 289). Another goal of aging in place is to provide the needed services so that the older adult can maintain independence and residence in their home for a longer amount of time before entering some kind of institutionalized living arrangement (Counsell et. al, 2006). Although it is assumed that a majority of older adults want to age in their home, there are many barriers that keep these individuals from remaining in their community. When a community assures services for the older population, there will be a cultivation of an aging friendly environment. Such an environment may generate multi-generational civic engagement, leading to greater social capital and an increased attraction of all ages. People from all age groups will find this type of environment as beneficial.

### **Benefits of aging in place**

The meaning of home, as Stafford (2009) notes, “impacts the quality of life of any individual. A home is not just an address or a built structure; it holds meaning and memories” (p. 3). It is the homeowner’s identity. The home provides independence and a frame of reference for life experiences. The unexpected move of an older adult into an institutionalized living arrangement can lead to depression. “The ability to age in place,”

says Tenenbaum (2010), “can remove the unexpectedness entirely, preventing the likelihood of depression” (p. 10). Parmelee et. al. (1992) researched “Depression and Mortality Among Institutionalized Aged” and found “nursing home and congregate housing residents to suffer higher rates of depression than older people living independently in the community“(p. 3).

The term “relocation stress” is a set of symptoms and outcomes that result from a transfer of an older adult from one environment to another – the symptoms range from sleep disturbance and cognitive decline to withdrawal or death (Aginginplace.com, 2010). Finding identity in ones’ home creates a form of consistency for the individual; even as aging impacts the body, the home is consistent. The meaning of home is dependable. The memories and meaning of the home are still the same. For this reason, older adults value their home.

Joyce Carboni (1990) studied the effects of moving into an institutionalized living arrangement. Through her research, she found many of the psychological outcomes that come from this change in residents are similar to the feeling of homelessness. She believes that staying in one’s come will avoid homelessness and result in higher life satisfaction. Through her research, Carboni found residents to experience:

The sense of powerlessness, non-personhood (loss of identity and belonging), disconnectedness (loss of place attachment) no future, insecurity, meaningless space (shared space), placelessness with no journey (no boundaries and dependency) and a lack of privacy (p. 34).

Living in an institutionalized living arrangement does not promote this sort of independence and responsibility. In fact, it limits the amount of independence an older adult has (Willis, 1996, 290). Urban Ecology Program (2010) says, “small modifications

to the physical environment may help to maintain levels of independent functioning among senior residents” (p. 2). Aging in place may help support a healthy aging brain with activities such as house cleaning, yard work, paying bills, or taking care of pets (aginginplace.com, 2010). The “environmental press”, as described above, is a condition when the environment requires a certain level of competency from the user. To live independently, the user must complete various tasks. And the ability to complete these tasks provides an opportunity to maintain skills for daily living. Paradoxically, the traditional burdens of home ownership may actually serve as a source of “environmental press” and support successful aging in place (Aginginplace.com, 2010).

The motivation for older people to stay in their home is varied; nonetheless, one major motivation is the financial advantage of home care, compared to institutionalized living. The cost of home care is increasing in price at a much lower pace when compared to the cost of institutionalized living arrangements. According to Genworth’s “2010 Cost of Care Survey,”

The cost to receive care at home has risen at an annual rate of 1.7 percent over the past five years, as opposed to an increase of 6.7 percent for assisted living facilities, and 4.5 percent for a private room in a nursing home over the same period of time. The average annual cost of a private room in a nursing home is \$76,460 or approximately \$209 each day. Comparatively, the average assisted living facility charges \$36,090 annually or nearly \$100 per day. The cost for home care is significantly less and is calculated by hourly wage of \$18 or \$19 per hour of service. The financial advantage makes aging in place much more appealing for any individual (p. 1).

The concept of aging in place typically means that an older adult maintains residence in their home where they have resided most of their life. However, this is not always a reasonable option for all older adults, and there are other housing options available. If an older adult is incapable of aging in their home, this does not mean they are failing at aging. However, one of the primary goals of aging in place is to extend the span of time an older adult resides in their home by providing appropriate medical and social support. At some point, many older adults may have to relocate to another housing arrangement. If a community can extend the length of time an older adult resides in their home, the aging in place environment has been a success.

Some of the other forms of housing to which an older adult can downsize and relocate to will be described in the following section. These options may be community-supported efforts, such as zoning alterations while others may be private developments such as a planned unit development. The following housing options will be described in order starting with the most independent form of housing then moving to the most dependant form of housing.

### **Housing Options for Older Adults**

#### **Shared Housing**

This type of living arrangement describes a group of unrelated, independent, older people living together and sharing household duties and companionship. Typically, this consists of multiple older adults living in a single-family dwelling unit. In some communities, zoning restrictions in single-family neighborhoods pose difficulties for these living arrangements (AARP, 2009).

#### **Congregate Care**



This type of older-resident apartment typically offers hospitality services, such as group meals, light housekeeping, social and recreational opportunities, and scheduled transportation to shopping and cultural activities (AARP, 2009). This arrangement allows older adult residents to have smaller homes with less responsibility for the older adult.

### **Senior Cohousing**

This type of housing arrangement forms a community living environment that encourages social interaction. Cohousing, as described by American Association of Retired Persons (2009) is a housing development where a cooperative corporation owns all structures and land with residents as shareholders. The residences are typically 60 percent smaller than an average new American home, occupying 30 percent less land and use 50 to 70 percent less energy for heating and cooling than a resident's previous home (AARP, 2011). By having a cooperative, the costs are controlled and the residents can maintain the equity within their homes. Also, the residents living within the cohousing develop a greater sense of community.

### **Modular Home Communities**

In this type of retirement community, the resident will own their own modular home and rent the lot or space on which it is located. Services such as waste removal, water, gas and/or electric, cable, and sewer are provided. Residents, as owners or renters, may consider the community their primary or only home. Sometimes, they may live in the community for a few months, living elsewhere the rest of the year. This can serve as a low cost housing option for the "snowbirds", as opposed to other short term housing (Senior Resource, 2011).

### **Naturally Occurring Retirement Community**

Another example of a housing development for the aging in place demographic is the Naturally Occurring Retirement Community (NORC). A NORC was implemented by the Jewish Federation of North America (2010) and is a neighborhood that has become a retirement community by default. The clearest examples are urban apartment neighborhoods where working people of an age cohort move, stay, and begin to “age in place.” Funded NORC projects supply social and health professionals to these natural enclaves resulting in socially active hotspots. This aging in place community organizes their own programming ranging from shared care management, preferred service providers, vendor referrals, and social activities. Part of the reason this type of design is attractive for older adults is that their home is located in close proximity to the other parts of the community, creating a greater sense of community (Jewish Federation of North America, Inc., 2010).

