Housing Options and Strategies for Aging in Place

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Abstract

Aging in place refers to the desire of individuals to grow older in their own homes and communities regardless of their age or limitations. While the majority of older and younger adults prefer to age in place, many encounter difficulties in doing so because of their inadequate social and housing environments. Accessibility, affordability, and social isolation are major obstacles to aging in place. This paper discusses the current housing programs that can address some of the challenges for aging in place, including home modification programs, affordable and accessible housing projects, and housing development with supportive services. This paper also discusses the roles that the federal, state, and local governments should play in promoting aging in place. A multigenerational approach to policy planning and housing development must be taken in which older and younger generations collaborate for a common goal of developing a housing community that enables people of all ages to age in place.
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INTRODUCTION

The concept of aging in place refers to older adults’ desire to stay in their own homes and communities regardless of their physical or mental conditions (Pynoos, Nishita, Cicero, & Caraviello, 2008). The majority of older adults prefer to age in place. For instance, a national survey by AARP Research (2018) reports that approximately 80% of those over the age of 50 prefer to stay in their own homes as they grow older. The strong desire of aging in place is also shared by younger cohorts. The same report indicated that more than 50% of adults between the ages of 18 and 49 expressed their desire to age in place (AARP Research, 2018).

Housing not only provides a physical shelter for basic human needs but also comprises an essential element of individual identity (Gonyea & Burnes, 2013). This is because home is embedded in the neighborhood and the community where people carry on their everyday activities and foster relationships with friends and families. The desire to age in place that is shared by many reflects their attachment to the place with a sense of belonging (Gilleard, Hyde, & Higgs, 2007).

Multiple reasons can explain why aging in place is important especially for older adults. First, aging in place signifies an older adult’s independence, which is critical for his or her well-being. “Place” represents a social space and environment that is variably connected to tangible resources needed for physical health (e.g., medical facilities, grocery stores), but also linked to social opportunities that are critical for mental health (Cagney & Cornwell, 2018). Second, aging in place can be a more cost-effective option for older adults with chronic health problems who would otherwise be moved to institutional care facilities such as nursing homes (Levitt, 2013; Marek, Stetzer, Adams, Popejoy, & Rantz, 2012). Finally, it is important to note that aging in place signifies an older adult’s basic human needs. The failure to fulfill such needs presents a social justice issue because it reflects society’s inability to protect older adults’ human rights (Cox, 2015). Issues pertinent to aging in place require societal efforts to develop, modify, and create a social and housing environment so that older adults are able to stay in their homes as long as they want to.

This paper discusses how housing options and strategies should be refined, expanded, and created to support the growing number of older adults who desire to continue living in their own homes and communities. After describing general demographic and housing trends of the older population, this paper discusses current housing-related issues that create barriers for older adults’ ability to age in place. The paper then explores housing strategies and policy options that would enable older adults to age in place. The discussion in this paper incorporates information regarding California and the San Francisco Bay Area as relevant local contexts.

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GRAYING HOUSEHOLDS IN THE UNITED STATES

Population Aging: Current and Future Trends

In the United States, as the baby boomers (a cohort group born between 1946 and 1964) grow older, the number of people age 65 and older continues to increase. A recent report by the U.S. Census Bureau (2018) predicts that by 2035, for the first time in U.S. history, older adults 65 years and above will outnumber those under 18 years. The older population is becoming racially and ethnically diverse. Between 2030 and 2060, the proportion of non-Hispanic whites in the 65-and-older population will decrease from 72% to 55%, whereas the percentages of racial and ethnic minority groups such as Asians and Hispanics will increase substantially, from 5% to 9% and 11% to 22%, respectively (Mather, Jacobsen, & Pollard, 2015).

California’s older population is also expected to grow. Overall, the population age 65 and older in California will double over the next two decades (Beck, Johnson, & Gibson, 2015). In San Francisco County, between 2010 and 2060, the senior population age 60 years and older will increase by 160% (State of California Department of Aging, 2019). In California, non-Hispanic whites will no longer comprise a majority of the 65-and-older population by 2030, whereas the proportion of other racial and ethnic groups such as Asians and Hispanics will become much larger (16% and 26% by 2030, respectively) (Beck et al., 2015).

