Multi-generational Housing in response to COVID-19: The Age-Friendly Village Approach

COVID-19, the term commonly used to describe the illness caused by the coronavirus SARS-CoV-2, has exposed the multiple layers of disparities present in the United States. Failures in population health, elder care, and housing shine a spotlight on structural problems that cannot be ignored. **The vulnerabilities of elder facilities and minority populations were known prior to the COVID outbreak; yet, too few solutions have been identified and implemented to address the issue.**

While these elder facilities have emerged as incubators for COVID-19 outbreaks, the disproportionate impact on black and brown citizens has been alarming. Blacks and Latinos are three times more likely than whites to be diagnosed with COVID. Nursing homes with a majority Black population are twice as likely to get hit by the coronavirus as those where the population is overwhelmingly white.[1] According to the Centers for Disease Control and Prevention, less than 2% of the US population live in nursing homes or residential care facilities[2], but residents of these facilities account for 42 percent of all deaths from COVID-19.[3]

This is a multifaceted issue and we can effect change by reimagining how older adults live, receive care, and socialize. This is critical for having a measurable impact on the care and services available to aging Black and Brown individuals and their families.

The COVID-19 pandemic compels us as a society to address challenges in the existing approaches to senior housing.

COVID-19 has laid bare the structural weaknesses of the common nursing home and assisted living facilities model. The virus' contagiousness and resulting distancing mandates have created social isolation, unnecessary risk of exposure, and increased caregiver stress. New or modern versions of ancient models have emerged in recent years. Collectively, their potential can address the shortcomings found in too many senior facilities.

A housing community designed with age-friendly best practices can improve the informal social systems critical to an older adult's physical and mental health; the stress and cost burden on caregivers can be reduced; and the cost of housing can be more affordable. COVID-19's impact on long-term care facilities will accelerate a trend towards smaller, more intergenerational, and connected age-friendly housing developments. This paper seeks to highlight age-friendly solutions that seniors, families and policy makers may consider to successfully navigate the novel COVID-19 pandemic. These solutions align with a vision for equitable and just neighborhoods where all ages can thrive.

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[1] Oppel Jr., Gebeloff, Lai, Wright &Smith, The Fullest Look Yet at the Racial Inequity of Coronavirus, The New York Times, July 5. 2020: https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html

[2] Lendon, J.P., Rome, V., Sengupta, M., and Harris-Kojetin, L. Long-Term Care Services Use-Rates in the United States--US Maps Supplement: National Study of Long-Term Care Providers, 2015-2016. National Center for Health Statistics. 2018

[3] Long Term Care Facilities Reported COVID-19 Deaths by State, FREOPP

Age-Friendly Communities

The United States is growing older. By 2030, the Census Bureau projects the number of people older than 65 will be greater than children under 18.[4] People are also aging well into their 90s. As such, governments, private sector, and non-governmental organizations have advanced age-friendly best practices in cities, states, counties, and businesses around the United States.[5]

In 2007, the World Health Organization (WHO) published its guide for creating age-friendly communities. Cities, leaders, and institutions can promote strategies to support active aging – the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age.

Six key determinants influence one's ability to actively age[6]: **Economic Determinants, Health and Social Services, Behavioral Determinants, Personal Determinants, Physical Determinants, and Social Determinants.**

The space within which one lives, and the surrounding environment often reflect their financial resources, support system, care needs, access to care, ability to socialize, and mobility.[7] The WHO has identified eight domains that advance these determinants. These eight domains are intersectional; age-friendly improvements in one domain positively or negatively impact another domain. The eight domains are split between the physical and social environments.

Physical Domains

BUILT ENVIRONMENTS

The physical space of our external environments determines access to services, transportation, quality of life, and ability to live independently. Seniors desiring to age in place or live independently require safe infrastructure designed to support mobility impairments, parks and recreational activities, and community services.

TRANSPORTATION

A variety of affordable and accessible mass transit options improve the mobility of seniors. The ability to reach the doctor, grocery store, and family members is important for one's health. Well-maintained sidewalks, parks, and trails boost physical activity and mental health – two of WHO's key determinants – especially as the aging process occurs.