### **Assisted Living**

AARP (2009) describe this type of facility as housing that allows direct personal care along with independence. Residents live in private apartments that include supportive services to help with basic living needs, such as personal care and medication management. Assisted living facilities also offer the hospitality services found in congregate-care facilities, described in the following paragraph.

### **Accessory Dwelling Unit**

These dwelling units take several forms, including independent 600- to 700-square-foot cottages in the backyards of single-family homes. Some elder cottages housing opportunities (ECHO units) are modular units that can be located temporarily in a backyard and then removed when the accessory dwelling unit is no longer needed. Other units can be attached to a home or located over a garage. Accessory units for older

residents are frequently associated with the homes of younger relatives, who can provide quick care for the older relative when needed. The municipality may encourage this form of housing as an option to increase the amount of affordable housing within the jurisdiction. ECHO housing is dictated by the city's zoning regulations. For example, a single-family residentially zoned area will only allow one dwelling unit upon a single lot. Therefore, to build an accessory dwelling unit, the zoning designation would have to be changed or some type of special permit or review process must be initiated (Senior Resource, 2011).

### **Continuing Care Retirement Community**

Continuing care retirement communities (CCRC), or life care communities, are designed to allow the senior to "age in place" by offering a "continuum of care." The three-stage care facility is comprised of independent living, assisted living, and nursing home care. The first level of care would be independent or active living. The independent living allows an older adult to live within the CCRC campus and access available services as desired. Typically, this type of housing arrangement is a duplex or large apartment type of design. The population residing in independent living has a relatively active lifestyle requiring minimal medical care. Assisted living is the next level of housing available to those older adults needing some regular assistance with daily activities, yet still capable of living on their own. As the aging process impacts the older adult more severely, they may need to relocate to a nursing home setting. Nursing home care is the final level of housing available to those requiring skilled nursing care (AARP, 2009).

### **Nursing Home**

Nursing homes offer the least amount of independence. Nursing home residents often require 24-hour care and need assistance with most or all activities. As described previously, nursing home residents would definitely not be able to reside in their home by themselves, even if community services were available.

### **Design Consciousness**

The inclusion of elder friendly design is more than the layout or location of housing developments within the city. Elder friendly design encompasses the small details within each home as well. To design for older adults, the aging process must be studied and understood. The Research Center and U.S. Administration on Aging (2002) tried to identify the next generation of innovative solutions for older adults. In 2001, The National Center on Senior Housing held a student design competition where 143 students coming from 29 schools submitted aging appropriate designs. Some of the ideas presented are conceptual in nature, rather than being completely developed and commercially available. The designs featured bathroom, kitchen, laundry room, technology, flooring, ramps or stairs, floor plans, convenience, safety, and lighting.

The way a home, apartment building, or subdivision is designed impacts the user tremendously; it may decide whether or not an individual is able to age in place. Designing for the older adult population may take more time and additional thought; although, as the older adult population grows, it will continue to be essential to consider the aging demographic in the design process. Teaching future designers to exercise sensitivity toward older adults may be one of the first step to developing an environment that encourages aging in place.

## **Mismatch between Housing and Services**

The current connections between health and housing are tenuous at best. “Finding more efficient means of service delivery is of paramount importance to senior citizens” (Lawler, 2001, p. 1). “In 2006, the onset of disability and premature nursing home placement was reduced if an individual used various home care services” (Counsell et. al, p. 1136). Lawler describes aging in place with supportive services as being “the most desirable way of senior living” (p. 2), although, it is currently not available to all older adults. Lawler also emphasizes that aging in place is not being addressed in a comprehensive approach. Koff (2008) includes comprehensive components when incorporating older adult community strategies. He believes that all community sectors can collaborate to support and maintain an active older adult population.

The mismatch between older adult medical needs and type of housing was discussed through the work of Louis Tenebaum (2010), an advocate and consultant focused on aging in place. He notes that the health problems in the aging population tend to be episodic, chronic, and sometimes progressive, resulting in an increasing need for assistance.

Most “service-enriched” senior housing (nursing home, assisted living, independent living, and continual care retirement communities) tends to be organized to provide care at a certain level of need, sometimes too much or too little for a particular individual. As a result, a housing arrangement often becomes a poor match, requiring residents to move multiple times, such as from a home to a hospital because of a health episode, then to a nursing home for rehabilitation, then back to the home, then on to assisted living for longer term care in an episodic fashion. The central problem is that there are no coordinated services in the

community to provide care for older adults to age in place  
(Tenenbaum, p. 2).

An older adult trying to age in place must be able to access medical, transportation, financial, and social services without leaving their home using an automobile. Aging in place requires multiple organizations to work together and create a seamless continuum of services for the older adult. Collaborative planning between geriatric services should be comprehensive in nature. One service that was created to do this is the National Association of Area Agencies on Aging (AAA).

AAA is a national organization that is available in each state throughout the United States. It is an organization that was founded in 1973 and is responsible for planning, coordinating and sponsoring services to enhance the quality and dignity of life for older adults and their families. The Kansas AAA programs and services are partially funded by the Older Americans Act through the Kansas Department on Aging and voluntary participant contributions. “One role of AAA is to work in partnership with local and county governments and senior citizens to provide care and services to all citizens” (North Central-Flint Hills Area Agency on Aging, 2011, p. 23). Often times, the local agency unable to collaborate with the city or medical facilities in planning efforts - ensuring a coordinated level of care for older adults.

Organizations like the Veterans Administration (VA)(2008) “attempt to develop long-term care management for aging in place clients” (p. 1118). They use the Health Buddy™ system from Robert Bosch Healthcare<sup>21</sup> which connects patients and care providers on a regular basis, communicates patient history and chronic conditions, reinforces positive behavior to ensure healthier, happier patients, and reduces the costs associated with emergency room visits and re-hospitalizations. The comprehensive

chronic care in-home program shows substantial reductions in hospitalizations. The VA is spurred to pursue this program and the attendant savings because it has more direct financial responsibility for its client population's health care than comparable systems. "This approach to healthcare makes aging in place a viable option for older adults in the United States" (p. 1120). Not every community has a service organization such as the VA to support the aging population; therefore, the problem still exists. The growing older adult population will still need coordinated services within their community.

