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The Death Of the Nursing Home:

Improving Senior Housing

Abstract

This paper will focus on the Christopher Alexander identified pattern: Old People Everywhere (ALEX). The rising tide of senior citizens, the implications of solitude on health and wellbeing, and the increasing cost of housing in general, argue for the inclusion of the elderly within mixed-use, dense, and urban housing schemes. New housing models that suit a wide variety of age groups, including seniors are needed. A few basic design considerations are proposed in the following report.

Introduction

The total number of people over 60 years-old world-wide grew from 200 million in 1950 to 400 million in 1982, by 2001 they numbered around 600 million, and by 2025 they will number nearly 1 billion (UN). Around 70% of seniors live in "developing" nations and these nations are increasingly urban (UN). However, affordable urban housing is increasingly rare and recent [government reports](#) warn that the fate of non-retired elderly workers has largely been ignored (WASH).

These seniors are living longer, and in better health than ever before. A person aged 65 today can expect to live another 18 years, roughly 50% longer than before WWII (ARIAS). These older workers necessarily make up the fastest growing segment of the American workforce (WASH).

However, social security schemes in the US and even in Europe are failing and in the developing world these options usually do not exist at all. In 1988 66% of US companies with more than 200 employees offered health insurance and retirement programs, by 2005 only 33% provided such benefits (PERNOT). These seniors will need to provide for their own old age and will probably work through most of it.

Seniors and Urbanism

Where will these people live? Institutional facilities isolate the elderly to the detriment of their health and happiness and society loses the resource of their wisdom (UN).

Current research suggests that the best housing option is one that maintains community connections while providing easy access to basic services (MUSSON).

Despite recent awareness and a desire to change, in the US most suburban communities are designed for driving and for compartmentalized and isolated living (DEPALMA).

However, many cities are enjoying a revitalization of their urban cores (MAX). It may be possible to direct increases in housing to these compact and convenient centers.

The majority of those moving downtown are described as “empty nesters”. These are people who’s own children have moved out of the house and probably out of the region to establish their own families (MAX). These older residents commonly sell their single-family homes and purchase condos in central districts where the residences do not require building or yard maintenance and are easy to care for during long absences (REGARD).

These wealthy seniors are perhaps the best equipped financially to relocate to central cities in the near future. Portland’s Pearl District will hit 5,000 new residents, many of them seniors, in the next few years (REGARD). Even middle-America Duluth, MN is experiencing a similar population surge and will soon add another 1500 older residents to its downtown (MAX).

Despite the boom in seniors, most cities strive for a variety of downtown housing options. Demographic diversity enhances the vitality and safety of the downtown area after work hours. Strong retail and entertainment activity strengthens the tax revenues that are required to maintain a clean and functional central city (MAX).

Urban planners are trying to entice families with children into the central city with the development of new parks. Meanwhile schools in the outlying neighborhoods are closing due to shrinking student bodies (OREG). Developing a strong population balance in central areas allows cities to consolidate education and day care facilities.

With these interests in mind the best program for the future may be developing housing in urban areas that can appeal to both seniors and younger families. The disabilities suffered by the elderly are often mirrored by smaller segments of the young and we will all slowly move into the difficulties of old age. Therefore the design considerations that would benefit the elderly should be applicable to all potential residents. Such dual-purpose housing will allow cities to shift their downtown demographics with their needs.

Survey of Elderly Issues

The handicaps that most often afflict the elderly are difficulties in seeing and hearing; poor balance and coordination, reduced stamina and strength, impaired fine motor skills, difficulties in bending or kneeling, foot problems, and skills in comprehension and communication (UN).

These disabilities exaggerate the importance of the built environment. The shape and configuration of the living space in senior apartments and institutionalized housing can lead to a lack of privacy, embarrassment, and even danger when in the kitchen or bath (MUSSON). These problems can be mitigated by the presence of family members or live in care, but these resources are increasingly unavailable to most seniors.

In most developed countries (primarily in the West) people tend to outlive their family support network. Immediate relations such as children and siblings are often too frail themselves to be able to assist their older family members. Meanwhile the younger generation has often moved away to look for work and new opportunities (UN).

Developing nations (primarily in Africa, Latin America, and south Asia), that often have more closely knit family groupings and have traditionally cared for the elderly at home, are beginning to find similar problems with elder care as their economies follow Western models. Problems with persistent unemployment and income inequalities exaggerate the difficulties (UN).