HOUSING

Housing is the highest monthly cost of most households. In the United States, seniors are the age group most likely to be on fixed income. Any changes to housing costs directly affects a senior's ability to afford vital health care and medications. The high cost of living in age-restricted communities or active adult communities reduces the feasibility of this option for most seniors. A home specifically designed with universal design features enhances the likelihood a senior citizen feels safe and secure in their home.

SOCIAL PARTICIPATION

Actively engaging in activities within one's community enhances social integration, improves access to information, and human connection. These include senior-specific sports leagues, spiritual activities, arts and culture events, and more.

[4] Older People Projected to Outnumber Children for First Time in U.S. History, US Census Bureau, March 13, 2018, https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html

[5] Philadelphia: An Age-Friendly, Livable City for All. 2020 Livable Communities Action Plan and Assessment Report

[6] World Health Organization (2017). Global Age-Friendly Cities: A Guide

[7] Ferris, R; Glicksman, A; and Kleban, M (2016); Environmental Predictors of Unmet Home-and Community-Based Service Needs of Older Adults; Journal of Applied Gerontology

Social Domains
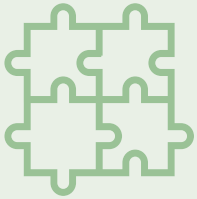
CIVIC PARTICIPATION AND EMPLOYMENT

An older adult is an invaluable asset to their community following retirement or reduction in full-time employment. An age-friendly environment provides opportunities for retirees to be active through volunteer activities, paid employment, or both.

COMMUNICATION AND INFORMATION

Active aging requires engagement, communication, and awareness of the broader world. This includes the use of technology, access to fact-based information, and resources. Access to information and diverse groups reduces social exclusion, a key determinant for an age-friendly community.

COMMUNITY SUPPORT AND HEALTH SERVICES

As one grows older, the need for community and health services increases. Preventive services and a community of support can lead to quicker detection of disease, better management of chronic diseases, and ease of living independently.[8]

RESPECT AND SOCIAL INCLUSION

An age-friendly community fosters a just, inclusive, and equitable society. This allows older adults to increase participation in their city's social, civic and economic life.

Age-Friendly communities, businesses, policies, services, and structures integrate into the physical and social fabric of our society. These communities equip older adults with the ability to live actively and securely in the neighborhood of their choice. Age-Friendly environments make it easy for older adults to reside in an appropriate space to age in place, enjoy good health, social activities, and stay connected to their support system. It is critical for seniors to have a safe place as they live the remainder of their lives, rather than relocating to an unfamiliar place.[9]

Types and Demand for Senior Housing

Making decisions regarding how best to care for an aging parent, spouse, or relative are some of the toughest decisions we make in our life. As a loved one ages and requires more assistance, family members are forced to examine the options available, how much they will cost, and what financial resources, if any, are available.

Anyone who starts to search for a place to live as their loved one ages will find their choices lacking. Demand for the right place for an aging citizen to live will only increase as America ages over the next decade. A disconnect exists between what is commonly available, affordable, and needed.

Drive through a suburban area, and you'll see low-slung or medium rise buildings identifying themselves as retirement, assisted living facilities, or skilled nursing facilities.

A retirement community can take many forms– independent living, assisted living, or dementia specific. These are indoor-oriented facilities requiring residents to socialize and often eat in a communal space. COVID-19 spreads rapidly through these confined, crowded spaces that lack distancing capabilities.

As a result, many families are separated from loved ones in the facilities, adding stress to an already difficult situation. Many residents sell their house to afford these expensive facilities.

[8] World Health Organization (n.d.) The WHO Age-friendly Cities Framework

[9] Lauren Ring, Allen Glicksman, Morton Kleban & Julie Norstrand (2017); The Future of Age-Friendly: Building a More Inclusive Model Using Principles of Ecology and SocialCapital; Journal of Housing For the Elderly

Individuals requiring round-the-clock care often live in a skilled nursing facility. COVID-19 entered these facilities at the onset of the outbreak and spread rapidly, resulting in thousands of unnecessary deaths. Skilled nursing facilities vary considerably, but many are eligible for Medicaid. This reimbursement option is a lifeline for too many seniors.

