

## What Do Older People Want?

### What Possibilities Would Frail Older People Prefer in a Housing Solution?

If we were starting over and wanted to design the best housing for older frail people in this country, what would it be like? How large would the dwelling unit be? How connected would it be to the surrounding community and to friends? Would it be part of a normal age-mixed community or would it be better if the people were the same age with a similar outlook on life?

Would it have high-tech gadgets that increase safety, security, and communication, or just an old fashioned lock on the door? Would there be an area to display prized possessions and a place for a favorite piece of furniture? Would it be important to have a pet?

How would support be provided if there was a need for help with meal preparation or taking a shower? Would children or relatives volunteer to help? If confusion or memory loss occurred, then what would be the solution? What if driving the car to the store was too difficult or risky? How can safety be increased without giving up too much autonomy? How important is it to do things yourself?

Finally, would it be affordable, so you could live there until you die?

### **THE OVERWHELMING ANSWER APPEARS TO BE “AGING IN PLACE”**

When we ask adults about the future, they tell us they would prefer to stay at home with everything the way it

has always been rather than move to a smaller house or apartment, independent senior housing, assisted living, or (heaven forbid) a nursing home. An often quoted AARP survey states that 73% (of their over-age-45 sample) **strongly agree** with the statement “What I’d really like to do is stay in my current residence for as long as possible.”<sup>1</sup> Let’s also keep in mind that more than 75% of the over-age-80 households are homeowners.<sup>2</sup>

The overwhelming preference to age in place also coincides with the easiest thing to do, which is nothing. The fact that we have no idea what will happen in the future fuels our confidence about the status quo. But thinking about the problem does make it easier to understand and allows more and better solutions to materialize.

But does that work for everybody? What are the issues that govern our choices and thinking about the future? Does one size fit all? Or is one size okay for a while but needs refitting over time? Also, how does aging, disability, and family support fit into this picture?

### How We Age Is Often Unpredictable

If we were all the same and life was predictable, it would be easier to answer these questions. Today we have more choices than a decade ago, but that hasn’t made it easier to figure it out. One aspect that makes it difficult (but also interesting) is the level of unpredictability associated with growing old. Aging is inevitable but *how* you age is anything but easy to foresee. One of the fascinating aspects of aging is how different older people are from one another.

**Figure 1-1** The shopping choices, transportation options, and neighborhood safety within blocks of the Kristal Case Study (CS) make it convenient: Moving is an important choice to consider when faced with a neighborhood or dwelling unit that will cause difficulties as you become older. Staying in the general vicinity may minimize the disruption of losing friends.



The words **mentally and physically frail** and **oldest-old** are used to describe this constituency, but there is tremendous variability among individuals. We also know that differential aging starts early in life. Belsky and his colleagues<sup>3</sup> found in a sample of nearly a thousand 38-year-olds that the “functional age” of that group ranged from under 30 to slightly less than 60, which is amazing just 20 years after high school graduation.

We start at birth with a unique DNA genetic profile, and every day after is a step in a direction that makes us more “different” than others. Our behaviors, habits, lifestyle choices, and experiences lead us to be totally unique by the time we reach retirement age. We all know our birthday but have no idea about our **death day** – or how we are going to get there. It is no surprise that the choice for one person’s “ideal” setting would have different components from another person’s.

Lifespan is just one issue. Pinchas Cohen<sup>4</sup> reminds us that health span and wealth span also need to be considered. Living to age 95 sounds great, but will the last 5 to 7 years be active or highly constrained? Without proper planning it is easy to run short of financial resources and those last 5 years could be even drearier. In most cases it is important to pay attention to the control one has over lifestyle. **Housing for older people is not just about what it looks like.** This book examines housing from the perspective of the older person. Not just the “formal” appearance of the building, but how

it supports everyone’s very unique life. What impact does location have? How much of an impediment is a two-story dwelling? Is it handicapped accessible?

