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Housing for Older Adults: New Lessons From the Past

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Despite the fact that it has been nearly 40 years since the first residents moved into the first leisure-oriented retirement communities (LORCs), housing issues remain an important component of gerontological discussions. A part of the reason is that, although much progress has been made, we still do not have a coherent housing policy nor do we even agree that one is necessary. LORCs are among many different housing alternatives that could provide direction in the formulation of such a policy. Using data collected in the late 1970s through the early 1990s, this article explores the lessons learned.

Elderly housing is among many gerontologically relevant concepts that suffer from imprecise meaning. Part of the problem lies in the fact that the phrase has been used to describe various living arrangements that serve diverse populations. At the same time, the concept has been attached to a long-term and continuing debate about the “proper” role of government in meeting the housing needs of the population. Lost in this confusion of application is the fact that, for the overwhelming majority of older adults in the United States, elderly housing patterns are indistinguishable from general housing patterns (Folts and Streib, 1994; Golant 1992; Lawton 1975; Mangum 1994; Pynoos 1990; Streib, Folts, and Hilker, 1984).

For a long time, some gerontologists interested in housing believed that a literal “continuum of care” could be constructed that embraced a wide array of housing options designed by “experts” to provide graduated levels of personal care (Newcomer and Weeden 1986). Included

were conventional housing options “retrofitted” to address increased levels of incapacity and unconventional options that were on the fringes of cultural acceptability. The naive belief that an infinite number of ordinally arranged housing options could be created for older adults was based on the dual assumption that older adults should live in environments that assist them in meeting the day-to-day demands of life and, more important, that they would choose to live in such environments. It mattered little that there was strong empirical evidence indicating that older people overwhelmingly preferred to live in single family homes (Gelwicks and Newcomer 1974; Golant 1984)—*their* single family homes—regardless of what were viewed by the “experts” as serious deficits in that arrangement. The fact is the early gerontological vision of a “continuum of care” has never really existed. We should have listened to Wilma Donahue who, with characteristic prescience, alerted the gerontological community to what was needed. Writing in 1952, she noted,

It would be relatively easy at this time for the “experts” to write a prescription for housing older people which would take into account the changes in physical status, health, and social circumstances which accompany aging. To do so, however, without knowledge of the consumer’s wants, would be short of folly. (Donahue 1954, pp. 23-24)

Observations

The imprecision that is implied by the term *elderly housing* is not resolved by its replacement with the term *retirement community*. That the term *retirement community* subsumes all of what was meant by elderly housing with the exception of most, but not all, institutional arrangements only serves to confuse the issue further. Nevertheless, it is the purpose of the present article to revisit some of the issues and concerns that were found to be present in some of the elderly housing arrangements that existed in the last two decades of the twentieth century.

As a member of a research team at the University of Florida,¹ the first author site-visited a total of 36 retirement communities located in Florida, California, Arizona, and New Jersey between 1982 and 1986 (Streib, Folts, and LaGreca 1984, 1985; Streib, LaGreca, and Folts

1986). These data were combined with data from site-visits to retirement communities and small alternative living arrangements in Georgia, Alabama, North Carolina, Delaware, Pennsylvania, New York, Ohio, Massachusetts, Texas, and West Virginia. These data were collected between 1979 and 1993. In all, data were collected at a total of 56 elderly housing facilities, including retirement communities, in 14 states over a period of 13 years. The data consist of qualitative interview responses, personal observations by project staff, content analysis of legal and organizational documents, and quantitative data related to the demographic characteristics of the residents of these facilities and the amenities available to them.

Although not systematically verified, it is nonetheless conceptually useful to view the development of elderly housing in the United States as proceeding along two distinct paths. The first was a decidedly proprietary direction involving the active marketing of housing alternatives to a more or less well-defined target group. Examples of these communities include such well-known and well-studied sites as Sun City and Leisure World. The second developmental path can be viewed as a response to the situational need for more-or-less supportive housing. The result was the development of a wide array of alternatives designed to meet a variety of locally specific housing needs. One of the important distinguishing characteristics of these two paths of development is that the proprietary ventures appear to have been developed around a specific set of amenities chosen for the purpose of enhancing a resident's enjoyment of the living arrangement. The situational path, on the other hand, was characterized by a very flexible and need-specific amenities package.

Although different in application, operation, and underlying philosophy, both of these paths of development are important to understanding the context of elderly housing. But there is an even more important issue. What must be remembered is something that Wilma Donahue, Marie McGuire Thompson, and the other housing pioneers knew all along: Elderly housing facilities, even those that appear inflexible, are not simple monolithic structures that can be understood by looking at a site map or architectural drawing. Nor can they be defined exclusively by the set of amenities they offer, however comprehensive those amenities might seem. They are sites, plans, and amenities but they are much more. They also consist of ideas, emotions, perceptions, and most important, people. Understanding these

complex and dynamic living arrangements requires that attention be paid to all of these areas. And, it requires a realization that one element can be understood only within the context of the others. It is with these issues in mind that we attempt to put into today's context data that were collected over a period of 13 years beginning more than 20 years ago.

