Psychologists say that all of us have four basic psychological needs: status, affection, independence, and security. They claim that these needs working together or in isolation dictate many of the ways we adjust to our environment.

—Herschel G. Nance, from Contracting to Build Your Home: How to Avoid Turning the American Dream Into a Nightmare
AGING IN PLACE IS ALL ABOUT INDEPENDENCY

It is often too easy to take things for granted in the United States, a country renowned for its abundance. The basic tenants defined by the United States Declaration of Independence, the U.S. Constitution, and the Bill of Rights forms the basis for these freedoms and more than 200 years after helps to shape the American society. These documents guarantee each U.S. citizen the freedoms to speak without restraint, to assemble peacefully, and to practice any religion or life philosophy we choose. And the freedoms expressed in those documents continue today in the nation’s heart, mind, and spirit just as they did more than 200 years ago. As a result, the choices, options, and opportunities for U.S. citizens are nearly boundless. But personal freedom and independency doesn’t stop there.

What we think and believe, what we say, and how we live our lives as adults are further shaped by our individual upbringings, parents, family and friends, the part of the country we are born in, and the type of education and life experiences we have amassed. When we combine these personal values and beliefs with our “certain unalienable Rights,” they form the core essence of who we are as individual Americans. And because they are rooted so deeply in each of our lives, they are more often than not taken for granted until or unless an event or something takes away our independence.

The freedoms that we most expect can be grouped together under a single designation: self-determination. Consider freedoms such as the ability to travel throughout the country at will, to associate and make friends with those whose company we enjoy, and to choose our own spouse or partner. Through self-determination we select a profession and pursue a career determined by our individual interests and talents. Our freedom also includes whether or not to have children, how many, and where and how to raise them. Collectively, these liberties further define our independence as well as establish our quality of life.

Early in life, it’s hard to imagine losing or relinquishing any of these freedoms. As the years go by, however, the aging process can rob us of some of our physical options. Despite scientific advances and breakthroughs in science and technology that permit us to resist or prevent disease and extend our lives longer,

CASE IN POINT

Until I had both knees replaced, I never gave much thought about how many roadblocks there were in my condo. Once I got home from the hospital, the place just seemed to be filled with obstacles that slowed me down from doing the simplest daily routine. Getting up to answer the door or going to the kitchen wasn’t too difficult. It just took a lot of time. I was always afraid that I would fall trying to get there in a hurry. But trying to take a shower all by myself was just such a chore. There was the effort of getting my leg over the curb to try to turn the water on and then there was no place to sit down once I got inside. I can only imagine what more permanently disabled people must go through.

—From a client interview, 52 years young
for many of us our later years will not be without some challenges. Of course, our ability to live without physical restrictions, barriers, and encumbrances can be compromised at any age, but for once-active seniors, adjusting to physical limitations can be especially difficult.

Imagine being an active adult who is able to participate in a full array of activities at age 60, 65, and even 70. Such a person may continue to work beyond the expected retirement age, to enjoy sports, and to travel wherever he or she desires. Then imagine how such a person might react to the requisite limitations of six to eight weeks of recuperation for something like hip replacement surgery. The inability to move from the bedroom to the bathroom or the kitchen without the use of a cane, walker, or wheelchair can be psychologically devastating.

Consider the physical challenges posed by hallways too narrow to accommodate a walker, wheelchair, or scooter, by shower thresholds that must be stepped over, and by toilet seats that are so low that standing up from being seated places a lot of stress on the aged back, knees, and legs. Imagine, too, the psychological impact of such a limited environment on an individual who previously was accustomed to being fit, useful, and independent.

Or imagine someone whose hands are shaped like a boxer’s fist because he or she is so crippled by the effects of arthritis that his or her fingers cannot be
outstretched. If door or cabinet hardware, such as knobs or pulls, must be gripped, how then does such an individual open a door or drawer? Simple tasks like turning on the kitchen faucet or opening a utensil drawer to prepare a meal can seem insurmountable to a person with such disabilities.

Depending on the situation, a person afflicted with the later stages of a degenerative illness, such as Multiple Sclerosis (MS), Parkinson's Disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), or Familial Alzheimer's Disease (FAD) may no longer have the capacity to complete their normal routine and must rely physically on others to get out of bed, bathe, dress, prepare a meal, or even simple tasks such as answer the door or the phone. Eventually, such an individual might be faced with having to live with family members, reside in a residential community, or receive more direct care in a nursing facility, relinquishing the independence once taken for granted.

To accommodate the prospect of such physical challenges, dramatic—and sometimes immediate—alterations to one's home may be necessary. Thoughtful and effective home adaptations and modifications can make any home safer and more manageable for its resident's advancing disabilities.