Increasingly, retirement homes are expanding their memory-care capabilities or dementia special care units. Addressing cognitive impairment increases the cost of elder care facilities. About 70% of seniors in 2030 are projected to have a diagnosed cognitive impairment. Currently, retirement care communities have enough beds to meet 20% of the needed memory-related units.[10]

Continuing care retirement communities (CCRCs) offer a benefit other facilities lack. A CCRC lets someone age in the same community. As their needs increase, an older adult can move from an independent to assisted living to skilled nursing facility. CCDCs require large upfront deposits that act as a type of health insurance plan as one's level of care needs change. It is no surprise then that CCDCs are marketed towards higher-income adults.

Big metropolitan areas have large enough senior populations to support niche retirement housing complexes or a community organized around those with a common interest, religion, or identity. Jewish or LGBTQ retirement communities are two examples of niche retirement homes. Often, they are more affordable and provide more social support than non-niche communities. But too few of these are available across the country.

Several other models are less prevalent but offer more tailored options for senior citizens. Most are not designed for or marketed exclusively to older adults. An increase in senior housing models meet a societal need, addressing demonstrated demand for more and varied living situations.

Cohousing refers to a set of homes designed around shared spaces, such as a shared kitchen, medical facilities, and other communal amenities. Cohousing communities differ from traditional subdivisions or condominium complexes, and intentionally planned to be intergenerational. These are not designed specifically or exclusively for older adults, but their intergenerational focus creates an informal support system.

A Naturally Occurring Retirement Community (NORC) is a neighborhood or community where the majority of the population is older than 60, but the neighborhood itself is not planned or designed around an older adult's needs. NORCs may or may not have cost differences with nursing homes or independent living facilities, depending on services available in the community – either through the Homeowners Association or other resources.

An Accessory Dwelling Unit (ADU) is a small residence located on the same property as an existing residence. ADUs are attached to a main residence, inside the main residence, or a stand-alone building. Sometimes, these are nicknamed mother-in-law suites. An ADU is a type of housing unit that is categorized as part of missing middle housing.

The Village is a community similar to a traditional township wherein neighbors can help each other and be functionally independent. Villages offer space for someone to live alone but neighborhood social groups create a necessary support system. The village model looks slightly different depending on land use and neighborhood context, but they meet a demonstrated demand for seniors who want to live alone.

More seniors than ever before expect to live independently or alone as they age. While multiple types of housing exist, the same social issues are prevalent in each setting. Isolation, and the struggle to balance this with independence, creates issues. As Klinenberg notes in Going Solo, seniors living alone, independently, have more social contacts as those living together. While the loneliness and prolonged solitude do not dissipate, seniors receive brief visits from caregivers, neighbors, family, and other social workers.[11]

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[10] Park-Lee, E, and Sengupta, M. (2019). Injurious Falls, Hospitalizations, and Emergency Department Visits Among Residential Care Residents With Cognitive Impairment: Adverse Outcomes in Dementia Special Care Units (DSCU) Versus Non-DSCU Settings. Seniors Housing & Care Journal

[11] Klinenberg, E (2012) Going Solo: The Extraordinary Rise and Surprising Appeal of Living Alone. The Penguin Press

In Chicago, the increase in the elderly death rate in senior-focused public housing in spring 2020 is attributed to the lack of an informal support system due to social distancing. These systems – designed around brief social visits – existed prior to distancing mandates but evaporated.[12] Few senior housing models are designed to integrate the need to balance solitude with social interaction. Naturally Occurring Retirement Communities, Continuing Care Retirement Communities, and independent living facilities amongst others all incorporate social connectivity. These, though, are rarely in urban settings.

