
Article

The Future of Housing for the Elderly: Four Strategies that Can Make a Difference

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All older persons deserve to live in affordable, safe, accessible, and supportive housing in age-friendly communities. Such an achievement would realize the goal of “a decent home and a suitable living environment for every American family,” first articulated in the 1949 National Housing Act. Towards that end, a number of policies and programs have been implemented over the years to improve housing for low-income older persons, including subsidized housing, housing vouchers, and housing connected with services.

Government support for housing programs that serve the elderly, however, has waxed and waned, never coming close to meeting the need. For example, construction of new Section 202 housing complexes by non-profit organizations, even though by all accounts highly successful, ended many years ago, resulting in long waiting lists for units. Likewise, it can take years to obtain Section 8 project-based rental assistance or housing choice vouchers. The lack of affordable, supportive housing is a major contributor to homelessness, an increasing problem for older persons. Many older persons live in places that do not have the physical features and services that they need to age in place.

The reality is that housing has been lower on the public agenda than other necessities of life, such as adequate income and health. It has not been considered an entitlement, but more like a commodity best left to individuals and the private sector. Given this history, it is not surprising that the major remaining building program for affordable

housing is based on providing tax credits to investors. In addition, housing, health, and long-term care have often operated as silos, making it difficult to coordinate programs.

In the last several years, there has been a broad-based effort to re-frame (no pun intended) the discussion about housing and reaffirm that housing matters. For example, the Bipartisan Policy Center’s report “Healthy Aging Begins at Home,” emphasizes the importance of better integration of housing, health, and social services ([Bipartisan Policy Center, 2016](#)). It argues that investment in housing will not only increase the quality of life of older persons but also improve health outcomes and reduce health and long-term care expenditures.

In fact, housing locations, including the individual homes of older persons, are becoming major long-term care and health delivery sites. This growing trend is made possible through not only an emphasis on care in the home, but advances in such fields as telemedicine, health monitoring systems, and home dialysis. Housing has also been identified as a key element of age-friendly communities. The following strategies have the potential to improve future housing and communities for the elderly.

Support Aging in Place and Home Modifications

There is strong evidence that older people prefer to stay in their own houses and apartments for as long as possible.

But there continues to be a mismatch between the environments of homes and the abilities of older residents who live in them (Levitt, 2013). For example, only a small percentage of older persons have basic features such as an entrance without steps, a walk-in shower, or the ability to live on one floor. The majority of homes and apartments in which older persons reside lack supportive features and contain hazards that make it difficult to safely perform activities of daily living, often putting older persons at risk of falls.

Several factors have contributed to the lack of supportive features in housing. These include a shortage of trained handymen/remodelers, the perceived unattractiveness of some features, lack of awareness, and the cost of modifications. In response, two certifications have been developed to improve the skill level of professionals involved in home modifications: the Executive Certificate in Home Modification of the University of Southern California's Leonard Davis School of Gerontology and the Certified Aging in Place Specialist of the National Association of Home Builders. Funding for home modifications often falls between the cracks of housing, social services, and health care, with each sector considering it another program's responsibility. Consequently, Medicare and Medicaid pay for some medically-assistive devices, but limited home modifications. The Department of Housing and Urban Development's (HUD) Community Development Block Grants and Administration on Aging funds for modifications vary considerably by jurisdiction.

Community-based long-term care programs such as the Program of All-Inclusive Care for the Elderly (PACE) and Money Follows the Person have included home modifications among the services offered. A major breakthrough is the CAPABLE (Community Aging in Place Advancing Better Living for Elders) program, developed at Johns Hopkins University, that involves a team concept; a nurse, occupational therapist, and a handyman visit the home and, with input from the resident, recommend changes to the home environment. It has demonstrated that the visits and a modest package of home modifications, averaging \$1,300, can improve functioning and significantly reduce health care expenditures (Szanton, Leff, Wolff, Roberts, & Gitlin, 2016). Sites using the CAPABLE protocols have been expanding as states and local areas recognize the potential health-care cost savings for programs such as Medicaid (Levitt, 2017).

Countries such as England, Australia, and Japan have made home modifications a priority. Japan, faced with a high percentage of very old persons, has wisely created a National Long Term Care Insurance Program that pays for the installation of grab bars, "comfort"-height toilets, and the modification of different levels of floors through such additions as ramps.

The Bipartisan Policy Center's report referred to earlier proposed that Congress pass a Modification Assistance Initiative that would coordinate federal resources available for home modifications and a federal income tax credit program that could be used to help pay for modifications.

There have been several bills proposed to Congress but, so far, little progress. Other sources of funding could come from property tax credits, grants, and forgivable loans at state and local levels.

Preserve and Enhance Affordable Housing for Seniors

Over the last sixty years, the United States has developed a considerable stock of affordable housing, much of it occupied by the elderly and younger persons with disabilities. It includes public housing and a variety of other types, known by the section of the housing act that established them (e.g. 202, 221d3, 8) and the mechanisms that helped fund them. Over one million older, low-to-moderate income residents, many of whom have aged in place and who are now over age 80, live in these complexes. Studies indicate that residents in HUD-assisted housing have more chronic conditions and the likelihood of experiencing higher rates of hospitalization, more emergency room visits, and higher health care costs.

