

Introduction

By Keren Brown Wilson, guest editor

In tackling a topic as broad and complex as senior housing and the intersection of individual needs for housing and supportive services, with affordability, accessibility, and acceptability, the first challenge is defining the subject. Housing can be defined as a setting or location where people live—at any age, as opposed to where those roughly classified as “seniors” live.

The term *senior housing* typically is used to describe settings that use age as a criterion for entrance to that setting. Sometimes in “policy-speak” the term *age-segregated housing* is used. In relation to the total number of households headed by those over age 65, the number living in “senior housing” remains limited. For at least the past 100 years, a pattern of growth in size and cost of housing has continued through an individual’s peak earning and child-rearing years, with older people then remaining in that setting as children left and spouses died. It is in the past twenty-five years that senior housing has emerged as a market niche, with some older people choosing to move to smaller places or to age-segregated environments. Although some worry about ill effects of age-segregated housing, for example, isolation of one generation from oth-

Where older people live: The need for affordability, accessibility, and acceptability.

ers, the number of older adults living in such arrangements continues to grow, as does the number who move to smaller quarters after children have grown up and moved out. Be it in a gated community, low-income housing, “snow bird” mobile-home parks, or various versions of retirement communities, significant numbers of older people now select some form of senior housing and are likely to continue to make this choice. Thus, the continued evolution of senior housing and its impact on older people, on those specifically concerned about their well-being, and on the larger society is increasingly important.

Senior housing may also mean a location where concentrated numbers of older people live, with some needing various degrees of supportive services. Inventive names such as “naturally occurring retirement communities,” “congregate housing,” “continuing care retirement communities,” and “cohousing” are used to describe senior housing with various ways of providing support, each with a different combination of ways of introducing supportive services. Such services might be the result of personal preference such as having a housekeeper to change the bed, clean the bathroom, or vacuum

floors. For others the use of services might be the result of inability to perform everyday tasks such as securing groceries and preparing meals.

In housing-with-services arrangements, services set up and paid for privately by an individual typically are not monitored unless the setting or the organization providing the services receives some form of government assistance, the degree of monitoring varying depending upon type and extent of government involvement.

For example, housing settings built with tax credits or tax-exempt bonds often establish eligibility criteria for residents and often require ongoing certification, and an investigation may occur if a specific complaint is made to an organization such as a professional standards board, protective services agency, or ombudsman's office. However, services arranged by organizations or individuals actually subsidized by any public dollars receive more oversight. Most of this oversight is not related to quality concerns, but rather has as its purpose prevention of use of the funds for individuals or services not authorized. Location or setting is only a concern if there is a possibility of the same service for an individual being paid for more than once.

The housing-with-services model constitutes a rapidly growing market. Part of this growth is the result of an effort to respond to consumers' demands for greater flexibility in meeting their changing needs. But it is also a reaction to increasing oversight of housing options that include some form of personal or nursing services. There is especially stiff resistance to such oversight among those consumers who are paying privately for services and among those who provide the services. Both groups want more control over what services are available and how they are provided. Efforts to use this same approach for those with inadequate resources to pay the full cost of shelter and service until death are proving significantly more challenging.

Fortunately, the majority of older people are able to live out their lives in housing without services, as is typically their first choice. When they need assistance, they rely on family members, friends, neighbors, and connections with local organizations like churches or temples with which they have an established voluntary asso-

ciation. Reaching beyond these resources to use paid service providers of any kind typically occurs only in limited circumstances such as a significant health event or the loss of a primary caregiver.

The general reluctance to live in housing with services is partially related to the desire to conserve financial resources, but it is also related to cultural norms that value personal autonomy and a creed of reciprocity that demonstrates continuing ability to live independently in a setting of choice. Of course, this option does not always work. Individual resources often become stressed—especially when the need for assistance continues over a sustained period and requires hands-on care or unscheduled services that depend on the continued physical presence of another person.

Some older individuals seek options of housing-with-services arrangements sooner than others. Historically, such behavior has been assumed to be associated with such personal character traits as being a “planner.” Such individuals reportedly have a higher need for personal control or to “not be a burden.” But the experience of the past decade or so suggests that this behavior may also be associated with the choices actually available to older people. That is, some older people without resources would prefer housing with services if it were available to them, but they cannot afford to make this choice. It is scarcity of resources that prevents them from “planning”; they are more likely to wait for a precipitating crisis that forces change. Other older individuals who do have financial resources have chosen to pay privately for packages of housing and services that they view as suitable for them. Such behavior may indicate that limited choices affect housing decisions previously attributed solely to whether an older person was a planner. Indeed, it is likely that acceptability and affordability have more impact on planning for changing needs than is currently thought, and these factors require more consideration for many reasons, including efforts to encourage all older adults to be more proactive about planning for changing needs.

Regardless of whether planning for changing needs occurs or not, for some a time comes when the regular use of services, beyond what can be organized through informal networks

or even episodic paid help, is not optional. In some cases, individuals may not obtain or use needed services, even though they are essential to maintenance of any semblance of a normal life or, in many cases, life itself.

While such needs can often be met in any number of settings, in cases where the individual's first choice simply no longer works, the questions quickly become, Where can I get the services I need? Is there a spot available for me? Is there a way to pay for what I need? Now the discussion is about housing *and* services.