Many researchers suggest that retirees delay their retirement and downsize to a smaller home to maintain security into the future (Kotlikoff and Burns, 2004). Ekertdt and Sergent (2006) studied older adults as they reduce the volume of their possessions and found that there are physical, cognitive, emotional, and social dimensions concerned here. The act of downsizing and moving creates complexities and confusion for the older adult. The older adult loses part of their identity when they leave their home and their belongings. Moving between facilities is often disorienting, disturbing, and undesirable, not only for the individual but also for the entire family (Tenenbaum, 2010). Aging in one's home may limit the amount of confusion and maintain the older adults' life satisfaction.

In a large clinical study, Geriatric Resources for Assessment and Care of Elders (GRACE) found "improved health and quality of life, decreased emergency department visits and lowered hospital admission rates in a group at high risk for hospital admission through the application of a collaborative care approach" (Counsell, 2010, p. 1). Counsel describes the GRACE as a two-team approach. The first team to work with the older adult is a social worker and a nurse practitioner that will conduct a geriatric assessment.

The second, larger team is comprised of a geriatrician, pharmacist, physical therapist, mental health social worker and community based service liaison. The second team develops an individualized care plan based off the initial assessment. Collaborating amongst all groups presents the older adult with a comprehensive, non-conflicting care plan.

### **Aging in Place in the Community**

If aging in place is going to be a realistic option for older adults, the municipality should promote it through policy and incentives. The community, as a whole, can develop a strategy that combines various entities that allow older adults to stay in their homes as they age. The way a community manages their growth, the design and the development standards can make a significant difference for those planning to age in place. The designs should not limit older adults or special populations from using the space. Lawton (1990) states, “the exercise of personal competence at any level may be promoted by the environment provided by external circumstances or by personal choice in design” (p. 2).

Partnering with other elder friendly agencies can accomplish aging in place in a comprehensive fashion. In a survey conducted by Maturing of America (2006) found:

Over 10,000 local governments were asked to determine their “aging readiness”. The survey found that only 46 percent of American communities had begun to address the needs of the rapidly increasing aging population. The communities that have begun planning are typically only focus on one issue area (i.e., housing, transportation, public safety), rather than planning comprehensively (p. 1). Communities ought to assess their land use plans, zoning ordinances and building codes to promote the



development of housing options that meet the needs of an aging population (p. 3).

The journal article “The Need for Planning in an Aging Society” published by AARP in 2007 describes the role of a community planner. AARP has a section heading called “*Thoughts For Planners*”, and the summary of it, documented below, was published in Planetizen, a Planning and Development Network Magazine. This article suggests that the planning staff should begin revising their current policies to include sensitivity toward the older adult population throughout the planning process. The article goes on to say “state and local governments can have an enormous impact on a community” (p. 1). As professionals responsible for looking out for the public interest, planners must strive to evaluate and plan for the needs of the older adult. As such, AARP offers the following thoughts for planners.

1. Understanding your community’s demographic situation. While every community in America will be affected by the aging of the U.S. population, identify and predict the residents’ future needs and the necessary infrastructure, programs, and services to serve those needs.
2. Ensure that the comprehensive plan acknowledges the changing demographic in your community by developing a vision and policy framework that addresses the needs of a changing population. Look at the comprehensive plan and check to see that it supports transit-oriented or other forms of mixed-use development. Does the comprehensive plan focus primarily on meeting the needs of transportation commuters, or does it address the needs of all members of the community? Evaluate the comprehensive plan to see if it encourages road design and operation that enables safe access for all users (pedestrians, bicyclists, motorists, and transit riders), regardless of age or abilities?

3. Develop zoning ordinances and land subdivision regulations that facilitate or discourage transit-oriented design or other forms of mixed-use development.
4. Develop zoning ordinances and land subdivision regulations that provide direction to implement complete streets, mixed-use, and accessible housing policies.
5. Collaboration between the comprehensive and transit planning groups when facilitating planning projects.
6. Assess the Capital Improvement Program to ascertain whether sufficient funding resources are directed to meet the needs of older residents. Allocating funding directed for repairs or retrofitting areas of the community that accommodate older adults.
7. Involve various aging advocates in the community planning process. These individuals have a perspective that may enrich the overall quality of the plan.
8. Maintain communication with local elected officials and policy makers on the significant demographic shifts that will impact the community or region (Kochera et. al., 2007, p.1).

Learning the demographics of a community will help the planning process develop appropriate plans for the community. It will also allow the community to know how to distribute their finances. The guidelines mentioned above are valuable points to consider while planning. Older adults want to remain active and engaged in their communities, however often times, their ability to age in place may be squelched due to barriers such as design impediments in their home and lack of mobility throughout the community (Sharma, 2008).

Throughout the literature, there are trends as to what the major constraints of aging in place are, such as aging appropriate design in housing and transportation, collaboration between medical services and planning staff, funding availability, spatial development, and public participation; however, the solutions to work past the constraints

are either unidentified or multifaceted. Many communities are given few resources on how to practically make the community elder friendly. Without some kind of example, most communities have postponed developing an elder-friendly environment. Until now, the retirement population was not growing at a high enough rate, which allowed communities to continue poor design and service practices. More recently, the large aging population has caused communities and the nation to hold the older adult population in higher priority.

The literature makes it apparent there is the lack of collaboration between the medical groups, community service industries and the city planning department or similar community development staff. There is little to no collaboration between these industries, leaving service gaps for the older adult population to deal with on their own. Older adults are restricted by their dependence on an automobile or ability to access services by foot. As each organizational provider serves the older adult population independent from the next organization, each has their own objectives to achieve and funding source. The differences between organizations cause the service provided to be inconsistent and disjointed.

When 89 percent of the future retirees want to age in place, it is not acceptable to have unreliable services in the community (Clarity, 2007). The literature may focus on one organization or one topic, but most of the literature in this report does not approach aging in place on a comprehensive scale. The ability for an older adult to age in place is dependent on collaboration of community services, the planning department, and understanding the needs of the aging population in their environment. There is an

expectation from the older adult population to have the opportunity to age in place, although realistically, the ability to do so is not yet completely available.

