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STAYING IN THE COMMUNITY and AGING IN PLACE (Single Family Homes and Multiunit Buildings)

Description:

The overwhelming preference of all population groups—single people, families, elderly people, people with short-term impairments, and those with chronic disabilities—is to live in the privacy of their own homes or apartments, and to stay where they are (age in place). This preference is borne out in demographic data. Out of the 299 million people in the United States, 87 per cent live alone or with spouses, unmarried partners, their children, or their grandchildren in conventional housing; only 10 per cent live in with other relatives and nonrelatives; and just three per cent live in group quarters.¹ In addition, the propensity to move around is relatively low. In 2004 (prior to the 2008 economic downturn, which had a significant dampening impact on relocation by people in the United States), migration measures indicated that 81 per cent of people aged 1-59 (children and working-age adults) and 93 per cent of people aged 60 and over lived in the same house as the previous year.²

Aging in Place

The term "aging in place" arose among researchers who studied both the expressed preferences of older people to remain living independently in their own homes (age in place) and the negative impact of involuntary relocation on the physical and mental health of older people. Greater understanding of the impact of "relocation trauma," as well as the perceived financial savings of providing long-term care in non-institutional settings, prompted policy makers and service providers to focus increasing emphasis on environmental designs and supportive services to support the ability of older people to continue living where they are. However, over time, the emphasis on universal design features to create "housing for a lifetime" has extended to all people, and the concept of "aging in place" has come to be applied to other population groups—people of all ages, of all sizes, and with all types of functional abilities, disabilities, and conditions.

Policy trends: In response to consumer expectations, preferences, and advocacy, as well as to the burgeoning costs of long-term care, the direction of public policies across the country has been to delay or avoid the use of costly institutional facilities and to shift the delivery of health and long-term care to people's own homes, through in-home and community-based programs and services, through home modifications, and by incorporating universal design features in both new home construction and housing rehabilitation. This shift was strongly promoted by the 1999 Supreme Court Decision, *Olmstead v. L. C.*,³ which held that people with disabilities had a right to live in the least-restrictive appropriate environment and integrated with the rest of the community, and that states had to take steps to make such alternatives possible. Unnecessary institutionalization could be deemed discrimination on the basis of disability under Title II of the Americans with

Disabilities Act.⁴ In addition, both the public and private sectors have placed increasing emphasis on creating homes that are useable for a lifetime (see *Universal Design in Housing and Accessibility/Adaptability in Housing* in the *Resource Manual*) and creating communities that are "livable" (see *Livable Communities* in the *Resource Manual*). Such policies, decisions, and strategies respond to the desire of people of all ages and functional abilities to remain in their own homes and communities for as long as possible.

Older people: Across the country, the number of older people continues to increase, and more people are living longer lives—life expectancy has now reached 78 years. Many people assume that a significant proportion of this growing older population lives in age-segregated "senior housing" or health care facilities. In reality, most older people live in age-integrated housing—single family homes and multiunit family apartment buildings. The U. S. Census Bureau does not measure the number of people living in senior housing (purpose-built, age-segregated units). However, reflecting the strong housing preferences of older people, researchers have consistently reported that only between six and 12 per cent of all older people live in all types of age-segregated senior living options.⁵ In addition, for over 20 years, the proportion of older people living in nursing homes has remained consistent at less than five per cent.

As the baby boomers age, a market is growing among young, healthy, financially stable retirees (beginning at age 50) for age-segregated "active adult" communities that provide a new lifestyle, but do not include the supportive services associated with traditional senior housing. Despite this new trend, more than 80 per cent of older people live in single-family homes and in age-integrated multifamily rental, condominium, and cooperative units.⁶ AARP's 1999 national survey⁷ reports that 36 percent of people aged 45 and over have lived in the same house for more than 20 years; and this trend increases with age—60 per cent of people aged 75 and over have lived in their present home for more than 20 years. Preferences to age in place are robust, with 71 per cent of people aged 45 and over strongly agreeing with the survey's statement, "What I would really like to do is stay in my current residence for as long as possible"; again, this preference grows stronger with increasing age—92 per cent of people aged 65-74 strongly agreed with the statement, and 95 per cent of people aged 75 and over strongly agreed.