Housing Trends of Older Population

More than 90% of the 65-and-older population live in their own homes and communities as compared to institutions (e.g., nursing homes). Even among people over the age of 85, 85% of them live in either community housing units with supportive services or in traditional communities (Federal Interagency Forum on Aging-Related Statistics, 2016). While the majority of the older population age 65 and above live either in couples or alone, the patterns of living arrangement significantly vary by age, gender, and race or ethnicity. About 28% of non-institutionalized older adults 65 years and older lived alone in 2018 (Administration for Community Living [ACL], 2018). The percentage of living alone is higher among older women (34%) than older men (21%), and it becomes more common with advanced age (ACL, 2018). In 2018, 44% of women age 75 and older lived alone (ACL, 2018).

Multigenerational households tend to be more common among older adults who are Latinx, Asian, or black (Federal Interagency Forum on Aging-Related Statistics, 2016). Overall, the number of multigenerational households is increasing, from 12% of all households in 1980 to 20% in 2016 (Guzman & Skow, 2019). Among these multigenerational households are “grandfamilies” where grandparents live with grandchildren. This type of multigenerational household is on the rise partly in response to the recent epidemic of opioid addiction that often necessitates out-of-home placement for children (Guzman & Skow, 2019).

While the homeownership rates among people age 65 and older have been consistently high, the homeownership rates of people under 65 have been decreasing. On the other hand, the number of older renters is on the rise. For instance, the Joint Center for Housing Studies of Harvard University (JCHS) (2018) reports that the number of renters in the age group 60-69 doubled from 2 million to 4 million between 2005 and 2015. The high housing cost in areas such
as San Francisco means that a growing number of low-income older adults live in publicly subsidized housing units.

**HOUSING ISSUES FOR AGING IN PLACE**

Three areas of challenges exist for older adults who seek to age in place: accessibility, affordability, and social isolation. To enable all seniors to age in place as long as they desire, there needs to be concerted public and private efforts to address these issues.

**Accessibility**

Aging in place becomes more challenging when older adults live in a place that is not accessible to those who have functional disabilities. With advancing age, mobility issues rise. While 11% of older adults between the ages of 50 and 64 report ambulatory problems, the percentage increases to 43% for those over the age of 80 (JCHS, 2018). Difficulty climbing stairs or walking is the most common experience in the households that include someone with functional limitations in vision, hearing, cognition, and/or mobility (JCHS, 2018). Research also indicates that older adults living in low-income public housing units tend to have poorer health, and they likely need more assistance with daily activities as they grow older (McFadden & Lucio, 2014). The lack of accessible housing poses challenges to seniors with functional limitations to continue living in their own homes and communities.

**Affordability**

Rising housing cost is another major challenge for seniors to age in place. In 2016, for almost one-third of the households age 65 and older, housing costs comprised more than 30% of their incomes (JCHS, 2018). Older renters especially tend to be financially vulnerable because they spend a substantial portion of their income on rent. In 2017, 24% of the households headed by people age 75 and older were renters (ACL, 2018). While the older homeowners’ median annual household income was $32,800, older renters’ median annual income was $17,000 (ACL, 2018). Almost two-thirds (65%) of those renters spent more than one-third of their income on rent (ACL, 2018). In California, where housing costs are substantially higher than the national average, the rising rent can be significant financial burdens for seniors. In the San Francisco Bay Area, 28.5% of low-income older adults in rented households spend more than 30% of their household income on rent, and another 40.9% of them spend more than a half of their income on rent (Wallace & Padilla-Frausto, 2018).

**Social Isolation**

The difficulty of aging in place also arises when older adults’ social needs are not fulfilled. Older individuals are at a higher risk of social isolation when they have health problems, live alone, or have limited social relationships with families and friends (Weldrick & Grenier, 2018). For older adults to thrive in their own homes and communities, there must be a community that provides necessary social opportunities for its older residents. Ongoing public initiatives to create “age-friendly communities” are among the examples of such public efforts to create a social environment that allows older adults to age in place (World Health Organization, 2007).
HOUSING PROGRAMS FOR AGING IN PLACE

Currently, a number of housing programs attempt to address the issues discussed above. These programs may not explicitly promote aging in place, but each can play a critical role in improving the accessibility of existing and newly constructed housing for seniors, offering more affordable housing options for older homeowners and renters, and developing housing communities that allow social engagement for older adults.