By making important design decisions early in their lives, residents can minimize the physical barriers and restrictions in their homes and secure access to essential rooms, such as bathrooms and kitchens, thus, maintaining their dignity and independence in the event their mobility becomes restricted.

Creating accessible places doesn't mean an aging-in-place home or apartment requires additional square feet of space. Creating wider, more open spaces makes for a great foundation to any accessible plan no matter the level of abilities.
“Aging in place,” as it applies to interior and exterior design, is a philosophy as much as a concept that promotes independency and livability of all types of living environments no matter the age of the occupant or their level of abilities. Properly applied, aging-in-place principles allow an individual to remain in an environment that he or she chooses, often in a house that he or she owns and has lived in for many years in a familiar neighborhood with which he or she has established a connection. Aging-in-place principles support such vital attachments, as well as physical convenience, well being, security, and comfort.

There are many elements within the concept of aging in place. It incorporates aspects of universal and barrier-free design, adaptability, visitability, and accessibility. But it extends further. Design professionals need to understand how the aging process degrades physical and mental capabilities. Design professionals, as well as those in related occupations and the trades that support the design process, should learn how growing older impacts mobility and agility and how sight, hearing, touch, and balance diminish over time.

Aging in place also requires an understanding of other possible results of aging: denial, depression, the loss of long-standing social connections, the possibility of experiencing age prejudice, and—perhaps most important—the dread of being dependent on others.

With some 76 million Americans classified as baby boomers—those born between 1946 and 1964—approaching retirement age, the aging phenomenon in the United States is quite dramatic. According to various studies of this age evolution by groups such as the American Society of Interior Designers (ASID), the American Association of Retired Persons (AARP), the National Council on Aging (NCOA), and the National Association of Home Builders (NAHB), the sheer number of people who will face age-related decisions in the next few years is a strong indicator for those in the interior design, architecture, and building professions that aging-in-place principles need to be employed now.

Consider the following examples of what lies ahead:

- More than three-quarters (77 percent) of all Americans over the age of 45 live in single-family residences.¹
- There are approximately 9.8 million senior homeowners with some type of disability or impairment that can make it difficult to live at home.²
- The first wave of baby boomers will reach the traditional age of retirement around 2011.
- By 2019, all of the 76 million baby boomers will be age 55 or older, an age at which most people are planning retirement; setting aside funds for long-term care; caring for an aging parent or other relative, spouse, or friend; or considering options in the event they themselves become physically disabled.³
In 2025, baby boomers will comprise about one-quarter (25 percent) of the total U.S. population.⁴

Seventy-five percent of Americans aged 45 and older believe that they will be able to stay in their current residence for the rest of their lives.⁵

Despite life's inevitable changes, most older Americans have not prepared to remain in their homes, yet will require home modifications to age in place.⁶

As group homes, assisted living centers, retirement villages, and extended-care facilities sometimes are usually less desirable or not affordable options, some forward-thinking members of this population segment are now considering their options. At the top of the list, of course, is just staying put, if one is able, in a home where one's family was raised, near one's place of worship, close to favorite stores and familiar recreational facilities, and in a neighborhood full of memories. Some seniors are considering alternatives like renovating and remodeling existing homes for better accessibility for themselves, family members, and visitors; creating sleeping spaces to accommodate future in-home caregivers; and, if circumstances don't permit full independence, sharing a home with family or friends.

Bathrooms can be both functional and attractive when planned with elements like cabinetry to allow someone to sit at a sink, a taller toilet with a grab bar nearby, and a shower without the traditional curb at the entry.

Design by: Thyme & Place Design.
The American Society of Interior Designers commissioned a survey of homeowners over the age of 35 who owned their own homes. With that survey as a basis, the Society created a detailed study of the marketplace, Aging In Place: Aging and the Impact of Interior Design, to determine the wants and needs of the baby boomer generation. Their findings uncovered what this segment has been thinking about as they anticipate their needs for the future. As the survey discovered, this segment of the population will be more active, better educated, and more financially sound than previous generations, but they have a strong desire to stay where they are for as long as they are able.

**THIS IS A WAKE-UP CALL FOR ALL DESIGN PROFESSIONALS**

All of these factors present unique opportunities for interior designers, architects, building contractors, home remodelers, and landscape designers. These design professionals can create designs that will truly make a difference in the lives of their clients. But with a deeper and fuller understanding of the aging process and thoughtful planning, design professionals can make even small changes to create environments that are more healthy, secure, and supportive for those with age-related disabilities.

Simple, low- or no-cost design adaptations and modifications to an existing bathroom, kitchen, or entry can make an elderly person’s daily routine flexible, easy to accomplish, and economical. When remodeling, the design professionals can specify taller toilet seats to reduce stress and strain on knees, hips, and legs; change the bathroom and kitchen sink fixtures from knobs to levers; provide additional interior lighting to alleviate diminishing eyesight; and install sound-absorbing finishes to reduce ambient noise to aid those with hearing loss.