## Chapter 4 - The Constraints of Aging in Place

The focus of this chapter is to link literature regarding aging in place to expert opinion. By combining literature and the information provided by geriatric and planning experts, the three major community barriers that surface when attempting to develop an aging in place environment will be identified. Each barrier has been chosen because of its' common occurrence in literature and the frequency it was mentioned during the interview process. The experts chosen to interview are from a variety of backgrounds. As described in the methodology chapter, the respondents will provide a broader understanding of the struggles that a community faces when attempting to facilitate aging in place.

This chapter will take an in-depth look at each barrier that hinders the ability to develop an aging in place environment. The three major constraints that keep a community from creating an environment that encourages aging in place are:

1. Lack of aging sensitive components in comprehensive planning.
2. Lack of collaborative planning efforts between aging services and community planners.
3. Poor aging awareness in design.

The barriers that have been identified are relatively broad and may or may not be applicable in every community across the United States. The ability to develop an aging in place environment may be more challenging in one community than another. As Stafford, the author *Elderburbia* (2009), hinted in his interview, the inability to age in

place does not mean that an individual is failing at aging. In fact, many older adults will not be able to age in their home, therefore they will have to reside in some other form of housing option within the community. Stafford further explains:

Using aging in place as a mantra or public assertion is that it suggests anything less is failure – which people who go into nursing homes have failed, that nursing homes should not exist. Nice ideal, perhaps, but not likely to happen given the current family structures, poverty, changing neighborhoods and other occurrences. (Personal Interview, Mar. 3, 2011).

The severity of each barrier will differ among U.S. communities because every community will have differing residents, geography, economics, and preferences; therefore, becoming familiar with the demographics within a specific community will help guide planning efforts and develop the most appropriate plans for the aging population within that community. Luckily, the aging process is relatively universal which allows a community to plan for the older adult population without any surprises concerning aging induced needs.

### **Constraint 1: Aging Components in the Comprehensive Plan**

A comprehensive plan is, in part, an understanding of what the community is, where it is going, and how it will get there. At its best, it is a vision of what the community wants to become and the steps needed to meet that goal. Comprehensive plans are composed of a series of separate, but interrelated, core elements that address specific topics such as land use, natural resources, transportation, economic development, housing, historic preservation, and other elements such as urban design. The purpose of the comprehensive plan is to present the vision for the community, guide regulations and

public investment, give direction, protect the community, and involve citizenry ([www.growingsensibly.org](http://www.growingsensibly.org), 2008).

The comprehensive plan is valuable “because it gives community members an opportunity to clarify ideas about the kind of community they are creating through their many specific decisions” (p.2). It allows the community to guide and manage development in a way that will best serve community residents. After forecasting the needs of the community, the comprehensive plan can exercise planning efforts to implement the vision for the future. The comprehensive plan can accommodate the growing older adult population and incorporate aging friendly components. “Aging is not a personal challenge, as most advertising would suggest, but, rather a community challenge,” says Stafford (Personal Interview, Mar. 3, 2011).

When interviewing Karen Davis, Director of Community Development in the City of Manhattan, KS she noted:

The City already encourages mixed-use neighborhoods and connectivity between neighborhoods. We are also putting in infrastructure to catch up from times when those types of amenities weren't a priority. However, these are not being done with an aging in place mentality, rather, the community sees these types of things important for all residents. Focusing on only one type of resident can be a problem. Communities' function best when they are diverse and I would think that by restricting one section of the community to a certain population would be problematic. (Personal Interview, Dec. 3, 2010).

It would be naive for the United States to refrain from planning for the aging population. Planning for the older adult population should not only be a goal, it should be an obvious task. The city planner's creed is to “plan for the health, safety, and general welfare of the community.” With 21 percent of the population being over the age of 65

by the year 2030 (U.S. Census, 2008), the communities' health, safety, and general welfare will need to be modified to cater towards older adults. While interviewing Karen Davis, she noted:

With the aging of the baby boomers, we will continue to see a market that needs to be accommodated. The baby boomers have much to offer and can be important to the economy. They have wealth and want to continue to be productive members of the community. Manhattan would be missing out if we don't tap into that resource. The Manhattan Chamber of Commerce is trying to attract this population by promoting "Retire to the Flint Hills" initiative. (Personal Interview, Dec. 3, 2010).

Nearly 90 percent of persons age 50 and older would prefer to maintain residence in their home (Kochera et. al., 2007, p. 3). The density within a city and the services that support the residents can greatly impact the ability for an older adult to age in place.

Julie Govert Walter, Executive Director of the North Center-Flint Hills Area Center on Aging mentioned:

I don't think they (older adults) are looking for a special subdivision or housing development; rather, they just want those amenities that make the day-to-day tasks easier. Older adults worry about the little things such as, getting on and off the bus or if they will arrive to their appointment on time. These daily tasks are the tasks that older adults worry about, it can be debilitating at times. (Personal Interview, January 27, 2011).

The task of planning for an older adult population will require special consideration throughout all planning process. The attention to detail will create a place that is going to allow special populations to access the area and in turn, make a more inviting, livable community.



There is a desire to have coordinated growth, however, often times, the city works to coordinate their services, but forgets to work with other services in the community such as the Area Agency on Aging. Due to the large number of older adults entering retirement and being affected by aging, there will have to be more interaction between the planning department and local service agencies. Without this kind of approach, the older adult population will be left isolated in their homes and be forced into a nursing home living arrangement. While interviewing Philip Stafford, author of Elderburbia, he noted:

Financial resources are, indeed, a factor. Many of the supports that could help a person stay put are not part of our eldercare reimbursement systems (i.e. home modification and repair, respite care, assistive technologies, and so on.). At least, this is true for people with modest incomes. For low-income individuals on Medicaid, the picture is actually brighter for that system because it is more oriented towards function than Medicare itself. The population “on the edge” is, nevertheless, diverse, and, as a consequence, we need a major transformation not only of the service system but of the way communities are designed to support aging in place. (Personal Interview, Mar. 3, 2011).

Local and state groups that focus specifically on aging are valuable resources to a community revising their comprehensive plan. The needs of older adults are much different from that of the general population and as a result, may require a completely new comprehensive approach to planning. Until a planner knows the struggles that aging can inflict on an individual, the efforts of a planner will most likely be unsuitable. Very few truly understand what it would take to make their communities “elder friendly” or to attract seniors in the retirement years (National Association of Area Agencies on Aging).