In all countries the rising cost of housing makes it hard to implement systemic solutions. Affordable housing usually takes the form of multi-story dwellings that are poorly suited for senior needs. Many suburban neighborhoods are not well designed for short walking trips, they often lack sidewalks, and doctors and pharmacies are far away (UN).

Another problem faced by the elderly and disabled in even the most developed nations is the centralization of cultural and entertainment venues. Concert halls and theatres are often located downtown and require transportation and escort services. Private venues, while more numerous, are often difficult to access and enjoy (UN).

The Importance of Social Interactions

Anecdotal and statistical evidence from doctors and professionals who work with seniors suggests that social interactions improve health and life expectancy. Jeffrey Wheat, an exercise physiologist at George Williams, notes that strong physical and mental health prolongs and improves lives (WE). A recent study at Harvard found that seniors with out social ties are twice as likely to suffer cognitive decline (CROMIE).

In 1992 Diane Rowland, assistant professor in the Department of Health Policy and Management at John Hopkins, [reviewed a study](#) of the lives of senior citizens in the US, Canada, the UK, West Germany, and Japan in the fall issue the Health Affairs quarterly. She finds that social interaction and community support greatly improves life expectancy and satisfaction (ROWLAND).

About 1/3 of seniors in America live alone, nearly half of Germans, British, and Canadians live alone, while only 10% live alone in Japan. About 10% of seniors still live with their families in all countries, while the remainder lives in either public or private assisted living facilities (ROWLAND).

In all countries the elderly represent one of the most stable population groups in their communities. Their financial resources are often fixed, as are their spouses and housemates, and most have lived in the same area for 50 years or more (ROWLAND).

The seniors in the US and the UK have the most financial difficulties with about 30% reporting difficulty. While Japan has the least financial trouble for seniors with only 15% reporting issues (ROWLAND).

Seniors in the US and Canada reported the highest levels of productive engagement and rewarding use of time with about 60% reporting satisfaction with life and social well-

being. Germany and the UK reported around half of seniors were satisfied, while Japan had only 28% satisfaction (ROWLAND).

However, in all countries nearly one quarter reported feeling lonely and depressed too often. In Germany many of the elderly outlive their spouses. One in four US and UK seniors report spending one or more days alone each week. In the UK and Germany only 10-15% reported talking with friends or family for at least three hours each day. Nearly a quarter in all nations reported watching TV for 5 or more hours and not leaving the house at all during the day (ROWLAND).

In all countries nearly half of all seniors reported poor health and nearly a quarter were hospitalized for 7 days or more in the past year. However, except for W. Germany (14%) and Japan (1%), nearly half of these seniors had not seen a physician in the past 6 months (however, hospital stays in Germany and Japan were much longer, suggesting their use as chronic care facilities) (ROWLAND).

Ironically, American seniors reported the most satisfaction with the quality of their health care, but the highest fear of future expenses and problems. The American seniors spent the most on health care, but saw shorter, fewer hospital stays (perhaps showing the benefit of preventive care). Everyone reported that they did not see their doctors “often enough” (ROWLAND).

The Elderly as a Resource

Charlottle Ikels of the Department of Anthropology at Case Western Reserve University reviews a study by Keum-Young Chung Pang in the *Medical Anthropology Quarterly*.

The study reveals that elderly women in Korean-American society are respected medical-care providers. Their experience of common ailments and knowledge of family health history is key to their assistance in diagnosing and treating illness (IKELS).

Jerry Friedman collects anecdotes from the world's oldest people in his book "Earth's Elders". He finds that people who live over 100 years often have strong social ties to multiple generations. He describes how two supercentenarians, Miss Sussie and Miss Betty, are cared for by devoted grand children and provide continued guidance to their great granddaughters. These people continue to be a source of inspiration and advice to their families and communities (FRIEDMAN).

A national program in the US matches seniors with children who need after school care. In California foster grandparents are recruited to assist teen mothers in gaining academic and employment opportunities. In Delaware hundreds of foster grandparents serve elementary children and students who are falling behind academically as day care providers and tutors. In Massachusetts seniors work with kids on aids awareness, graffiti cleanup and anti-violence training (NAT).

When families split up and children move thousands of miles for work it is very difficult to maintain contact. When seniors move into hospitals or nursing homes their busy

children often find little time to visit. While the facilities may be comfortable and even the best present ample social interaction among residents, the society as a whole has lost a valuable resource.