Housing-and-services options typically come as a package deal, with a minimum set of basic services such as a meal plan, housekeeping, and laundry. Many include extensive personal and health-related services that vary according to individual need. In many housing-and-services settings, the cost of the housing and services is fixed, regardless of amenity level. In other settings, housing is priced separately and added to one of a number of service plans. Some settings use an approach with all-inclusive rates that vary according to whatever combination of type of housing and specific services are selected. Other settings set the price of housing according to size and amenity level and then charge for services as they are used, based on criteria such as episode of utilization, diagnosis, or minutes of service. While the availability of various pricing models is considered desirable, many consumers find it hard to understand the various models and harder still to budget for them.

These settings that combine housing and services typically have services available at any time, including nights, weekends, and holidays. Some staff members are always available on the premises, with a resulting capacity for unscheduled care. Some offer special services such as a secure setting, response to unscheduled care needs such as nighttime help with using the toilet, routine and skilled nursing services, therapies, respite, and end-of-life care. Those sites providing any kind of hands-on care directly are typically required to have some type of license in order to provide services and are inspected to review compliance with regulatory requirements. Such sites include congregate housing, adult foster-care settings,

residential care homes, assisted living, and, of course, nursing facilities.

In the past decade, remarkable changes have occurred in these settings. Some of the changes are in the physical environment. Many in the boomer generation will live, for some portion of their lives, in new housing stock specifically built as senior housing ("purpose built"), much of which was created as a part of the senior housing building boom that occurred in the 1990s. These elders will benefit from significant improvements in the physical environment, including safety features, access for those with mobility problems, control over private living space, and common space to encourage community building. A more normal environment for those living in all specialized care settings, a hallmark of assisted living and taken up by some pioneers in the field, will no longer be novel concepts. People in the coming generation of elders will have more age-friendly housing of all types.

Finding ways to provide the care needed will continue to be a growing challenge. It is possible that some of the current issues, for example, those related to meeting cultural needs of clients, will have markedly improved in future years simply as our increasingly diverse culture evolves, but it is more likely that these crucial issues will remain central and will require significant amounts of resources and effort to address. Similarly, while the need to reward and respect those who care for others is beginning to garner some attention, it is not yet the focus of the major societal effort that is required. Initiatives for improved training and career development undoubtedly will help some in this regard, but the larger challenge lies in changing public perceptions of the work itself.

Moreover, while an influx of immigrant workers over the past twenty-five years has mitigated to some extent the impending crisis in finding adequate numbers of caregivers, the effects on the caregiver workforce of the turmoil currently surrounding immigration are not yet known. But, what is known is that in states like Florida and Texas, the use of non-licensed facilities to provide care continues to grow unabated. This is particularly true for those who have inadequate resources to pay privately

for care and who, in times of ever stringent eligibility criteria, do not qualify for financial assistance. While expanding the use of universal workers, nurse delegation, and client-employed providers will continue to provide some relief for growing worker shortages, these mitigating solutions may soon be swallowed by demands for ever greater skill levels. And for some areas, we are pinning our hopes on cheaper and better technology to help us in all settings.

We will need all the success we can get to make it through the next twenty-five years without declines in our ability to support well-being in later life. While we have seen the redistribution of where individuals needing supportive services live, the percentage of the population at any given time needing some sort of housing and services has not altered much in the past twenty-five years. If anything, as the result of increasing options for those with personal resources, those who live in designated housing-and-services settings are likely to need more services and to have fewer resources than ever before. We are, in fact, at a crossroads. Indeed, the United States faces a daunting task in meeting the housing and services needs of older adults over the next twenty-five years.

Much of the coming crisis is the result of a maladaptive system with a lack of viable options for financing long-term care. Some of this crisis is a result of the failure of policy to address issues of accessibility, affordability, and acceptability of existing housing options for older adults who have changing service needs. Simply put, we have increased expectations, both in terms of a sense of entitlement and of various types of standards that must be met. For a brief time, we managed to increase access for some who had inadequate personal resources by creative use of financing sources and by shifting shrinking dollars with clever initiatives such as waivers and reverse-annuity mortgages. In some cases we were able to introduce expanded notions that supported a broader view of quality. But we also ignored the cost of increasing expectations and failed to address the question of how, in the long run, they could be sustained.

For those whose resources are mainly in the value of a home and a pension, many are

reduced to simply hoping that “nothing happens” that will require them to obtain any type of long-term care. This situation is a crisis waiting to happen—and the likelihood that it will happen is heightened by portfolio losses in the meltdown of the stock market in 2001–2002, collapsing pension plans, and the projected loss of living-wage jobs by older workers. Toss in talk of Social Security changes, increasing worries over healthcare coverage, growing needs of parents aged past “the golden years,” and increasing numbers of adult children having difficulty successfully launching themselves economically, and you have a hint of what those heading into later life face. And with little time left to create a new game plan.

And yet it is precisely the current generation of boomers moving toward the outer ring of later life who expect the most and whose needs have always been addressed by government. Many hospitals, schools, loans for higher education, job training, federal insurance, mortgage programs, public health initiatives, and consumer protection programs arose in response to a cohort that reversed, at least temporarily, declining birthrates in the United States. Many in this generation championed rights for everyone else and now believe they have “earned” the right to a comfortable retirement, which seemed likely in the economy of the eighties and nineties. That notion is now likely to be sorely tested. And those approaching traditional retirement age will need to make adjustments, as will those who work in the field of aging.

Now is no time for those who work in the field of aging to shrink from the larger challenges that lie ahead. Life can indeed be great after age 60, and it will be for many older people because of the many advances that have taken place in prevention and treatment of chronic disease and disability and in understanding about human development and modification of the life course to adjust to larger-scale social changes. But we still have our work cut out for us.

Thinking about how these changes will affect where older adults live, how they spend their time, and how needed care is provided is an area rich for exploration. And many of *Generations'* readers will be the ones doing that exploring. ☺