The few that have an expertise in geriatrics need to work alongside city planners and elected officials to create a community that does not discriminate against any population. Without the comprehensive plan adopting policies that promote elder friendly design, a community will not become a place where older adults can age in place. In 2007, The National Associate of Area Agencies on Aging acknowledges the importance of the comprehensive plan by saying:

Even if a community has a current vision statement or comprehensive plan that expresses a goal of walkable neighborhoods, housing choices, and vibrant downtowns, the existing codes may not have been updated to reflect this. In many cases, outdated codes may even make it impossible to achieve this kind of vision. Local governments need to look critically at the zoning related regulations that classify land use and that regulate building setbacks, density, parking, and other urban functions. (p. 17).

### **Constraint 2: Collaboration**

Following the barrier of comprehensive planning, the second barrier identified in this report is collaboration. As a planning department works through their comprehensive plan, they will be able to identify areas that can incorporate sensitivity toward the aging population. And because aging in place is, in fact, comprehensive in nature, the responsibility for aging in place must be distributed across a wide range of stakeholders.

The traditional aging network and healthcare system will never meet the need alone. Institutional players involved with housing, transportation, city planning and design, cultural and social life, education – all must get involved and collaborate. (Stafford, Personal Interview, March 3, 2011).

The concept of collaboration was identified as a barrier for communities attempting to create an aging in place environment. Stafford describes, “soiled planning models as lacking convergent strategic planning in housing, transportation, health care and land use decision making” (Personal Interview, March 3, 2011). He also identified lack of collaboration between community groups as the biggest barrier for communities. The National Association of Area Agencies on Aging suggest that to earn better results for the community requires a tremendous amount of time, energy, and leadership between all parties involved. This type of leadership requires a six-step process:

1. Local leadership to tackle any major challenge.
2. A constant give and take exchange among stakeholders.
3. Identify and act on common priorities.
4. Broad range of community leaders should unite.
5. Identify common goals.
6. Work together towards achieving these goals and provide creative solutions. (2007, p. 66)

Currently, Stafford is attacking aging in place from a public policy perspective to develop state legislation that would elevate planning standards and, ultimately, provide resources to communities to plan and implement improvements that promote quality of life for elders and everyone across the lifespan. The most appropriate way that Stafford envisions this happening is “collaborating with all groups of community members to seriously address the needs to transform communities” (Personal Interview, March 3, 2011). Blanche C. Parks, Senior Manager of the Kansas Department on Aging believes that the entire community should be involved.

Besides partners in the aging network, it is important that the community members of all ages and backgrounds (developers, seniors, realtors, family members) should be involved in assessing the community, says Parks. (Personal Interview, Feb. 9, 2011).

The collaborative efforts that occur between the City Planning Department of Manhattan, Kansas and the North Central-Flint Hills Area Agency on Aging are not occurring as often as one would like. Julie Govert- Walter explains one of the three major goals of the AAA:

We want to provide active and sustained involvement in the community as a facilitator/developer of services to achieve a comprehensive and coordinated network of community-based services. We want to participate in a wide range of civic, cultural, educational, training and recreational opportunities.

(Personal Interview, Jan. 27, 2011)

The Area Agency on Aging is a vital component to the aging in place population; one could even say that the services provided by AAA sustain the aging in place population. Community planners should consider the services provided by such an organization and if possible, the two groups should collaborate to find a way to meet both parties' goals. AAA is continually working with the older adult population and the City knows the planning process, therefore, if collaboration occurs between these types of community groups, there will be improved provision of geriatric related services, facilities, and designs.

Planning for the aging demographic is not limited to formal organizations. Rather, anyone in the community should be encouraged to take part in community planning efforts. AARP (2011) published an article about a cohousing development in Stillwater, Oklahoma. Two women in Stillwater, Oklahoma, have been doing their own planning in

their community. Kay Stewart and Pat Darlington saw a need to provide a form of group housing and when a 7-acre property located in the middle of the city was for sale, they started planning.

I saw my father isolated in his own house and that is not how I want to spend the rest of my life. Now, we did our homework! We met with every City Council member, City Planner, and community group we could get our hands on. We wanted them to understand the advantages that cohousing can provide. It created community and support. You are living independently and have support,” says Darlington. (Personal Interview, Feb. 4, 2011).

The Oakcreek Cohousing Community in Stillwater, Oklahoma has yet to make its groundbreaking, however the involvement of Kay and Pat have provided the older adult community with something that the Stillwater City Planning Department did not address in their comprehensive plan, but through collaborating with residents, the older adult population will have another option for housing. They will also have the ability to age in place. And now that this project has received community support and been accepted by the City of Stillwater, there is hope that more planning of this kind will be incorporated into the comprehensive plan.

No matter where the idea may originate, the fusion of aging design into mainstream planning will require collaboration. The collaboration should come from all types of stakeholders and should definitely include the aging population. Through collaboration, a community can quickly transform into an environment that supports the older adult population and provides the opportunity for them to age in the place they call home.

### **Constraint 3: Design Awareness**

The last barrier identified in this report focuses on producing designs for the older adult population and their ability to cope with life's everyday needs while aging in place. If the designers are not trained or informed about the aging process and needs of the elderly, the designs may actually inhibit the older adult population from aging in their homes for an extended amount of time. This is an opportunity for the community to hold all designers to a higher standard and ensure that they consider the growing aging population. Blanche C. Parks, the Senior Manager of the Kansas Department on Aging said this about aging in place:

Most older people live in homes that are more than twenty years old. As these buildings get older, along with their residents, they may become harder to live in or maintain. A house that was perfectly suitable for a senior at age fifty-five, for example, may have too many stairs or slippery surfaces for a person who is 70 or 80 years old. Research by the National Center for Disease Control and Prevention shows that home modifications and repairs may prevent 30-50 percent of all home accidents among seniors, including falls that take place in these older homes. (Personal Interview, Feb. 9, 2011).

When asked about the limitations a community faces when creating an environment for older adults to age in place, Parks mentions:

Many housing projects have barriers to aging in place. New housing projects are not being built to universal design standards. Many times, builders have opposed these standards. The two main reasons builders have objected to universal design standards are cost and lack of consumer demand. Universal design housing can save tax dollars because occupants are less likely to experience serious home-related injuries (falls are especially costly) and can age in place longer than in a

conventional house. Other limits include lack of awareness of the aging in place concept, lack of funding, and a lack of family knowledge of how to create an aging in place environment.

(Personal Interview, Feb. 9, 2011).