Current Models of Care

Dallas resident Les Blaser was recently faced with finding a care system for his own parents. Through the organization New Lifestyles Online he outlines over a dozen major care models for the elderly (see appendix i). These range from home care and rehab to Alzheimer's care and assisted nursing homes. The fully institutionalized models are actually a shrinking minority (NEW). Fewer Americans can afford these extended care facilities and those that can are demanding better (RENTS). As more people like Les are faced with this difficult decision past care models are being reevaluated and new systems invented.

The Dangers of Nursing Homes

Institutionalized care presents a host of (often hidden) problems. Economics often stress these facilities, impacting maintenance and staffing. The resulting inadequate training and supervision can lead to horrific cases of physical and emotional abuse. Problems with investigation, regulation, and reporting often hide these issues from the public.

A [Consumer Reports article](#) from Nov 2003 warned of a steep decline in the quality and safety of senior care just as demand is picking up. They suggest that accidental and deliberate deaths are increasing sharply among the nearly 2 million nursing home

residents. Their description of the gruesome beating death of an 81-year-old Arkansas woman underscores the hazard (CONS).

Out of the 17,000 nursing homes in the US hundreds have had documented problems of abuse and neglect. Roughly 10% in each state have complaints. Most problems are blamed on a lack of money to properly fund facilities and reimburse caregivers. Poor regulatory oversight is also blamed (CONS).

Alternative Models

On his [website](#), David Stephen, former CU professor and volunteer caregiver, suggests that there are five basic steps to providing care for a family member. First is the careful assessment of exactly what kind of assessment the person is currently and likely to need. Second is a plan for meeting those needs, one that considers the risk of caregiver burnout as well. The third step is to implement this plan by hiring a nurse or leasing a room in a nursing home. The fourth step is to monitor this care by interviewing the family member, talking to the care-giver, and checking in with neighbors. The fifth step is to evaluate the results to determine if you and the family member are satisfied with the level of care and maintaining health and happiness (STEPH).

There are increasing alternatives to institutionalized care currently offered by many organizations. These often try to provide the same services as most nursing homes and can be quite a challenge to implement in real life. The advantage is that the seniors can

often remain in the homes they raised their children in or where other major memories were made (HOME).

Home Instead is a senior care service that brings a variety of level of services to seniors living on their own (see appendix ii). They provide grocery and cooking services, cleaning and laundry, and transportation to medical appointments (HOME).

Design Considerations

The most basic changes in urban design and architecture could greatly increase inhabitability for seniors. The senior building specialists Noverre Musson and Helen Heusinkveld outline a basic program for any senior facility or individual dwelling. These include community services and building layouts.

Seniors benefit from easy access to basic housekeeping venues. They need a nearby bank, beautician, and laundry. They also enjoy a community theatre, library, and café. The physical health of seniors is greatly improved by short walks to and from these locations. It is also important to provide both quiet areas and busy social stages, even gender specific facilities such as social clubs (MUSSON).

Within the home basic safety considerations such as kitchen and bathroom layout are particularly important. Shelves and storage should be low to limit lifting. The hot stove and oven should not be located where someone could back into them accessing other features such as the refrigerator (MUSSON).

The bathroom needs to be wide enough for easy wheelchair access and all countertops need to be low enough and strong enough to be used as supports. Strong natural and artificial lighting is vital in entry areas and stairs, at thresholds and flooring changes, and in the kitchen and the bath (MUSSON).

Stairs and inclines should not necessarily be avoided (MUSSON). Terraces and gardens, and open areas, encourage a wide variety of physical activities that are vital to senior health (WE). Similarly mental health is improved by organized activities such as crafts, hobbies, and sports. Specialized facilities and grounds should be designed to encourage such activities (MUSSON).

The Swedish architect Bo Boustedt notes that privacy and dignity are often sacrificed in senior housing. This could be remedied by provided a minimal increase in size and cost. Bedrooms should not be included in living spaces; in fact there should even be a separate entry foyer with a doorway that is offset from the living space and the external hallway. Shifts in roofline, bay windows, and ornamental decoration provide a traditional community feeling (MUSSON).

Conclusion

These building design considerations enhance any home. Safety concerns that benefit seniors help anyone with a temporary health problem or a family with children. We all want dignity and privacy, we all want a home with individual detail and character, and no one wants to live in an impersonal facility.

As oil prices continue to rise, and commutes slow, many people are beginning to long for the compact and convenient layouts of past cities. Neighborhoods with safe streets and ample parks are high on any resident's wish list. From Disneyland's main street to Florida's Seaside community traditional town planning has an obvious allure.