Home Modification

Home modification programs are intended to enhance the accessibility of the house so that older adults can continue living in their homes. The majority of the houses and apartments currently are not equipped with basic supportive features such as an entrance without steps, a one-floor living area, and a walk-in shower (Pynoos, 2018). As a result, preventable accidents happen at homes. One major accident that commonly occurs in older adults’ homes is falls. When older adults fall, they are more likely to develop serious injuries such as broken bones and hip fractures that can subsequently cause significant limitations in their daily living activities and mobility (Centers for Disease Control and Prevention, 2017). Home modification programs are among the interventions that have been found effective in reducing older adults’ risk of falls (Stark et al., 2018). Consequently, fall prevention through home modification promotes aging in place because it helps older residents maintain good health and mobility for a longer period of time.

Public education about the need for and benefit of home modifications is necessary for aging in place. Places in the house that tend to present problems for older adults are the front entrance area, the kitchen area, and the bathroom (Pynoos, Caraviello, & Cicero, 2009). These areas often require modifications such as the installation of grab bars, better lighting, clutter-free floors, and the removal of steps. While many of these modifications can be modest and inexpensive, they are not well-recognized among older adults in the communities. Furthermore, older adults and their families who acknowledge the need for and the benefit of home modification remain reluctant to make changes. A survey by Bayer and Harper (2000) reports that people are reluctant to pursue home modifications due to their inability to do the necessary work themselves, their inability to afford necessary modifications, and their lack of trust in home contractors.

Currently, home modification programs are available only sporadically. As an attempt to create a corps of competent providers of home modification services, the National Association of Home Builders (NAHB) has been offering a Certified Aging-in-Place Specialist (CAPS) program since 2002. The Leonard School of Gerontology at the University of Southern California also offers the Executive Certificate in Home Modification (Pynoos, 2018). Subsidized home modification programs are often offered through local area agencies on aging. In San Francisco, the Department of Public Health administers a program, Community & Home Injury Prevention Program for Seniors (CHIPPS), which offers a free home safety assessment and minor repair services to residents 60 years and older in San Francisco (San Francisco Department of Public Health, n.d.). The San Francisco Fire Department (“Senior Home Safety Program”) and the San Francisco Police Department (“San Francisco Safe”) also offer complimentary home security assessments upon request (City and County San Francisco...
Department of Aging and Disability, 2017). Each program exists individually in a fragmented system, which limits their ability to reach those in need of their services.

Effective home modification programs need to be educational, practical, and cost-effective. One example of such programs is Community Aging in Place-Advancing Better Living for Elders (CAPABLE) in Baltimore, Maryland. CAPABLE is a five-month program for low-income seniors with physical functional limitations that sends an interprofessional team of an occupational therapist, a registered nurse, and a handyman to a client’s home (Szanton et al., 2018). The handyman in the team assesses the client’s home safety and provides repairs and modifications up to $1,300. CAPABLE has been evaluated and reported as a cost-effective program that significantly enhances older adults’ ability to live independently in their own homes (Szanton et al., 2018). The positive outcomes of CAPABLE demonstrate that successful home modification programs must carefully target the older adults who most likely need repairs and upgrades in their houses. For the home modification programs to be most effective, it is also important to develop an interprofessional team approach.

**Affordable and Accessible Housing Development**

The aforementioned significant housing costs burdening older renters are an important impetus for more affordable housing, especially for low-income seniors. Housing units funded by the federal government, such as public housing units and the Housing Choice Voucher Program, provide the major housing assistance for older adults with low incomes. A substantial portion of the housing programs administered by the U.S. Department of Housing and Urban Development (HUD) serve older adults. In 2013, 28.0% of households eligible for income-based public housing were householders age 65 and older, and 46.3% of the residents in privately owned subsidized housing units were 65 and older (Eggers, 2017). While the number of older renters in need of public assistance is expected to rise, the capacity of public housing programs is not keeping up with the demand. A report by U.S. Department of Housing and Urban Development reveals that between 2011 and 2015, there was no decline in the number of 1.5 million older adults who paid more than half of their income for housing and still lived in inadequate conditions (López, 2017).