For many of the oldest-old in this country, looming in the distance is the ultimate default move to a Medicaid nursing home. There are 1.4 million nursing home residents in the US,<sup>5</sup> the majority of which are Medicaid supported. It is the option of last resort, especially for older women living alone in poverty.

There appear to be two major strategies that the oldest-old and their families employ when thinking about their future housing situation.

**One of the fascinating aspects of aging is how different older people of the same age are from one another.**

## Strategy One: Stay in the House and See What Happens

The most common strategy is to do nothing and continue without thinking about it. You could call it the “batten down the hatches” scenario. Home modifications are often



**Figure 1-2 Age-restricted or age-targeted active adult communities are purpose designed to meet the needs and expectations of an older constituent:** Most designs are one story with two bedrooms. Frequently, as in this illustration, the kitchen, living room, and dining are combined into a single “great room.”

made along with adjustments in lifestyle. Couples often rely on one another like they always have. This is advantageous for men because if they have married someone about the same age, they will likely die before their spouse (because of gender-based differences in longevity). Also, as men decline in competency they will have a built-in caregiver often willing and able to care for them. However, the remaining spouse is left in limbo and is often exhausted from caregiving duties. In the end, the surviving spouse often stays at home and waits to see what will happen next. But without the friendship or security of a spouse, survivors often feel the need to move to a more supportive arrangement or, if they have children, to rely more on family help.

### **THE PREDICTABILITY OF A CONVENIENT AND SUPPORTIVE NEIGHBORHOOD**

Another emotional factor is the neighborhood. In the same AARP research that reported a strong preference for aging in place, 67% also strongly agreed they would like to stay in their communities as long as possible.<sup>6</sup> Connections with familiar merchants, neighbors, stores, and services in the local community represent more than access to goods and services. The mailman, the local hardware store handyman, and the beauty salon stylist/barber can be important confidants. These are often people you have come to know in places that are familiar.

Roots to community infrastructure like churches, libraries, parks, grocery stores, and pharmacies are also deep. So losing the house also involves losing a connection to community resources or a neighbor who is always willing to do you a favor. Predictability is also another factor. Knowing what to expect in your neighborhood such as personal security, traffic, or proximity to important resources is assuring. The nursing home and assisted living residence by their nature are self-contained. Staff members provide all of your needs, including food, personal assistance, a beauty shop, and transportation. They replace neighborhood ties with services they provide.

### **WHY DO SO MANY PEOPLE WANT TO AGE IN PLACE AND NOT MOVE?**

For many the house is like a museum of life experiences. Everything valuable seems to be on display or easily accessible. Books, photos, furniture, and gifts from family members may be the most salient. The objects and the place itself evoke memories of noteworthy occasions and special people.<sup>7</sup> Even the views to the outside remind us that we are located within a rich context of plant materials and sunlight.

Many older people describe their abode as providing a “sense of place” or as architects sometimes call it, a “genius loci.”<sup>8</sup> It is not just the uniqueness of the physical

environment but the emotional attachment to place that makes it intimate and authentic. Layers of time connect with emotionally significant events, and the physical environment acts as a powerful mnemonic that allows many to relive the past. Sometimes the most commonplace item – like a stuffed animal – can recall a deep or cherished memory. The house can even become like another layer of skin that encompasses the self and protects from negative outside influences.