These trends reflect a general preference of older people to live in a place that is familiar to them and in an environment that includes people of all ages. Evidence that this preference extends even into the frail, very elderly years is the gradual rise in average entry age (now between 80 and 85) into supportive senior housing facilities. For older people, the various supportive and health care facilities, and even "independent senior housing," represent a loss of privacy, a loss of independence and personal control over daily life, and a loss of a "sense of self" that is intertwined with one's long-time home.

In New York, an array of in-home and community-based programs and services are available to help older people age in place safely and successfully. Such programs and services are provided by the State's network of 59 Area Agencies on Aging, by

Senior Service Centers, and by community-based public, non-profit, and for-profit aging, health, long-term care, housing, education, and transportation providers. For information on these programs and providers, contact your county Area Agency on Aging (AAAs); a list of AAAs can be found at: <http://www.aging.ny.gov/>.

People with disabilities: Over 2.5 million of New York's population have one or more of the five types of disabilities (sensory, physical, mental, self-care, go-outside-the-home) that are measured by the Census Bureau. Like the rest of the population, the preference of people with disabilities is for privacy, maximized self-management and independence, and maximum control over their daily lives. As is characteristic of the general population, individuals with chronic and congenital disabilities are experiencing increasing longevity—living well into old age—and the greater majority of these individuals live in single-family homes, age-integrated multiunit housing, and at home with their parents.

The majority of individuals born with *developmental disabilities* is cared for and live with their parents in the parents' homes and apartments; and these individuals, too, are living longer lives. New York State has a significant number of families that consist of very elderly parents (aged 80 and over) caring at home for their adult children with developmental disabilities who are, themselves, aged 60 and over.

Increasingly, public policies support the ability of individuals with developmental, physical, and mental disabilities to live in all types of conventional housing. A network of agencies and a variety of programs and services are available to support the ability of people with all types of disabilities to age in place independently, safely, and successfully in the housing of their choice.

References:

U. S. Census Bureau, *American Factfinder: 2005-2007 American Community Survey:*

¹ Table B09016: Household Type (Including Living Alone) by Relationship.

² Table B07001: Geographical Mobility in the Past Year by Age for Current Residence in the United States.

³ *Olmstead v. L.C.*, 1999 Supreme Court Decision, which held that unnecessary institutionalization of persons with disabilities may constitute discrimination based on disability under Title II of the Americans with Disabilities Act.

Bazelon Center for Mental Health Law—*Olmstead v. L.C.*:

<http://www.bazelon.org/issues/disabilityrights/incourt/olmstead/index.htm>.

The Center for an Accessible Society—*Supreme Court Upholds ADA 'Integration Mandate' in Olmstead Decision:*

<http://www.accessiblesociety.org/topics/ada/olmsteadoverview.htm>.

⁴ U. S. Department of Justice—Americans with Disabilities Act:

<http://www.ada.gov/pubs/ada.htm>.

⁵ Vera Prosper (1990), *Preferences: Housing Older New Yorkers*. Albany, New York: New York State Office for the Aging.

^{5, 6} Charlotte Wade and Randall Cantrell (September 2005), *The National Older Adult Housing Survey: A Secondary Analysis of Findings*. Upper Marlboro, MD: NAHB Research Center:
<http://www.toolbase.org/PDF/CaseStudies/NOAHSecondaryAnalysis.pdf>.

⁷ Ada-Helen Bayer and Leon Harper (May, 2000), *Fixing To Stay: A National Survey of Housing and Home Modification Issues*. Washington, DC: AARP.
http://assets.aarp.org/rgcenter/il/home_mod.pdf.

Benefits:

- Policies, programs, services, and design features that promote the ability of residents to remain living in their own homes and apartments—
 - Support the ability of older people and people with disabilities to be self-managing and independent for longer periods of time, maximize residents' privacy and personal control over daily life, and delay or eliminate relocation to institutional environments.
 - Support the preferences of older people to live in an environment that includes other age groups.
 - Support the ability of people with disabilities to live with others as integrated members of the community.
 - Allow all residents to exercise their living environment preferences; the ability to live in the housing of one's choice, and to live as independently as possible, has a direct impact on mental and physical health status.
 - Increase the potential for all residents to remain active and involved with the wider community, reducing social isolation and depression.
 - Maintain residents' perceptions that they continue to be "members of the community."
- Integration of people of all ages and functional abilities strengthens a neighborhood's "sense of community and builds understanding and communication among different population groups.
- The ability to viably age in place as an integrated part of the wider community increases the base of community residents available to contribute their time, ideas, skills, and resources for civic engagement activities and for participating in identifying and addressing community issues.