Universal design standards are building principles that seek to create dwellings that can meet the needs of people of all ages and of all ability levels. These standards are a set of design principles that, when properly applied, can help communities meet the growing need for senior housing, and fit well with smart growth principles. The application of universal design principles can allow a person to remain in the same home from youth through aging and can help a home transition easily from young residents to seniors (Center for Universal Design, 1997).

One of the struggles faced by the City of Manhattan according to Karen Davis is the lack of a market for aging sensitive design. Karen Davis expresses that one of the biggest challenges she has faced is “convincing the development community that this market is important” (Personal Interview, Dec. 3, 2010).

If we don’t make these changes,” says Stafford, “we will be constantly running up against economic limits. We cannot expand services indefinitely into the future, but need to explore new ways of designing communities that, by virtue of the natural qualities, support aging in place. (Personal Interview, Mar. 3, 2010).

Pamela Turner, Assistant Professor and housing specialist at the University of Georgia explains, “communities can also encourage designs that promote outdoor activities such as waist-high flower beds, benches, game tables, or community grills” (Personal Interview, Feb. 18, 2011). A community does not have to make every design contain aging friendly components; rather, by providing aging friendly developments throughout

the community, an older adult can maintain a relatively active lifestyle throughout the entire community.

**Mobility and Transportation:**

The mobility of an older adult impacts their ability to maintain an active lifestyle and maintain good health while aging in place. As adults grow older, their spatial area shrinks to the vicinity of their home or immediate neighborhood and resources within the community become increasingly important (Lawton, 1987; Michael et. al., 2006). The transportation systems are comprised of the physical infrastructure that provides connections between people, places, and activities. In addition to public transportation, traffic levels and pedestrian safety are also key components of this system (Handy et. al., 2002).

Transportation seems to be the key for older adult to age in place. Maintaining older adult mobility through the incorporation of public transportation, aging appropriate sidewalks, and park space provides options for older adults to stay active members of the community and be able to age in place (Sharma, 2008, p. 19).

For example, 47 percent of Louisianans aged 65 and older are living with a disability. For many, getting to the doctor or store, or visiting family and friends is a real challenge without transportation options (AARP, 2010.) The only way the older adult population will be able to age in place for an extended amount of time depends on their mobility. When an older adult is unable to operate a vehicle, they are completely dependent on other people, unless they are within walking distance to their destinations. North Central-Flint Hills Area Agency on Aging, Julie Govert Walter, explained:

It (aging in place) is reliant on transportation and mobility. We have to have the infrastructure! It has to be easy access for both the elderly individual and the caregiver. It needs to be affordable



and convenient. If there is not some way for the older adult to receive their prescribed care or community support, then aging in place can't really work. (Personal Interview, Jan. 27, 2011).

Pamela Turner believes, "communities should encourage walkability and provide easy access to supplies and services such as food, banking, dry cleaning, beauty salon, medical care, prescriptions, and so on" (Personal Interview, Feb. 18, 2011).

### **Housing:**

One of the aspects of the third constraint is designing appropriate housing for older adults. One of the problems is that many communities do not provide low-income housing options designed for the aging population. Instead, the available housing has been designed for a younger, physically able population, not the individuals using a walker or wheelchair.

Many people choose different types of living arrangements over time. Their reasons for housing changes may include potentially lower housing expenses, wanting to travel more, the desire to be close to family, reduced responsibility for maintenance and upkeep, more convenient location, closer to needed services, desire for more social contact, or the need for greater day-to-day assistance. (Schultz and Niemeyer, 2008).

The housing needs of an older adult vary from the middle-aged American. The older adult no longer is capable of maintaining their home by themselves or the cost to operate their home may be more than they can handle.

We all know how to be a child, but until you work with older adults or experience the aging process in your own life, you never truly understand what it is like. It is just another thing that happens to someone else and therefore, they can figure it out. (Govert Walter, Personal Interview, Jan. 27, 2011).

As described in the literature review, there is a wide range of housing options for older adults to age in place. Ideally, they would be able to stay in their homes that they have lived in for most of their life; however, this is not always possible. Ideally, the community should always provide a variety of housing for residents to choose from, ranging from independent living arrangement to continual care.

In the United States, housing choices are limited because of zoning restrictions. Suburban land use regulations tend to result in homogeneous housing stock. Detached single-family homes on large lots that can be attractive to families with children may turn into a burden for an older homeowner whose children are grown. The aging population will be dominant in each community in coming years; therefore the housing options should reflect these evolving needs and expectations (Sharma, 2008). Without the appropriate housing designs, the older adult is unable to age in place late into life.

One of our objectives for the National Association of Area Agencies on Aging is to obtain and maintain suitable and affordable housing. We want the housing to be selected, designed and located to meet the needs of older people, says Govert-Walters. (Personal Interview, Jan. 27, 2011).

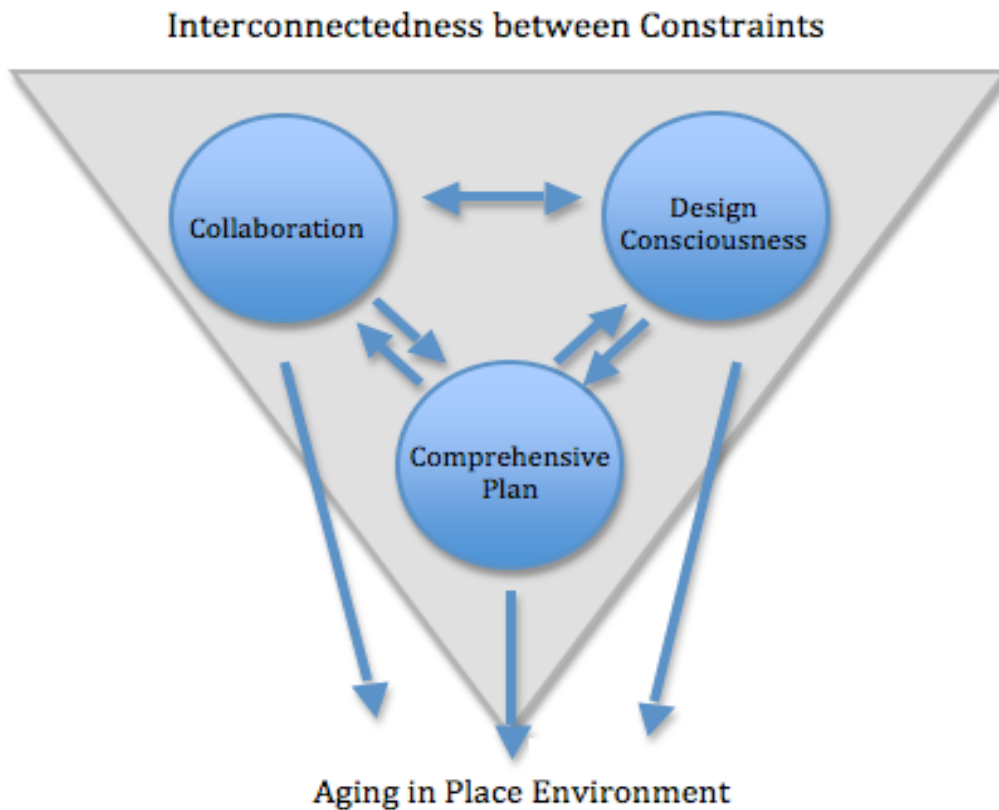
While interviewing Pat Darlington, the CEO of a co-housing development in Stillwater, Oklahoma, she emphasized the “sense of community that a cohousing development creates” (Personal Interview, Feb. 4, 2011). She had to convince the Planning Board, City Commissioners, neighbors, and the Planning Department that the co-housing development site should be supported. She had to convince them that the “sense of community” that a cohousing development offers is something that many older adults will thrive in. It allows older adults to downsize their home and age in their