For many of the oldest-old, the home or apartment represents a life well lived. The size can accommodate friends and family members for an overnight stay or provide the setting for a traditional family event. For homeowners, it can represent social class and success. For many it is also their most important financial investment, which is often used to secure their retirement.<sup>9</sup>

## MOVING IS DISRUPTIVE

Although maintenance is a hassle, moving is even a bigger physical and psychological burden. Compared to people in middle age or younger, the aged are very residentially stable. According to the 2011 American Housing Survey, 60% of the 80+ population have lived in their houses for 20 years or more<sup>10</sup> and an additional 18% have lived in the same dwelling for 10–19 years. When they move, it is often to a smaller apartment or house. Of all population

age groups, older people have the lowest rate of moves and the highest rate of local (same county) moves, when they do move.<sup>11</sup>

Because rooms in rental housing are often smaller, new smaller pieces of furniture may need to be purchased. Sorting through decades of acquisitions is time consuming and sometimes disconcerting. The oldest-old have additional constraints, but their participation is important in a successful move. One undeniable aspect is that parting with objects that elicit important memories takes a lot of emotional and psychic energy.

**We all know our birthday but have no idea about our death day – or how we will get there.**

## MANAGING AN INDEPENDENT HOUSEHOLD CAN PROVIDE A SENSE OF MASTERY

One of the worst aspects of housing with services is that much of the day-to-day work that keeps an older frail person engaged is often eliminated because someone else does it. Most licensed supportive care settings provide services that eliminate the habitual, familiar tasks that give the day meaning. Some of those tasks, like

**Figure 1-3** This Erickson community of approximately 2000 units is a CCRC located on a 120-acre campus:

Erickson communities are targeted to middle-income seniors. The scale of the development allows it to support several restaurants, a comprehensive exercise venue, a large auditorium for special events, and many individual clubs.



housekeeping, not only fill the day but can give the older person a sense of accomplishment along with a light workout. Incremental home care support and the “use it or lose it” philosophy associated with the Apartment for Life solves this problem by making household tasks more of a benefit than a burden.

## FOR MANY OLDER FRAIL PEOPLE, LIVING INDEPENDENTLY MEANS LIVING ALONE

Those who choose to stay at home are likely to find themselves isolated in the community. Nearly 6% of the 65+ who are living in the community are homebound, a number that is 1.5 times larger than the number of residents in nursing homes. Many of these individuals rarely or ever get out. Some have severe impairments while others have barriers like steps that are difficult to navigate. Unless you have neighbors or family willing to visit and take you out, this can be a lonely and depressing lifestyle.<sup>12</sup> Residents in group living situations like senior housing or assisted living get out much more frequently than people living alone, because they often have access to transportation and travel companions. Isolation is even more severe in rural areas and small towns.<sup>13</sup>

## MOVES ARE OFTEN TRIGGERED BY AN EMERGENCY WITH LITTLE TIME TO REFLECT

Some people avoid thinking about their situation and how to position themselves to deal with an emergency. That event could be a fall, a stroke, a heart attack, or a traffic accident. If it requires clinical attention, everyone, including family, gets into the picture. With doctors, paramedics, social workers, and discharge nurses involved, placement in a formal clinical setting is usually the default solution. With no advanced discussion or plan to follow in response to a traumatic event, there is little time to reflect and respond creatively. If an assisted living or nursing facility is involved, the decision is made without much discussion. Because of this the older person can feel marginalized when not directly involved in decisions. Testing out a family support solution with home care assistance should be explored, until a more permanent solution can be devised. If the older person breaks a hip or has a major cognitive episode, it is harder to avoid an institutional solution but at least it is not a forgone conclusion.



**Figure 1-4** This affordable senior co-housing project in Brabrand, Denmark, reduces monthly costs by creating resident committees that take on maintenance tasks: Although residents don't provide direct personal care assistance to one another, they are a tight-knit community who help one another.

## Strategy Two: Plan the Move and Explore Other Scenarios

The second strategy examines the situation realistically and considers the choices that make sense and the ones to avoid. These types of individuals are often referred to as “contingent” movers.<sup>14</sup> If individuals have enough financial resources, they may look at a Continuing Care Retirement Community (CCRC) or Life Plan Community (LPC) because these settings have contracts that cover assisted living, dementia, and nursing care in addition to independent living. Another approach might be multiple moves, which occur as the individual becomes less

**Figure 1-5** For some, the ideal is a cottage affiliated with a larger community building that provides meals and activities:

This is one of the fifty cottages at the NewBridge CS. People that move to a CCRC/LPC often come from larger single-family homes and even though they downsize they still select relatively large units.