A major effort is needed to better link such residents with services and to upgrade buildings. With funding primarily from HUD, on-site service coordinators have been added to approximately 40% of the properties. They assess residents needs, add on-site programs (e.g., exercise, meals, fall prevention, medication management), and connect residents with outside assistance. Service coordinators help residents manage their health and improve their functional status. Their presence has even helped make it possible to successfully house homeless older persons in elderly complexes. A study of 9,000 adults by [LeadingAge and The Lewin Group \(2016\)](#) found that the availability of on-site service coordinators, such as social workers, at federally-subsidized senior housing facilities reduced hospital admissions among residents by 18%. Given its value add, the present program should be continued and service coordinators should be added to complexes without them. More enhanced models, involving nurses and programs such as medication management, are currently being piloted. Housing complexes also have the capacity to address the needs of older residents in adjoining neighborhoods.

Not only residents have aged in subsidized housing; the buildings have as well. Many need upgrading, modernization, and, in some cases, replacement. A major effort is needed to make more units accessible and create better common spaces for meal programs, activities, and services. In addition, lighting, handrails, kitchens, and bathrooms need to be improved to better meet the increasing needs of aging residents ([Council of Large Public Housing Authorities, 2015](#)).

Build Better Housing in the First Place: Visitability and Universal Design

Many of the physical problems housing presents result from building standards. The unstated assumption is that

residents can walk up stairs, use conventional bathtubs, and navigate narrow entrances. The landmark Fair Housing Amendments Act of 1988, a civil rights law, requires basic accessibility in multi-unit housing built after its passage. Unfortunately, it does not apply to buildings of less than four units and focuses primarily on accessibility.

In order to broaden the codes, visitability ordinances have been proposed based on a small set of features on the first floor of a house (e.g., a zero-step entrance, a bathroom on the entry level, wider doors and hallways, reinforced walls for the installation of grab bars, and raised light switches and electrical outlets). The first ordinance, championed by Eleanor Smith, was adopted in Atlanta for publicly-funded housing. Since then, over 30 jurisdictions have followed suit, although they have varied in their application and implementation of the concept. For example, Pima County, Arizona; the village of Bolingbrook, Illinois; and the State of Vermont also cover privately-funded homes. The Maryland law requires that builders of new, single-family housing of 11 or more units offer it as an option for buyers.

Other jurisdictions encourage, rather than require, visitability features through the use of tax credits, fee incentives, and voluntary compliance. For example, Georgia offers tax credits for providing visitability features in both existing and new single-family homes. Thus far, nationwide it appears that approximately 30,000 units of housing have included features in jurisdictions with visitability ordinances. A bill, first introduced in Congress in 2003 as the Inclusive Home Design Act and later in 2015 as the Eleanor Smith Inclusive Home Design Act, would have covered all single-family homes that receive assistance from the federal government, including construction funding and tax credits. Unfortunately, like many other such efforts at the federal level, it did not pass.

Universal design, as applied to housing, incorporates visitability but is a much broader concept. It is based on the principle that all buildings, including housing, should accommodate everyone, regardless of their age, size, or ability. It implies making housing visitable, but also containing features such as variable height counters in the kitchen, a master bedroom on the first floor and/or easy access (e.g. an elevator) to one on the second floor, and a walk-in, curbless shower. Such features would reduce the need for later home modifications and the necessity of moving out of one's home to obtain a more accessible dwelling unit. Anyone who has mobility problems themselves or is a care provider can appreciate the value of universal design.

Allow a Broader Range of Housing Types so Communities are More Inclusive and Age-Friendly

Zoning restrictions for single-family houses in many communities limit the types of housing that can be built. Often referred to as exclusionary zoning, such regulations make

it difficult for low-income persons to live in many desirable locations. Greater flexibility in zoning would allow a range of housing types (e.g. apartments, congregate housing, and assisted living). In addition, the availability of less-conventional housing arrangements—such as small-group residences, shared housing, intergenerational housing, co-housing, green houses, and accessory dwelling units—would better meet the diverse needs and lifestyles of older persons.

Cities present their own housing challenges. In areas that are experiencing a housing boom, renters face rising housing costs, especially in areas that are gentrifying. Some municipalities have responded to this problem through creative mechanisms, such as density bonuses that allow developers to build more units if a certain percentage of them are affordable. In addition, there are opportunities to build transit-oriented housing that can benefit younger workers and older persons. Other cities and towns have experienced economic decline, where the homes of older persons need both home repairs and modifications.

Conclusions

There is a shortage of affordable, accessible, and supportive housing for older persons. Based on research and experience, there are several overall approaches that can guide our efforts. We should expand programs such as home modification that have been proven to work and directly impact the ability of older persons to age in place. At the same time, we need to increase the supply of subsidized supportive housing by building new complexes and adding services to those that already exist. Such housing is urgently needed, especially for homeless older adults, including veterans. Both of these endeavors would be facilitated by better coordination of housing, health, and social service programs. It is also essential to lay the groundwork for the future by building new housing based on the principles of universal design that will meet the needs of residents over their lifetime. In addition, a greater range of options, such as shared housing and accessory dwelling units, would allow more choices for older persons. Because such changes often involve building and zoning codes, they should be included as elements of age-friendly communities.

Notes

This commentary expands on ideas from three of my previously published articles:

Pynoos, J., and Cicero, C. (2009). Lifelong housing: The anchor in age friendly communities. *Generations*, 33, 26–32.

Pynoos, J., and Cicero, C. (2009). New approaches to housing and aging in place. *Public Policy & Aging Report*, 19(1), 1–7.

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