In San Francisco, about 9% of the housing stock is either subsidized or rented specifically to low-income individuals and families (San Francisco Planning, 2018). These types of housing are generally known as affordable housing, funded by various local, state, and federal programs. The major programs that fund the more than 33,000 affordable housing units in San Francisco include federal and state low-income housing tax credits (LIHTC) and loans and grants funded by HUD.

Both existing and newly constructed housing must be accessible to aging individuals who have physical limitations. Many publicly subsidized housing units have aging infrastructures that need repairs and updates (Finkel et al., 2010). Updating existing housing or developing new housing projects provide opportunities to incorporate housing features that can enhance accessibility. For example, originally introduced by a disability advocacy group in Atlanta in 1989, the concept of visitability has evolved to require three specific housing features for the housing units that are not covered by existing laws (e.g., the Fair Housing Act): 1) a zero-step entrance, 2) doors with at least 32 inches of clear passage space, and 3) one wheelchair-
accessible bathroom on the main floor (Maisel, Smith, & Steinfeld, 2008; National Council on Independent Living, n.d.). While visitability is not a mandate in new private housing construction, promotion of such housing features would allow many seniors to age in place.

Some local efforts to promote visitability exist in California. For example, in 2018, after the wildfire disaster that destroyed many homes in Northern California, the Sonoma County Board of Supervisors passed a resolution that strongly encourages new home builders to provide the three visitability features (County of Sonoma, 2018). The resolution specifically notes that the new homes with visitability features would help older residents of the county age in place.

**Supportive Housing in Age-Friendly Communities**

The notion of supportive housing “refers to an environment that meets specific physical requirements, connects its residents with the services they need, and also facilitates social engagement” (Pynoos et al., 2009, p.26). Development of supportive housing for older adults should go beyond repairing aging houses; it should also include collaborative efforts with community agencies outside the house.

Aging in place becomes challenging especially when older adults have functional limitations. This challenge is expected to be much more prevalent among older residents in affordable housing units, as they generally represent the vulnerable population who are at a higher risk of developing health problems (McFadden & Lucio, 2014). A growing number of community-based programs connect low-income older adults in subsidized housing to supportive services. For example, in Portland, Oregon, several local housing agencies, health care providers, and local government offices collaborate to provide visiting health navigators to residents of subsidized apartment buildings (Council of Large Public Housing Authorities, 2015). A recent evaluation of the health of residents in low-income housing properties in Portland noted that the integrated health services for the residents in affordable housing plays a critical role in achieving better health outcomes and reducing excessive healthcare costs (Enterprise Community Partners, 2016).

Housing efforts also need to be well-integrated in the larger societal movement toward age-friendly cities and communities. The concept of age-friendly cities, also called livable cities and communities, represents initiatives to develop a social environment that enables older adults to maintain their quality of life in their own communities. Age-friendly communities are expected to address the eight domains of livability: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services (World Health Organization, 2007). While housing is represented as one distinct domain of age-friendly communities, it is important that the housing development is carried out in tandem with other domains (e.g., transportation, community and health services) so that the repair, construction, and development of housing units are implemented in the most ideal location and most effective manner for aging individuals.
HOUSING POLICY AGENDAS FOR AGING IN PLACE

To support the growing number of older adults who are aging in place, more viable housing policies must be implemented at local, state, and federal levels. The policy solutions for aging in place should particularly address the issues pertinent to affordability, accessibility, and availability of supportive services in housing for older adults (Guzman, Viverios, & Salomon, 2017).

Policy Agendas for Affordable Housing

Rising housing costs, especially in areas such as San Francisco, become a substantial financial burden for both older homeowners and renters. Government policy efforts must focus on maintaining and increasing the stock of affordable housing units. Policy solutions are needed, especially to enhance a range of housing choices for older adults who desire to remain in their own communities. For example, local and state governments must re-examine their current zoning policies to enable construction of various types of housing such as accessory dwelling units (ADUs). ADUs are also commonly called granny flats or in-law units and refer to a separate living unit that is built on a single-family lot separately from the primary dwelling unit (Ahrentzen & Steiner, 2019). While ADUs can be one viable affordable housing option, construction of ADUs often encounters several barriers. One major obstacle is related to zoning and permitting, which makes ADU construction both physically and financially challenging (Chapple, Wegmann, Mashhood, & Coleman, 2018). The regulatory restrictions on ADU construction also unnecessarily discourage homeowners to even inquire about its possibility (Chapple et al., 2018). Local governments can play a key role by re-examining existing regulations so that ADUs can be a viable affordable housing option for seniors.