Research indicates that seniors living alone are better off in urban neighborhoods than suburban settings. Yet, too much of the existing housing stock overall, and older adult-focused housing such as nursing homes are in suburbia.[13] Seniors want to live in familiar urban communities and stay connected to city roots. They depend on public transportation to travel freely, but it is often difficult to go to and from medical appointments, pharmacies, human service agencies, grocery stores, and social events.[14]

There is an identifiable need for a better designed community or complex that meets seniors' physical and social needs, particularly in urban locations.[15] Given this lack of awareness and use of community-based supportive resources, seniors who might otherwise successfully age in place—especially those living in subsidized housing—often experience functional declines that lead to deteriorating health, social isolation or nursing home placement. For low-income seniors, this is coupled with an increased likelihood of physical, mental and cognitive impair ment as well as a higher risk of having multiple chronic diseases, depression and anxiety.

In the United States, communities are struggling to provide missing middle housing. A drive through an auto-oriented region will reveal the tallest buildings in a downtown, and numerous single-family housing developments everywhere else. It would be hard to find any residence that is not one of these two models.A scale of housing that is not represented in what's called the missing middle – a reference to fourplexes (4 units per building), townhomes, live-work complexes, 4-5 story buildings, and up to 8-10 story buildings with 50-100 units.[16] These options are representative of several senior housing models.

As the country ages, a focus on missing middle housing is likely to offer seniors more housing options in the location of their choice. Specific research into the senior housing market has identified an extension of this problem – middle market housing.

Senior citizens who qualify for long-term care facilities via Medicaid or those with financial resources to afford a CCRC or another type of luxury unit represent the two ends of the senior housing market. The gap is the middle market – estimated to be those with an annual income of $25,000-$75,025. About 81% of seniors will fall into the gap by 2030. Accounting for seniors who sell their home to afford long-term care, 54% of seniors in 2030 will still fall into the middle market gap.[17] Some cities are attempting to address this by retrofitting row homes but the ability to refinance and find contractors has proven to be problematic.

THE URBAN HOUSING DILEMMA

Gentrification has fueled an affordability and accessibility crisis in many cities. Families in cities across the United States are struggling to find affordable and accessible housing that accommodates aging family members who are often confronted with mobility issues as they age. This is particularly challenging in cities where real estate developers and architects are replenishing the stock of row houses with floor plans and amenities that accommodate younger residents with little foresight about the aging process.

The disconnect is clear between demand, existing supply, and needs of older adults as they try to age-in-place.[18] This creates opportunities for innovative zoning, financing and designs to accommodate senior housing developments that allow multiple generations to live under one roof but in different units. An Age-Friendly Village concept is emerging as a solution in the Mid-Atlantic that addresses these challenges.

[12] Dumke, M, & Coryne, H. (June 2, 2020). Senior Citizens in Subsidized Housing Have Been Dying Alone at Home, Unnoticed Because of Coronavirus Distancing. ProPublica Illinois https://www.propublica.org/article/senior-citizens-in-subsidized-housing-have-been-dying-alone-at-home-unnoticed-because-of-coronavirus-distancing

[13] Klinenberg, E (2012) Going Solo: The Extraordinary Rise and Surprising Appeal of Living Alone. The Penguin Press

[14] Aging in Place: Stuck Without Options, Fixing the Mobility Crisis Threatening the Baby Boomer Generation (2011); Transportation for America

[15] Lauren Ring, Allen Glicksman, Morton Kleban & Julie Norstrand (2017); The Future of Age-Friendly: Building a More Inclusive Model Using Principles of Ecology and Social Capital; Journal of Housing For the Elderly

[16] Opticos Design (2010) "Missing Middle Housing" https://missingmiddlehousing.com

[17] Grabowski, D, Pearson, C, & Quinn, C. 2019 Executive Roundtable: The Forgotten Middle—Middle Market Seniors Housing Study. Seniors Housing & Care Journal

[18] Gitlin, Laura (2016) Research on Care and Support Interventions: Where Are We and We Do We Need to Go?; Alzheimer's & dementia: the journal of the American Alzheimer's Association