Elderly Housing in Retrospect

It is clear that much has changed in the intervening years since the University of Florida study set out on its ambitious task. However, the extraordinary thing is that so much has remained the same. We are still talking about the same problems and we are still enmeshed in the same debates that demanded our attention two decades ago. One of the truly striking things about this is that one of the major concerns of the developers and residents interviewed in the late 1970s and early 1980s was that so little progress had been made in solving housing problems identified as important in the early 1960s. Taken together, this means that in the early 1980s, 20-year-old problem issues were being discussed that would remain issues for at least 20 years into the future. It has been 40 years, and we are still talking about whether elderly housing can ever meet the housing needs of older adults.

More important, the specific issues we are still talking about are no less important and no less troublesome. For example, based on our interviews in the early 1980s, we compiled a list of questions that we thought were the most important questions facing elderly housing in general and retirement communities specifically. That list included such questions as the following:

1. Is the age segregation that is implied by retirement communities a good thing or a bad thing?
2. Are age restrictions only a modified form of the "separate but equal" mentality?
3. Will the "promise" of continuing care retirement communities (and the continuum of care) ever be realized?
4. Is the modern version of the retirement community a viable alternative to either living alone or in an institution—or both?
5. Can (and should) the commercial model of retirement communities be adapted for any but the wealthiest of older adults?

6. Will intergenerational living arrangements ever be acceptable to large numbers of people?
7. Will “not in my neighborhood” ever cease to be the mantra of those who oppose the establishment of “group living arrangements” in residential areas?

These were important questions in the first years of the 1980s, and they remain important today. One of the primary reasons they are important is that each of them represents a very real barrier to the realization of expanded housing opportunities for those older adults who might choose to live in them.

Another thing that stands out is that there never has been a lack of ideas for new housing types. Some of those ideas, admittedly, were not so good. But many of them came close to the ideal of adequate housing in an environment that not only enhanced the well-being of the residents but actually contributed to their independence. The problem was, and is, that because many of these innovative ideas were implemented by the wrong people, at the wrong time, in the wrong place, or for the wrong reasons, they were never given any but a cursory look and then discarded as unworkable. Others remained as small gerontologically invisible housing arrangements that never reached their full potential because there was no one who could effectively challenge the existing housing industry. What survived were those retirement communities that fit within a disturbingly narrow definition of acceptable alternative living arrangements—but as gerontologists, we seem never to have gotten around to asking the question, Alternative to what?

Historically, elderly housing and retirement communities have provided gerontologists with much to consider. If you strip away the amenities—the club houses, pools, golf courses, services packages, and personal supports—what is left is a living environment that assumes potential residents will need something they either cannot or will not provide for themselves and that can be provided with the pooled resources of all the residents. This alone is sufficient to attract the attention of practitioners in a wide array of academic disciplines. Even so, it is not the similarities in retirement communities that make them interesting. Rather, it is the different ways different communities approach the same issues that makes them interesting.

Beginning in the 1960s, when the original Leisure World and Sun City developments were just beginning to take shape (residents of the first Leisure World community in Laguna Hills, California, began to move into their new homes on September 10, 1964) (Strevey 1989), there has been an almost constant procession of new ideas. Some of those ideas were unique, some were adaptations of the “American Dream” (at least as it relates to housing), and some were clearly on the fringes of cultural acceptability. Yet, for all the different types of retirement communities that exist today and for all the types that were tried and abandoned, it can be argued that we are no closer to the continuum of care envisioned by gerontologists and developers in the 1960s.

Unique Approaches to Particular Housing Needs

In the late 1970s and early 1980s, there emerged several types of housing that were so unusual that they caught the attention of both developers and gerontologists. One especially interesting type of housing involved what were called Granny Flats. Based on an Australian model, Granny Flats consisted of small, recyclable, and relatively inexpensive living spaces designed to serve as temporary housing for an older relative. Each of the units involved a minimum of site preparation and, at least in Australia, very little bureaucratic fuss. In essence, a Granny Flat unit was delivered to a site located on a relative’s property, usually the site of the relative’s home as well. The idea was that the Granny Flat unit would become the home of the older relative until it was no longer needed or no longer suitable for the older person’s needs. It was then taken away, quickly refurbished, and used again.