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capable and the need for services becomes more frequent or medically complex.

First moves should be to places with convenient stores and services, near family members, and with good access to parks, houses of worship, libraries, and other valued destinations. The analysis should also consider home safety, wheelchair adaptability, transportation options, and home care delivery possibilities. These can be apartments, condominiums, single-family houses, or age-restricted housing, but should be carefully analyzed with regard to how they will support the individual as they age in place. A person can move in with their family or could secure home care services in the community. These options are easy to implement when research is done in advance and the outcomes of various alternatives have been considered and studied.

## **WHY NOT JUST MOVE TO A BETTER PLACE AND LOCATION?**

This is a rational position that is often overlooked. It is a relatively easy task to list out the qualities and characteristics of a housing choice that could optimize today's situation and work for tomorrow's contingencies. Age-friendly, affordable apartments or condominiums located near commercial districts with good access to transportation, family help, and

home care support are often available. Furthermore, if this choice is altered by a future event that reorders priorities, moving again is usually not as disruptive. The process of listing important features and thinking about future contingencies can make it easier to deal with an ambiguous future.

This approach is very American. Since World War II the strategy has been to buy the newest-model home, hold it for appreciation, and then leverage the sale for an even higher-value investment with greater profit potential. There is less affection for the house as a place and more reliance on its ability to appreciate in value over time, providing a nest egg for the future or a going-away present to offspring.

In fact, the US tax code makes it advantageous for older people to sell their house and exclude up to \$250,000 (\$500,000 per couple) of the capital gain difference between the original cost of their property and the current sale value. The money can be used tax free for reinvestment or for savings.<sup>15</sup>

## **ADAPTABILITY AND RESILIENCE ARE IMPORTANT**

Adaptability is central in this scenario. People can change their habits, their lifestyle, and their use patterns. They can change the environment by making safety modifications,



**Figure 1-6** The kitchen at the Rundgraafpark CS is a galley configuration with a window overlooking an atrium: One- and two-bedroom units here are larger, ranging from 800 to 1100 SF. The possibility of staying here with additional home care service reduces worry about having to move again.

installing new equipment, or moving to a better, more supportive setting. Earlier in life, that is how most people respond to problems that limit options or make it impossible to continue as they have in the past. But older people are often very cautious and can't imagine moving from where they have raised their family or put down roots in the community.

Resilience is also a successful reaction to adversity and is commonly recognized today as one of the most powerful coping mechanisms of the oldest-old.<sup>16</sup> Being able to deal with disruptive change by rebounding with the capacity to move forward is an effective strength to nurture. "Seeing the glass half full" encourages optimism and self-efficacy. More importantly, this attitude can be taught or encouraged through behavioral therapy. One of the best ways to think out dilemmas is through peer discussions with friends, confidants, and family members.

### **THE HOME IS OFTEN TOO BIG AND MAINTENANCE IS A BURDEN**

Another motivation to move is an oversized dwelling unit that made sense 50 years ago but doesn't today. The home designed to fit the family of yesteryear with five people sharing it is larger today than what is needed. As a home reaches the half-century mark, maintenance expenses

can become costlier. Routine tasks such as raking leaves, shoveling snow, cutting the grass, and fixing a roof leak are more difficult responsibilities to shoulder in old age. It is somewhat surprising that an enterprising online hospitality service hasn't figured out how to market this extra space to others. The National Shared Housing Resource Center<sup>17</sup> has over 60 agencies in 24 states involved with brokering house share matches. But their efforts are meager when compared to the millions of underutilized houses available.