Connecting the Age-Friendly Community to Senior Housing

The twin problems – poor design of senior housing and a lack of middle market senior housing – provide an opportunity for the Age Friendly Village Housing Model. Designed to fill that growing need for affordable senior housing, the age friendly village integrates into an existing urban neighborhood. Five core tenets form this village concept: **Universal Building Design, Smart Home Technology, Culture of Collective Caregiving, Financing Structure to Facilitate Wealth Transfer, and Integration of Aging Services into Residents Associations.**
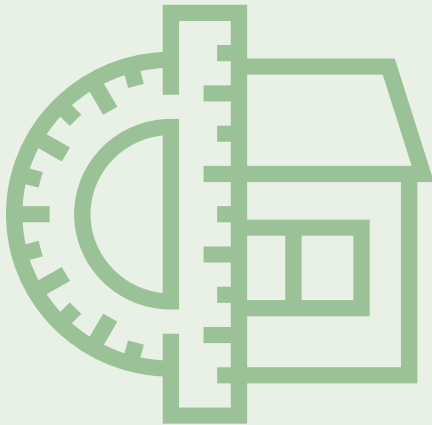
Universal Building Design

More than 60% of senior citizens in 2030 are expected to have some form of mobility impairment.[18] These impairments can be as minor as bad knees or they can be significant, requiring the use of an assistive device. Housing designed to facilitate ease of use for everyone– no matter their level of mobility – is known as Universal Design.

Wide hallways, taller than average counters, and placement of light switches are all characteristics of universal design within an individual building. In communal facilities, this includes ramps instead of stairs and railings that are easy to grab. Increasingly, organizations, such as AARP and the National Center for Healthy Housing, promote universal design standards.

Smart Home Technology

Newly constructed or extensively rehabilitated homes are usually wired to support technology necessary to create a smart home, a term referring to automated services within a residence. Smart home technology has measurable benefits, turning lights and faucets on and off, controlling access to sharp objects and appliances, and much more. Research indicates newer construction and smaller buildings are best for incorporating technology in a way that eases a senior's caregiving needs.[19]

COVID-19 illustrates the challenges associated with adapting large buildings or retrofitting existing units with technology. Residents struggle to quickly adapt, and staff lack capacity to provide assistance.[20] Automatic lights are just a small feature. In the very near future, technology is expected to detect falls, changes in body temperature, etc. These subtle detections can trigger an automatic call to 911 or a telehealth provider.

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[19] Wong, Johnny, Leung, Jodith, Skitmore, Martin, & Buys, Laurie (2017). Technical requirements of age-friendly smart home technologies in high-rise residential buildings: A system intelligence analytical approach. Automation in Construction, 73, pp. 12-19

[20] Regan, T. (May 13, 2020) Senior Living Industry Rethinks Building Designs, Improvises Solutions During Covid-19. Senior Hlousing News. https://seniorhousingnews.com/2020/05/13/senior-living-industry-rethinks-building-designs-improvises-solutions-during-covid-19/?itm_source=parsely-api

Multi-generational Caregiving

Intergenerational caregiving models benefit both seniors and families with school-aged children. The role of caregiving can be reciprocal particularly for active seniors. Care responsibilities and decisions for elderly relatives disproportionately falls to females. The stress of caregiving often impacts the health of caregivers who frequently juggle multiple family tasks. The Age-Friendly Village Model promotes a culture that better distributes caregiving responsibilities.

An intergenerational village allows a senior citizen to live near or next to a family with elementary or middle school kids. This offers an opportunity for children to check in on elderly neighbors (and vice versa), as well as many other societal features created by living in an urban community. A community with multiple people capable of providing caregiving services reduces the need for any one person to be the primary caregiver. Alternatively, a primary caregiver's stress is reduced knowing there are multiple secondary caregivers that can fill gaps.