California is one of a limited number of states that administer statewide laws for ADUs. In recent years, several changes have been introduced to the ADU laws in California that are intended to ease the parking requirements, reduce fees, and modify some of the restrictions for ADU applications (California Department of Housing and Community Development, 2019a). Some California cities are also introducing changes to support ADU construction. For example, the city of Santa Cruz established a number of programs and new standards to improve the overall process of ADU construction (Ahrentzen & Steiner, 2019). Its program also includes the pilot project My House My Home—a collaboration with a local branch of Habitat for Humanity—that is specifically intended to assist older adults’ aging in place by promoting ADU construction (County of Santa Cruz, 2018). The city of San Francisco has also rolled out several initiatives to reduce the backlog of ADU applications (City and County of San Francisco Office of the Mayor, 2018). To further support ADU construction, a holistic approach led by the local government must involve multiple local offices and agencies together.

Policy efforts are also necessary to provide programs to reduce existing housing costs for older adults. At the federal level, a definite need has arisen for expansion of existing rental-assistance programs under the Section 202 Supportive Housing for the Elderly Program (Bipartisan Policy Center, 2016). At the local and state levels, more supportive tax relief programs are necessary. For example, a number of states administer a homestead exemption program that allows a reduction in property taxes based on a portion of the assessed value of a property (Guzman et al., 2017). In California, the program is called the homeowners’ exemption, which reduces the taxable home value by $7,000 for certain qualifying homeowners (California

State Board of Equalization, 2019). The property tax payment reduction is fairly minimal and needs to be expanded to offer more financial relief. Another type of tax relief program allows the deferment of a property tax payment until the resident’s death or sale of the property (Guzman et al., 2017). California once had such a program known as Homeowner and Renter Assistance (HRA), which offered tax relief to low-income homeowners and renters. However, funding for the program was eliminated in the 2007-08 fiscal year (State of California Franchise Tax Board, 2019). The revitalization of a tax program such as the HRA can play a critical role in providing more substantial financial relief, especially for low-income older homeowners and renters.

Policy Agendas for Accessible Housing

New policies should be in place to increase the stock of more accessible housing units for older adults with functional limitations. In particular, for seniors who desire to remain in their own homes, there must be more robust home modification programs that are readily accessible and recognizable. While several federal programs can provide resources and expertise to update aging homes within departments such as HUD, Veteran Affairs, and the Department of Health and Human Services, these programs must be more integrated into existing service programs to improve their visibility and accessibility (Bipartisan Policy Center, 2016). The integration of existing home modification programs would also require collaboration with local governments and agencies that actually administer home modification programs. Local governments can also lead efforts to raise public awareness about the importance of home modification for aging in place by providing more comprehensive information to older adults about existing expertise and resources available in their areas (Bayer & Harper, 2000).

Policies for new housing construction also must require housing features that would help older adults age in place. For instance, the aforementioned housing feature of visitability can be promoted either as a mandatory initiative or voluntary initiative (Maisel et al., 2008). At the federal level, some housing legislation has included requirements for features such as visitability in new construction. The Eleanor Smith Inclusive Home Design Act proposed in 2015 would have required all new construction of single-family homes and townhomes that receive federal funds to meet visitability standards (Guzman et al., 2017). Although the proposal was not enacted into law, continuing efforts must be made to establish a federal requirement to apply visitability features to a larger number of housing developments. Some examples of successful local mandatory visitability initiatives exist in publicly funded housing in Atlanta, Georgia, where the local government required visitability features in certain types of private single-family homes and duplexes (Maisel et al., 2008). Local governments can also provide voluntary initiatives such as financial incentives through tax credits, certifications, and public awareness campaigns (Maisel et al., 2008). In California, some visitability features are folded into a universal design model ordinance that promotes voluntary adoption of these features for new construction and home modifications (California Department of Housing and Community Development, 2019b). Cities and counties should develop additional voluntary initiatives and promote these features in new housing developments.