**The house can become like another layer of skin that encompasses the self and protects from negative outside influences.**

### **SAFETY AND HOME CARE SERVICES ARE NECESSARY FOR THE FRAIL**

Older frail people often suffer disabilities that limit self-care or require supplemental personal care assistance. For example, more than 40% of the age 80+ population has trouble walking.<sup>18</sup> In the US, help usually comes from

family, friends, or paid personnel. The family often provides a great deal of help in these situations. The more intense the assistance, the more likely the individual will need to move in with a family member or rely on help from a part-time, paid worker. Today's Medicaid waiver program, which has been growing in popularity, also helps older people stay with family help in their own dwelling unit.

Electronic safety systems are evolving from emergency response to more comprehensive online monitoring devices. Cameras and voice transmission are being integrated as part of the “internet of things.” As they grow in sophistication and networking capability they will provide more help to families through service providers that monitor the older person. Designed to improve comprehensive monitoring, these new technologies will improve safety and provide assurance that someone will be available to respond.

## HOW DOES DEMENTIA CHANGE THINGS?

The most difficult individuals to manage are those with memory impairments. They are erratic, behaviorally complex, and may be unable to recognize family members and paid caregivers. Northern European systems have their greatest advantage here because they have invested heavily in a system of home health care and high-quality nursing homes that provide dementia training as well as comprehensive solutions. Their goal is to keep the older person at home for as long as possible. They are driven by the preferences of the older person (and family) and the desire to avoid the higher cost of institutional care. In Holland, for those who must move, there are small dementia group homes located nearby to keep the cognitively impaired close to their spouse and friends. In northern Europe today only the most severely impaired eventually end up moving to nursing homes because these countries do such a good job of supporting people independently in the community.

## SHARING YOUR LIFE WITH OTHERS HAS MANY ADVANTAGES

Living in senior housing with services provides the possibility of increased peer interactions and encourages new friendship formation. This is an issue for many of



**Figure 1-7 Access to well-designed exercise options is important to many older people:** This swimming pool in Denmark is shared with the community and features a recessed edge to facilitate discussion and feedback to individuals seeking aquatic exercise. Water resistance exercises are an effective and benevolent medium for aerobic workouts and strength training.

the oldest-old because over time they lose many close friends. A well-designed “purpose-built” environment also increases safety, accessibility, and independence. Most unit layouts are designed to be adaptable and flexible in response to a range of potential future outcomes. Living with a group of peers can also facilitate shared activities. Exercise can include shared equipment configured for the unique physiology of the older body. Living with others can also make it easier to find an exercise partner, which can have important motivational value.

Active adult communities targeted toward residents over age 50 or 55 are very successful in cultivating new



friendships at an earlier age.<sup>19</sup> Aging in place in an active adult community also seems advantageous. When the project is sold out and the developer exits, an elected resident council representing homeowners usually works with a professional management company to oversee the operation of the community.<sup>20</sup> Even though these settings are not marketed toward the oldest-old, as the population ages the community responds to the need for supportive services like transportation and home-delivered meals. Because these are owner-occupied developments, residents have more flexibility because they are less regulated than a typical continuing care retirement community or assisted living facility.

**Given all the underutilized space in the housing stock owned by older people, it is surprising an online hospitality service hasn't figured out a way to market it to others.**

## CONSIDER DRIVING, WALKING, AND OTHER MOBILITY OPTIONS

Another major dilemma is dealing with transportation when you can no longer drive a car. Moving to a location where you can walk, bike, or take a scooter to stores and services gives you more freedom and flexibility. If you stay at home and are one of the 50% of older households located in the suburbs,<sup>21</sup> then you may need to rely on family, friends, and taxis to get around. Surprisingly, only 24% of the over 80 are carless,<sup>22</sup> while 90% of the 65–69 have access to an automobile (presumably through friends and relatives).