Financing Structures

It is abundantly clear that most senior citizens, particularly Black and Brown older adults, lack the financial resources to live in an appropriately designed home as they age. When transitioning to a long-term care facility or retirement community, most senior citizens sell their house, using its equity to pay for the $60,000, on average, needed annually for housing and healthcare. Selling the home and using its equity to finance elder care prohibits the transfer of wealth from generation to generation. This lack of wealth transfer disproportionately affects Black and Brown families, contributing to and exacerbating the nation's wealth gap.

The Age Friendly Village fills a portion of the gap in the missing middle market. Importantly, one does not need to liquidate their assets or sell their home to afford living in the Age Friendly Village, as a middle-class income is sufficient for living in one of the units.

Integration of Aging Services into Residents Association

Many, if not most residential communities have residents' groups, commonly known as homeowners, condo, or tenant associations. These groups offer communal services, such as groundskeeping and maintenance. Currently, few associations incorporate aging services into their amenities.

In Boston, the Right Care, Right Place, Right Time program provides aging-related services in affordable senior housing complexes. An evaluation indicated that the R3 program fills gaps in caregiving that family members and doctors lack the capacity to provide. Most importantly, participants in the R3 program identified that the day to day health advice (i.e. nutrition) was very important.[21] Aging services as a core residential association responsibility, if done correctly, can have the same effect.

Conclusion

Innovative affordable and accessible housing that addresses the needs of multiple generations in urban centers has never been in higher demand, and the options have never been more underwhelming. Importantly, there is a gap between age-friendly community initiatives and implementing new senior housing models. Connecting these two intertwined strategies creates more opportunities for older adults to age in place. The Age-Friendly takes an ecological approach to senior housing through on-site access to community-based services that will address pressing issues now reaching crisis levels. Residents living in an age-friendly urban village have the resources and support system to live independently for longer periods of time. This reduces the need for expensive care services, and the emergency demands on the healthcare systems and families.

Our homes should reduce stress, need for unnecessary hospital visits, and financial burden. By making a network of support integral and convenient to an affordable housing community, this Age-Friendly Village will help low-income seniors retain their independence and extend their residential longevity for as long as possible, while enhancing their well-being and quality of life.

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[21] Nadash, P, Miller, E, Simpson, E, Shellito, N, Cohen, M. (2019) Collaboration Between Supportive Housing and Emergency Medical Services: A Partnership With Potential. Seniors Housing & Care Journal

About the Authors

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People | Place | Progress

Dr. Leon D. Caldwell is the founder and Chief Executive Officer of Ujima Developers, LLC. Formally established in 2017, Ujima Developers is a holistic equitable real estate development and investment collaborative, specializing in social impact projects. Dr. Caldwell integrates his public health, entrepreneurial, and community development experiences with a growth mindset to cultivate development concepts that solve societal challenges. Dr. Caldwell and the team at Ujima Developers understand that housing and neighborhoods are social determinants of health.

Leon received his Ph.D. in Counseling Psychology from Penn State, a Master's in Education and a Bachelors in Economics from Lehigh University. He served on the faculty of University of California, Irvine, earned tenure at the University of Nebraska, Lincoln, and the University of Memphis. As a faculty member, he created two award-winning community research centers. In 2011, Dr. Caldwell made a career pivot, working as a senior researcher at the Annie E. Casey Foundation in Baltimore, MD and a Senior Director at the DeBruce Foundation in Washington, DC. A West Philadelphia native, Leon attended Our Mother of Sorrows and the Penn Charter School.

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Dr. Katrina Polk is an expert on multi-generational community-building initiatives. Born and raised in Philadelphia, her approach consists of improving health and supportive service delivery systems, creating lifespan living opportunities through the WHO "Age-Friendly" initiatives, enhancing neighborhood revitalization efforts, and expanding economies to be "all-inclusive," which provides for low-income individuals/families, seniors, persons with disabilities, and veterans' participatory rights. Additionally, Dr. Polk is a mayoral appointee of Age-Friendly DC and is the founder of Dynamic Solutions for the Aging, LLC, and DOCTORKATT® and co-founder of Legacy Collaborative Senior Village.

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