Impediments or barriers to development or implementation:

- Zoning language often restricts flexibility in the use of single family homes; for example, may not allow conversion of part of a home into an accessory unit or addition of a secondary unit on a lot.
- Zoning language may not allow mixed-use within a single-family residential district; for example, prohibit a mix of multiunit rentals and single family homes, a mixture of homes and light commercial, high-density construction of small

homes on small lots, incorporation of a small residential health facility into a residential neighborhood, etc.

- While substantial in-home and community-based services and programs exist to make it possible for people to successfully age in place, availability of services and programs is inconsistently available; in some cases, residents cannot afford the costs of services and programs; in other cases, specific services are unavailable for everyone—for example, public transportation.
- Many existing homes do not include the appropriate home features (such as a bathroom and clothes washer on the first floor, a ramped entrance, etc.) that allow a resident to remain living in the home or apartment; many residents cannot afford to modify their homes or apartments to include such features.
- Many residents are unaware of universal design features (such as single-lever faucets, sit-to-work counter space, adjustable rods in closets, grab bars, etc.), or where to acquire such features, or that many features are no-cost or very-low-cost, or that incorporation of such features may be available through community programs. Many cannot afford to incorporate other features (such as a walk-in shower) that are costly.

Resource—written and web:

- Partners for Livable Communities and National Association of Area Agencies on Aging: *Aging in Place Initiative: Developing Livable Communities for All Ages*; Washington, DC:
http://www.aginginplaceinitiative.org/index.php?option=com_content&task=view&id=13&Itemid=78.
- *National Aging In Place Council*—a membership organization serving as a national forum for individuals from the aging, healthcare, financial services, legal, design, and building sectors to work together to help meet the needs of the growing aging population, so they can continue living in the housing of their choice: <http://www.ageinplace.org/>.
- Pew Research Center, Washington, DC:
 - *Social and Demographic Trends*:
<http://pewsocialtrends.org/2008/12/17/u-s-migration-flows/>.
 - Paul Taylor, et al. (December 29, 2008), *American Mobility— Who Moves? Who Stays Put? Where’s Home?*:
<http://pewsocialtrends.org/files/2010/10/Movers-and-Stayers.pdf>.
 - Paul Taylor, et al. (June 29, 2009), *Growing Old In America—Expectations vs. Reality*: <http://pewsocialtrends.org/assets/pdf/Getting-Old-in-America.pdf>.
- Mary Years, *Elderly Housing Options & Preferences*—extensive list of links to resources, publications, and agencies, related to housing for older people and people with disabilities. Iowa State University, University Extension:
<http://www.extension.iastate.edu/Pages/housing/options.html>.

- Sharon Suarez (March, 2005), *55+Housing Preference Survey*. Maryland: Montgomery County Department of Park and Planning, Research and Technology Center:
http://montgomeryplanning.com/research/data_library/housing/studies/housing_55_final_version.pdf.
- Vera Prosper (1990), *Preferences: Housing Older People*. Albany, New York: New York State Office for the Aging.
- Emily Cooper, Marie Herb, and Ann O'Hara (December, 2003), "Solutions That Work: Innovative Strategies to Meeting the Housing Needs of People with Disabilities," *Opening Doors: A Housing Publication for the Disability Community*, Vol. 23, published by Technical Assistance Collaborative, Inc. and the Consortium for Citizens for Citizens with Disabilities. http://www.c-c-d.org/task_forces/housing/opendoor12.08b.pdf.
- Michael Allen, "Increasing the Usability of Housing Choice Vouchers for People with Disabilities," *Housing Law Bulletin*. Washington, DC: Bazelon Center for Mental Health Law. <http://www.bazelon.org/pdf/HousingFactsheet14.pdf>.
- Homes and Communities, *Information for People with Disabilities*. Washington, DC: U. S. Department of Housing and Urban Development:
http://portal.hud.gov/hudportal/HUD?src=/topics/information_for_disabled_persons.
- Falls Prevention Center of Excellence: *Welcome to Homemods.org*—resources, online certification courses in home modification, and a national directory of home modification and repair resources. Los Angeles, CA: University of Southern California, Andrus Gerontology Center: <http://www.homemods.org/>.