During new construction, it is simple for an architect to design wider door openings and hallways, a contractor to provide a level or flush threshold at the primary or main entry into the residence, and an interior designer to specify non-slip flooring.

Design professionals can implement effective aging-in-place principles that also can make a difference in how an individual accepts the aging process. The thought of living in an institutional-looking space—with a hospital bed placed in the living room and a set of hastily installed grab bars next to the toilet or in the shower—can be unappealing to anyone, particularly seniors who may face an imminent need for such alterations to their homes. Thoughtful, long-term, design-savvy solutions—rather than short-term, immediate fixes—can be essential tools that can improve a client’s outlook and encourage a sense of independence at a critical time.
When considering the alternatives, such as an extended stay in a nursing home or an assisted living facility, the potential cost of care could soar well beyond an individual’s resources, requiring government assistance from Medicare and Medicaid. A much less costly—as well as a much more desirable—alternative is to remain in one’s home, especially if the living environment can be adapted for optimum use.

The needs of the growing older population call upon designers to not only consider safety and ease of access and mobility, but also to bear in mind baby boomers’ strong desire for style, value, comfort, and enjoyment of their surroundings—all important components in providing effective age-related design solutions.

The concept of aging in place is neither a trend nor is it a style of the moment or the color *du jour*. Aging in place is a permanent, cultural evolution that will change how we think about homes and housing. Aging in place will impact interior design, architecture, and building and construction professionals by creating dialogues and partnerships with gerontologists, social workers, occupational and physical therapists, physicians, and caregivers.

Never has there been a more important time for design and building professionals to accept the challenge and take the initiative. The growing need for the application of aging-in-place principles provides design professionals everywhere with the unique opportunity to showcase how good design actually affects quality of life and to dispel the impression of design as only about decoration and aesthetics.

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**CASE IN POINT**

Just after my wife came home from her cancer surgery, I realized that it was going to be difficult to take care of her. And she realized that, too. She constantly told me that she was sorry that she was such a burden on me. But it was something that this husband had to do for his wife of 40 years. It wasn’t practical to put her in the master bedroom upstairs. So I had to rent this big hospital bed and place it in the middle of the family room. It was good that it was there because I was able to attend to her constantly, but it afforded her no privacy.

When she needed her sleep, I had to make sure that I kept the place quiet, turning off the phone and the TV so she could rest. And I put a “Quiet, Please” sign on the entrance door. The powder bathroom wasn’t too far away from the family room, but when she wanted to take a bath, we had to go back upstairs to the master bathroom. Everything seemed so difficult for her. And it was for me, too.

—From a client interview, 62 years young
It Is Time to Sharpen the Saw

This loss of independence is the thing that is most disturbing to older clients. First of all, it is hard for them to even acknowledge or discuss it. No one just calls up one day and asks for a grab bar next to the toilet unless something has occurred in their lives. They also won’t readily admit they may have to rely on others at some point for their day-to-day care. But one day they realize they have to do something to keep them at home. As a designer, I provide my clients choices about their home, about their comfort, personal safety, and about their future as they age. As we discuss the plan, they come to realize all the possibilities, and it gives them hope for the future; that with a few changes to the place, they might be able to hang onto to their space filled with their personal belongings for a good while longer. Is there any better reason to do all this?

—Ann Huff, ASID, CAPS, Interior Designer

Design professionals can prepare themselves to answer the broader needs of the growing elder population by exploring what products address specific physical abilities, by implementing thoughtful design solutions, and by expanding services to support this “age wave.” Designers can even become the point person on behalf of the client and coordinate available aging resources by teaming together with contractors, physicians, and physical and occupational therapists. They can also share information about government or private funding, feasibility studies, and financial options to create a menu of effective independent living solutions for their clients’ short- and long-term objectives.

The implications are immense for designers involved in this evolution. Aging in place will impact residential and commercial projects of all types as it creates global business opportunities for a myriad of design- and age-related goods and services that cater to the needs of an ever-growing community of baby boomers, each seeking to secure his or her future comfort.

Many developers, builders, architects, and interior designers have already changed their thinking about the design of specialized care facilities for the aging population as they realize the old concept of institutionalized, warehoused care wasn’t effective or profitable and would be rejected by baby boomers who may have had to place a family member in some type of facility like a nursing home. The typical nursing home of yesterday is giving way to home-like living environments that are warm and welcoming just by their layout and arrangement.

More important, by creating such secure and safe living and working environments that offer barrier-free, universal, and inclu-
sive features, designers can offer long-lasting housing options and workplace opportunities to everyone, without consideration of age, income, or physical ability.

This biggest evolution to the American society is rapidly advancing. It is time to build the skill set and catch this wave.

References