Bus transit is rarely reported as a primary source of mobility for the oldest-old. The second most common form of transportation is riding with a friend or family member and following that is walking.<sup>23</sup> Para-transit, which involves vans that pick you up at home and deliver you to your destination, have well-trained drivers and rolling stock configured for the special needs of the handicapped. Today, the use of vehicles from the “access” inventory of online providers also makes it easier. Taxicabs

work especially well in small towns or cities that lack formal para-transit or online providers.

## MOVING CLOSER TO A FAMILY MEMBER IS HELPFUL

Moving near the primary family member taking overall responsibility for the older person is also a good idea. In fact, two-thirds of the frail who receive services at home get them from family members (primarily wives and adult daughters).<sup>24</sup> The burden for caregivers is often overwhelming. Much is sacrificed to keep mom and dad at home and out of a nursing home. Given smaller families, the dispersed nature of living arrangements, and the increased economic pressure on middle-aged couples still supporting children, this resource will be less available in the future.

In order to respond to this trend, the northern Europeans and the Japanese have heavily subsidized day care services to reduce this burden and provide well-deserved respite for family caregivers. Day care in the US is much more available today than it was 10 years ago but is still out of reach for those with moderate incomes who are not poor enough to qualify for subsidies. Also, remodeling the home to accommodate an accessory apartment or moving a prefabricated unit to the site are other possibilities described further in Chapter 9.

## What Aspects of Housing and Services Best Serve the Older Frail?

Creating optimal housing and service satisfaction requires a constellation of factors. Figure 1.8 identifies four important influences: **Nutrition, physical exercise, social interaction, and managing injury and chronic conditions.**

**Exercise** is frequently described as almost a magical elixir to the problems of aging. “Physical fitness (is) perhaps the single most important thing an older person can do to remain healthy,” according to Rowe and Kahn.<sup>25</sup> It is inexpensive, under your control, and directly benefits your physical and mental competency. Furthermore, the evidence appears to have grown even more compelling over time. Designing the building to encourage and optimize walking inside and outside is vital. The use of physical therapy and exercise equipment in common spaces



**Figure 1-8 Optimizing Housing and Service Satisfaction:** Four important components should be satisfied to create an optimal environment: 1) a physical design and friendly relationships that encourage social inclusion, 2) opportunities for exercise and strength building, 3) nutritious and flavorful food, and 4) careful attention to safety and well-being.

and corridors is common in Denmark, where for decades programs have been in place to carefully monitor and build physical competency.

**Social interaction** may be the most compelling reason to create group housing for older people. Looking beyond the financial benefit of sharing a nurse, administrator, or cook, making it possible to interact with others is the best reason to bring together a group of people in an age-restricted setting. But the idea of creating a “friendly building” by layering the circulation and activity spaces is often overlooked or not considered in design decision making. Social exchange and friendship formation is important for a successful and happy life. Creating the conditions that encourage this to happen is an important design goal.

**Managing injury and chronic conditions** requires careful thinking about how to monitor the unique problems each person experiences. Whether those conditions are physical or cognitive, the approach must optimize the individual’s ability and independence, while challenging them to do as much as they can for themselves. It is important to focus on care over cure and encourage experiences that can have the greatest positive impact on the

individual. Safety, accessibility, and adaptability are within the control of the designer and are central to success.

**There are 1.5 times more homebound elderly living alone than the number of residents in nursing homes.**

**Nutrition** involves food choices and the transactional aspects of taking a meal. This is a process that is both pleasurable and one that supports social camaraderie as well as sustenance. Like medications, we are learning more about how nutrition affects each individual in unique ways based on their DNA profile. This will become someday as important, if not more important, than medications. Given the fact that smell and taste decreases in acuity over time and that food quality, variety, and flavor is often an important and controversial issue in senior housing, it requires more attention. The physical setting for taking meals and snacks also requires better design attention to noise, lighting, floor covering, and furniture design (including well-designed comfortable chairs).