community that they have lived in for most of their lives. As an older adult herself, Darlington expects to be surrounded by loving, supportive neighbors.

When I am asked, “why are you doing this? You are only 59.” I tell them that I want to invest in relationships now so that when I need help, I will already have them,” says Darlington. She hopes she never has to live in assisted living or a nursing home, like many other older adults in the U.S. (Personal Interview, Feb. 4, 2011).

Regardless of whether the community is building new homes or remodeling old homes, there should be some kind of consideration toward the older adult population. Moving about safely at home is an important issue for older adults. If the older adult has a disability or illness, a surgical procedure, or has cognitive limitations in performing daily activities safely, the home can become the source of frustration and struggle. Deb Sellers, an Aging Specialist for Kansas State University has researched assistive technology for older adults. She says,

The removal of environmental barriers that hinder the person’s capacities will directly impact the independence of an older adult. Or it may not be totally removed, instead, it may be a temporal adjustment, such as handrails or a wheelchair ramp. (Personal Interview, Dec. 10, 2010).



Griffin, 2011

It is no surprise that the three constraints that were identified in this report are interconnected. The comprehensive plan is shaped and created by collaborating with all types of people and professions. Through the act of collaboration, there is education. Education and awareness concerning the needs and the aging process that older adults are experiencing plays a large role in creating an environment for older adults to stay in their home. The information presented throughout the collaborative planning process would be introduced by experts and current geriatric designers who can influence future design standards within the comprehensive plan and create an environment that allows older adults to age in their homes far into retirement. The connectivity between the three

barriers makes it easier to understand why only 46 percent of communities are planning for the aging population (Maturing America, 2006). It may be that a community has to address the three constraints simultaneously and if that is the case, that is a huge project to take on and it may take more time than what is available.

## CHAPTER 5 - CONCLUSION

The socio-economic data confirm that the United States is experiencing a significant demographic shift. The large baby boomer population has begun entering retirement and is causing the United States to address the largest older adult population throughout our entire demographic history (U.S. Census, 2008). This report was an attempt to research the impact of the older adult population on U.S. communities and identify the barriers that United States communities face as in an attempt to create an environment that supports individuals who choose to age in place.

The United States is not only having a huge portion of its population entering retirement, this retiree population will be living longer than any other retired population prior to now. Being able to manage the retirement growth will require creative and innovative thinkers. The Baby Boomers are unique to previous cohort groups retiring in the United States because their family is no longer close by to care for them. The dynamics of the American family has changed throughout the Baby Boomers lifetime. Children of the baby boomer population did not move back to their hometown, leaving their parents to manage things on their own. The large distance between family members limit the ability for retirees' to receiving the support and care required as their bodies ages.

Even though the older demographic is without a family caregiver, they prefer to stay in their home while they age. The baby boomer population clearly does not want to move into any kind of formal, institutionalized living arrangement. In 2006, AARP conducted a study and found that 83 percent of baby boomers desire to age in their home. Older adults fear losing their independence and moving into a nursing home more

than they fear death itself (Clarity, 2007). The risk for depression, feelings of homelessness, and mortality greatly increase after an individual moves into a nursing home atmosphere (Parmlee et.al., 1992, Carboni, 1990).

With less than 50 percent of United States communities enacting planning efforts catering toward the aging population, it is no surprise that more than half of the individuals surveyed by Clarity are concerned about their ability to maintain residence in their home (2007). Literature used in this report describes the growing aging demographic and their typical concerns for their later years of life. Along with literature research, this report uses an informal interview process to identify the barriers that concern older adults and affect community-planning efforts. Interviewing local experts in geriatrics and community planning will ensure the constraints identified in this report are realistic to multiple communities.

For this report, it was important to interview a variety of individuals who are actively engaged with the aging demographic in a variety of fields. Aging in place is a comprehensive approach; therefore, it was important to interview experts such as service providers, academic researchers and city planners. The goal of the interview process was to identify the major barriers that inhibit a community to create an aging in place environment. It was concluded that the three barriers for a community are:

1. Lack of aging sensitive components in comprehensive planning.
2. Lack of collaborative planning efforts between aging services and community planners.
3. Poor Aging Conscious Design.

Identifying the barriers that keep a community from making the first steps toward developing an environment that encourages aging in place will provide the explanation behind past failures and may bring about a greater understanding of aging in place as a whole. The constraints that are identified in this report are incredibly interconnected and in fact, may require a community to address all three constraints simultaneously. Through collaboration, the comprehensive planning process can develop strategies that are influence by all types of community members and designed to meet the needs of all populations.

### **Constraint 1: Aging Components in the Comprehensive Plan**

Aging in place is a community approach to aging. Throughout the literature and interview process, experts identified that the comprehensive plan can deeply influence the environment within a community. Without the comprehensive plan enforcing elder friendly design, a community may not be able to create an environment that supports aging in place in a holistic fashion. If local governments continue to abstain from taking a critical look at the zoning regulations and design standards of the comprehensive plan, it will continue to act as a community barrier to aging in place.