The benefit to seniors of living within the community is now well documented. The benefit to the community of having seniors continue to participate is becoming more understood. And as seniors become a major population group communities will be increasingly pressed with these realities.

The nursing home of years past has reached the limit of desirability. No one looks forward to being locked several floors above the world as life passes by unaffected by our final days. Increasingly seniors are healthy and wealthy enough to demand better, others are healthy and working enough to need better. The new model for housing seniors should be the same as that for housing everyone else, and vice versa.

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Appendix I

New Lifestyles Care Model List:

ACTIVE ADULT COMMUNITY - Usually offer a choice of spacious homes rather than apartments, often with a clubhouse in which a variety of activities are planned for residents. Monthly fees may cover services such as housekeeping and maintenance, but meals are usually not included.

APARTMENTS - Apartments for seniors who are totally independent. Meal service, activity, programs and services usually aren't included.

CCRC Continuing Care Retirement Community - Full service communities offering a long-term contract that provides for a continuum of care, including retirement, assisted living and nursing services, all on one campus.

RETIREMENT - Totally independent living with amenities such as meals, transportation and activities usually included in a monthly fee.

ASSISTED LIVING - Multi-unit facilities that provide assistance with medications and daily activities such as bathing and dressing.

RESIDENTIAL - Usually single-family homes licensed to provide assistance with medications, bathing and dressing.

GROUP HOME - Serves the Elderly and Disabled who do not require constant medical supervision but cannot live independently. These persons may be on medication but must be self compliant and ambulatory (assistance such as wheelchair or walker allowed).

ALZHEIMER'S Facilities - offering specialized programs for residents suffering from Alzheimer's Disease or other forms of memory loss. These programs can be offered by Residential, Assisted Living or Nursing facilities.

NURSING/REHAB Facilities - licensed to provide skilled nursing services under the supervision of licensed nurses.

CONGREGATE CARE - Usually single-family homes licensed to provide assistance with medication, bathing and dressing. Also licensed to provide skilled nursing services under the supervision of licensed nurses.

SUB-ACUTE Facilities - licensed to provide nursing services, but specializing in higher levels of care.

REHAB - Comprehensive rehabilitation services include inpatient and outpatient treatment designed to restore and strengthen abilities.

HOME CARE - Includes both companies that provide licensed health care services in the home and companies who provide non-medical assistance with such tasks as bathing, dressing, meal preparation and transportation. Medicare and Medicaid provide financial assistance in some cases.

HOSPICE - Hospice care may be provided in the home or a senior care facility. Services can include pain management and a variety of emotional, spiritual and physical support issues. Medicare, and Medicaid provide financial assistance, in some cases.

DAY CARE - Various programs provide a range of geriatric day services, including social, nutrition, nursing, and rehabilitation. Not all programs provide all services.

SITTER SERVICE - Services of sitters, aides or private duty nurses or therapists in the home, hospital or residential facility on a private pay basis. May include personal care assistance, grooming, medication supervision, light housekeeping, transportation, nursing care or therapy.

CARE MANAGEMENT - Offer advisory services addressing a wide range of senior issues, such as selecting a senior residence, choosing in-home care providers, and various financial options. Typically care managers evaluate a senior's situation with regard to health needs, housing choices and financial needs and then provide a recommended care plan.

BEHAVIORAL HEALTH - These are usually hospital-based programs that provide a range of geriatric psychiatric services in either an in-patient or outpatient basis. Medicare & Medicaid (or Medi-Cal) provide financial assistance in some cases.

PHYSICIAN CARE - Medical professionals who offer health services or referrals to match the special needs of patients.

Appendix ii

Home Instead services:

Meals:

recipe organization

grocery lists and purchase

meal prep and clean up

escort out to dinner

assistance with eating

Mobility:

assist with walking

assist with bathing

answer the door and phone

pick up and drop off dry cleaning

escort to church

escort to meetings and hobby activities

escort to visit neighbors and friends

drop off at airport

Housekeeping:

house maintenance

lawn care and gardening

oversee home deliveries, installations, and repairs

care for plants/pets

change bed linens

do laundry

assistance with dressing

take out garbage

dust furniture

organize closets

Finances:

pay bills

do budget

answer mail

purchase newspapers or books

maintain calendar

letter writing and correspondence

Mental Health:

play mind stimulating games

discuss historical events

reminisce about the past

maintain family scrapbook

monitor tv usage

rent and play vcr movies

religious readings

reading and music assistance

Medical:

schedule and transport to doctor appointments

pick up prescriptions

medication reminders

monitor expiration dates

monitor exercise

monitor diet