Identifying choices for future housing and exploring those options in advance is important. Whether you decide to “age in place,” move to a service-supportive housing arrangement, or look for ways to gain more direct assistance from family members, planning is required to reach the best outcome. Keep in mind the unpredictability of the future may require more than one plan and sometimes more than one move. Flexibility and resilience is necessary in exploring the many possibilities that exist.

The next chapter outlines changes that often occur with normal aging and conditions the oldest-old frequently experience. An excellent method to easily sensitize yourself to design decisions and caregiving priorities is to think like you are a frail 85-year old female.

## Endnotes

- 1 Keenan, T. A. (2010), *Home and Community Preferences of the 45+ Population*, AARP, Washington DC, 3.
- 2 Joint Center for Housing Studies of Harvard University (2014), *Housing America’s Older Adults: Meeting the Needs of an Aging Population*, Cambridge, MA, 9.

- 3 Belsky, D., Caspi, A., Houts, R. et al. (2015), Quantification of Biological Aging in Young Adults, *Proceedings of the National Academy of Sciences (PNAS)*, 112(30), 4104–10.
- 4 Cohen, P. (2014), Personalized Aging: One Size Doesn't Fit All, in *The Upside of Aging* (ed. Paul Irving), John Wiley & Sons, Hoboken, NJ, 19–32.
- 5 CDC National Center for Health Statistics (2014), Nursing Home Care, <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm> (accessed 10/1/17).
- 6 Keenan, *Home and Community Preferences of the 45+ Population*, AARP, Washington DC, 4.
- 7 Rowles, G., and Bernard, M. (2013), *Environmental Gerontology: Making Meaningful Places in Old Age*, Springer Publishing, New York City.
- 8 Free Dictionary, <http://www.thefreedictionary.com/genius+loci> (accessed 10/1/17).
- 9 Joint Center for Housing Studies, *Housing America's Older Adults*, 9.
- 10 Ibid.
- 11 Ihrke, D., and Faber, C. (2012), *Geographical Mobility: 2005 to 2010*, US Census P20-567. GPO, Washington DC.
- 12 Span, P. (2015), At Home, Many Seniors Are Imprisoned by Their Independence, *New York Times*, June 19, <https://www.nytimes.com/2015/06/23/health/at-home-many-seniors-are-imprisoned-by-their-independence.html>.
- 13 Ganguli, M., Fox, A., Gilby, J., et al. (1996), Characteristics of Rural Homebound Older Adults: A Community-Based Study, *Journal of the American Geriatrics Society*, 44(4), 363–370.
- 14 Koss, C., and Ekerdt, D. (2016), Residential Reasoning and the Tug of the Fourth Age, *The Gerontologist*, 57(5), 921–929.
- 15 Fishman, S. Top Seven Tax Deductions for Seniors and Retirees, <http://www.nolo.com/legal-encyclopedia/top-tax-deductions-seniors-retirees-29591.html> (tax consequences of selling house; accessed 10/1/17).
- 16 Resnick, B. (2014), Resilience in Older Adults, *Topics in Geriatric Rehabilitation*, 30(3), 155–163.
- 17 National Shared Housing Resource Center. <http://nationalsharedhousing.org> (accessed 10/1/17).
- 18 Joint Center for Housing Studies, *Housing America's Older Adults*, 11.
- 19 Simpson, D. (2015), *Young-Old Urban Utopias of an Aging Society*, Lars Muller Publishers, Zurich.
- 20 Suchman, D. (2001), *Developing Active Adult Retirement Communities*, Urban Land Institute, Washington DC.
- 21 Hayutin, A., Dietz, M., and Mitchell. L. (2010), *New Realities of an Older America: Challenges, Changes and Questions*, Stanford Center on Longevity, Stanford, CA, 2010.
- 22 Joint Center for Housing Studies, 25.
- 23 Ibid.
- 24 Ibid.
- 25 Rowe, J., and Kahn, R. (1998), *Successful Aging*, Pantheon Books, New York.