### **Constraint 2: Collaboration**

An aging in place environment will require collaboration between individuals coming from backgrounds such as: housing, transportation city planning and design, cultural and social life, and the education system. Not only will collaboration ensure the proper components are being incorporated into the comprehensive plan, it will afford better communication between community groups and hopefully provide a seamless provision of aging in place products and services. The concept of collaboration



will allow community members from all age groups and backgrounds to be active participants in the planning efforts. Planning for the community should never be limited to the planning department. The fusion of aging design into mainstream planning will require collaboration amongst the geriatric experts, older adults, planning department, and other community members.

### **Constraint 3: Design Consciousness**

Creating an environment that supports aging in place requires a level of expertise in the aging process and knowledge of environmental obstacles that affect older adults both positively and negatively. When the designer, planner, or politician is not well informed about the aging population, they may perpetuate the problem by recommending design that creates uninhabitable environments. The housing, transportation systems, medical and social services, parks, shopping, and layout of a community influence the abilities of older adults. By practicing universal design standards, all age groups will be able to operate in the environment, regardless of their age or disability. The two key factors requiring the most design consciousness when developing an aging in place environment are the transportation system and housing.

Transportation within a community should not be limited to automobiles, especially because many older adults are encouraged to forgo driving due to the aging process. A community should promote transportation systems that are safe and walkable. Ideally, the transportation system would connect neighborhoods with the services and products they would need on a daily basis. When operating an automobile is the only option to stay mobile within the community, older adults become isolated when they are incapable of driving. Along with transportation design, housing design can also act as a

barrier for older adults. Whether or not housing is new construction or a remodeling project, it should incorporate universal design, a conscious attempt to design for all ages and abilities. The correlation between aging friendly design and the ability for an older adult to maintain residence in their home is strong; therefore, if a community is attempting to create an environment for older adults to age in place, there will need to be design practices that enhance the lives of older adults.

Overall, the barriers identified and described in this report are intended to help planners, policy makers, and community members become more aware of the needs and desires of the aging population. As mentioned previously, communities across the United States have abstained from planning for the retiring Baby Boomer population, or so it seems. The inability to adequately plan for the older adult population may be influenced by a community's inability to overcome one or all of the constraints identified in this report. Thus, knowing the barriers prior to planning will allow a community to overcome such barriers with greater ease and hopefully, begin creating an environment that supports the 83 percent of baby boomers expecting to age in place.

## Glossary

**Accessory Dwelling Unit: (ADU)** also known as a “granny flat.” This is when a small cottage is added onto the property of a single-family dwelling household. This unit can be attached or unattached to the existing home.

**Aging in Community:** “Aging in community” refers to residents self-organized to assure services for themselves and each other. This relatively recent paradigm shift emphasizes the value of building on senior assets, encouraging elder-friendly communities, cultivating multi-generational civic engagement, developing universal access – numerous approaches to vital aging in community. This results in communities that are elder-rich and build social capital and environmentally sustainability (DRCOG, ch. 8-2).

**Aging in Place:** a comprehensive community driven strategy to give Americans the services, opportunities and infrastructure so that older adults can grow with dignity in their own homes while remaining active and engaged members of their communities.“ (Koff, 2008) Aging in place allows older adults to continue to live in ones home, even when age or health related changes make it difficult to do so (Tenenbaum, 2010).

**Baby boomer:** the individuals being born between the years of 1946 and 1964 (Schultz and Binstock, 2006).

**Certified Aging in Place Specialist (CAPS):** an education program that teaches the technical, business management, and customer service skills essential to make home modifications for the aging in place industry (National Association of Home Builders, 2011).

**Community:** the city or municipality that an individual resides.

**Continual Care Housing:** the provision of appropriate health care for an individual throughout their life. This option of housing allows an older adult to live in move

in and out of housing types, depending on their current health needs, such as assisted living, nursing home care, and Alzheimer's and intensive care.

**Home Health Aid:** Provides personal care and help with monitoring medications, exercises and other assistance for a disabled elderly person (Institute on Aging, 2010).

**Household disbandment:** the activity that people undertake to reduce the volume of their possessions in the course of a residential move (Ekerdt, and Sergent, 2006).

**Infrastructure:** Roads, sidewalks, buildings, and facilities that help a community function.

**Institutionalized living:** Residing in a nursing home, long term care unit, or any permanent living arrangement that provides formal care – such as bathing and dressing. The facility is responsible for the resident's care.

**Long-term care:** Long term care is the type of care you may need if you have a prolonged physical illness, disability or cognitive impairment (such as Alzheimer's disease) that keeps you from living independently. These limitations may prevent you from carrying out basic self-care tasks - such as bathing, dressing, or eating called, Activities of Daily Living (ADLs). (Gensworth Financial, 2010).

**Managed care:** applies to the integration of health care delivery and financing. Managed care plans, such as an HMO, manage or control what is spent on health care by closely monitoring how doctors and other medical professionals treat patients. Such organizations try to limit referrals to costly specialists and require preauthorization for hospital care and services to keep costs down (Institute on Aging, 2010).

**Mixed-use development:** Combining housing, retail, and other uses upon the same property.

**Nursing Home:** a form of housing that offers the least amount of independence for a resident. Residents usually require constant care and assistance.

Planned Unite Development: grouping a variety of compatible land uses, such as housing, recreation, commercial centers, and industrial parks, all within one contained development or subdivision. It would have “mixed-use” development.

Quality of Life: relates to the choice and control, the positive and meaningful interactions, and the quality of medical care for the resident (Carboni, 1990,

Senior: A person 60 years of age and older.

Senior Center: These programs are sometimes called Multi-purpose Senior Centers. They provide older adults who are not home bound the opportunity for social interaction in a centralized location via a variety of activities and programs (Institute on Aging, 2010).

Sense of Community: the sense that one is part of readily available, mutually supportive network of relationships upon which one can depend (Pendola and Gen, 2008, 1).

Support Services: A range of supports including home attendant care, home health care, adult day care, case management, counseling, legal assistance, meals programs, transportation, and other designed to help an older or disabled adult maintain their highest level of functioning and remain safely in the home (Institute on Aging, 2010).

Universal Design: Universal design standards are building principles that seek to create dwellings that can meet the needs of people of all ages and of all ability levels. Universal design standards are a set of design principles that, when properly applied, can help communities meet the growing need for senior housing, and fit well with smart growth principles. The application of universal design principles can allow a person to remain in the same home from youth through aging and can help a home transition easily from young residents to seniors (Center for Universal Design, 1997).

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