Policy Agendas for Housing with Supportive Services

Policymakers need to consider homes as one of the places for healthcare, as increasing numbers of older adults receive care in their own homes (Bipartisan Policy Center, 2016). Medicaid (Medi-Cal in California), the federal-state joint health care program, has been the
primary public resource for low-income older adults who need long-term care. While Medicaid tends to be geared more toward institutional care such as nursing homes, more of its funding is being allocated for home- and community-based services (HCBS) (e.g., Medicaid waivers). In San Francisco, HCBS are primarily offered as in-home supportive services (IHSS) at the Department of Aging and Adult Services.

Long-term care services such as HCBS can be vital resources allowing frail older adults to age in place. While a number of HCBS programs are being developed, initiatives by federal and state governments should increase funding for projects to connect healthcare and social services in the community to affordable senior housing development. Research by the LeadingAge Center for Housing Plus Services and the Lewin Group (2015) reveals that residents in senior housing communities with on-site service coordinators tended to have lower hospitalization rates than those in similar housing communities without on-site service coordinators. These coordinators often play a critical role in providing services such as resident needs assessment, on-site service development, and referral to services in the community. The researchers argue that the development of affordable housing with supportive services can help older adults age in place for a longer period of time. Keeping older adults in their own residences would also contribute to reducing the costs of healthcare (LeadingAge Center for Housing Plus Services and the Lewin Group, 2015). Linking housing programs, social service programs, and healthcare services requires innovative ideas. Therefore, programs funded through government agencies such as the Centers for Medicare and Medicaid Innovation Center (https://innovation.cms.gov/) must continue to encourage community agencies to collaboratively create new ways to serve frail older adults who live in various types of housing.

Multigenerational Policy Planning and Housing Development

Policy and housing development for aging in place should incorporate the insights and perspectives of older adults. The guide for age-friendly cities by the World Health Organization (2007) emphasizes the importance of including older residents in the planning stage because of their personal experience with growing older in their own homes and communities. An analysis of a national survey of U.S. local governments indicates that local governments that engage older adults in planning tend to provide more private and public services to seniors (Warner, Homsy, & Morken, 2017). Similarly, a study of city governments’ innovative community projects for aging in place in the San Francisco Bay Area found that public advocacy by local residents was a major impetus for a city’s adoption of innovations meeting the needs of older adults (Lehning, 2014). The same study also noted the need for careful integration of multiple advocacy groups, including those working on behalf of younger individuals with disabilities and groups working for the needs of older adults. This can be achieved when city governments and community organizations consistently include older adults in their educational and community-building activities (Lehning, 2011).

Future housing development should expect a shift in paradigm to take a multigenerational approach that considers the needs of safe, sustainable, and inclusive housing for people of all ages (Warner & Zhang, 2019). At present, most housing and services such as senior housing and senior centers are age-segregated, which creates unintended consequences that exacerbate the practice of ageism (American Planning Association, 2014). While developing housing with a specific focus on older adults’ needs has certain merits, the age-segregated approach also limits
opportunities for multiple generations to exchange ideas and realize their common needs. In fact, the World Health Organization’s domains of age-friendly communities and the requirements for the United Nations Children’s Fund’s child-friendly cities share some common goals in developing communities that would offer basic services, well-designed outdoor spaces, and opportunities for active civic participation (Warner & Zhang, 2019).

Local governments can play a critical role in changing land-use and zoning codes that would allow various types of multigenerational housing arrangements. For example, certain lands can be designated for cohousing communities where independent private homes are built around common areas that provide various amenities and community activities for multiple generations of families (Ahrentzen & Steiner, 2019). Although the number of cohousing communities in the United States is growing, no public subsidies to support cohousing development are currently in existence (Pfeiffer, Tziganuk, Cloutier, Colbert, & Strasser, 2019). Additionally, improvement of zoning codes for ADU construction can provide another option for older and younger family members to live on the same property and support one another (Warner & Zhang, 2019).

CONCLUSION

Aging in place becomes challenging not only because of the physical limitations that individuals experience as they grow older, but also because of the inadequate housing and community environment that imposes unnecessary burdens on and barriers for older adults. To address challenges related to aging in place—such as accessibility, affordability, and social isolation—public and private sectors need to collaborate with the common goal of making existing and new houses more sustainable and affordable. Housing programs also need to empower older adults by connecting them to community-based supportive services. Furthermore, housing developers and policymakers should allow more innovations for different types of multigenerational housing so that individuals have a range of options for aging in place. These efforts for aging in place would benefit not only older adults but also younger generations.
References