Although Granny Flats are housing types and not retirement communities in their own right, the small number of entrepreneurs who were attempting to develop these units as an alternative living arrangement in the United States expressed their belief that high concentrations of these dwelling units could reduce the per-resident land costs and thereby make them affordable to a broader older market. One developer suggested, “I can see thousands of these little houses all in

row . . . who wouldn't want that?" That these efforts were largely unsuccessful suggests the answer.

Apart from the fact that developers in the United States either ignored or misinterpreted incomplete official reports of the Australian experience (Streib, Folts, and Hilker 1984) as well as important cultural differences between the two countries, there seem to have been other specific areas that were misjudged. It is likely that the Granny Flat units proposed in the United States were too small. Although it is still the subject of debate whether older adults in the United States are "overhoused" (Atchley 2000), the small size of these units is likely to have made them unattractive to all but a very few prospective residents. Typically, plans were for each unit to be between 450 to 650 square feet, depending on the costs and layout preferences of the potential resident. To put that into perspective, if the smallest of the Granny Flats (450 square feet or 30 feet by 15 feet) were to be divided into three rooms—living room/kitchen, bedroom, and bathroom—of roughly the same size, then each room would be only 15 feet long and 10 feet wide.

Another area not adequately considered by the developers was the generally negative reaction of the target population to the term *modular construction*. Despite recent attempts to change the image of this type of housing, it remains apparent that terms such as *mobile home*, *trailer*, and *modular housing* do not carry the same sense of quality and value as the term *site-built* housing. Similarly, the fact that Granny Flats were to be located on property belonging to someone else, a relative in the Australian model and a developer in the U.S. model, probably did not appeal to a generation of older adults who were likely to view property ownership as an important component of their quality of life.

Finally, when all of the U.S. building codes and construction standards were taken into account, the final product was considerably more expensive than that which could be produced in Australia. In fact, the final U.S. cost was slightly more than twice the cost of the same unit in Australia. Add to this the fact that an older adult interested in "downsizing" his or her living space could buy a mobile home that was larger than the largest Granny Flat, with more storage area, space for a washer and dryer, and for considerably less money, and it is easy to see why we do not have "thousands of these little houses all in a row." When the first author brought these impediments to the attention

of another developer, the builder said, “none of that matters, old folks like small areas, they don’t want too much house . . . everybody knows that.” Everybody, it seems, but older adults.

Another unique approach includes the various forms of shared housing and intergenerational housing. Shared housing includes a widely diverse selection of living arrangements with one common characteristic: The residents pool their resources to “share” the living environment. One of the residents may own the structure or the property, but it is the fact that the living environment is shared that makes these arrangements unique. Despite situational variations, two common forms of shared housing are home sharing and a more standardized proprietary approach called Share-A-Home.

Home sharing is reasonably simple. A person who owns a home arranges to provide space to one or more people who need a place to live. When it is done right, both the homeowner and the home seeker benefit. The reality, however, is far more complex than this would imply. For example, although the idea was initially envisioned as a way for older “at-risk” widows to pool their resources and remain independent longer, in practice, many home-sharing projects became a way for college students, and other young people, to find relatively cheap and temporary housing in high-cost urban areas (Jaffe 1989). Furthermore, it was common for the socioeconomic class differences between owners and renters to create conflicts that could not be adequately resolved. Thus, when conducting site visits at these facilities, it was not uncommon for us to find that one of the parties felt exploited by the other with the result being dissolution of the arrangement (Hunt, Merrill, and Gilker 1994).

Unlike home sharing, the Share-A-Home concept was never a simple idea. In the typical Share-A-Home, a group of older adults rented or bought a large house, hired a house manager to shop, cook, and clean, and then lived out their lives as they chose—untouched by state regulators and the social services network. Although intended by its founder to be a widely available franchised living arrangement, the concept itself contained several important impediments to its widespread adoption.

First, the manager’s salary was completely dependent on the older residents’ ability and willingness to pay for the services. This required that older adults with a wide range of needs and resources had to reach a consensus about the specific duties and salary of the house manager.

With a job description that lacked specificity and a job that was part managerial and part domestic servant and with no opportunities for advancement, it became increasingly difficult to locate qualified and caring individuals to perform the task of house manager.

A second impediment to the acceptance of this model of housing was external in nature. Even in Winter Park, Florida, where Share-A-Home started, neighbors were generally hostile to the establishment of what they viewed as a “group home” in an otherwise single-family residential neighborhood. As a result, many hours and much money were expended in defending the Share-A-Home concept from legal challenges by neighbors who typically supported the concept but firmly objected to the location of Share-A-Home facilities in their own neighborhoods (Streib, Folts, and Hilker 1984).

Finally, and perhaps most important, the conscious rejection of all regulatory oversight ensured that only a very few like-minded individuals would attempt to adopt the Share-A-Home model. Even among those people, the fact that personal liability issues and the legal status of the homes were never finally resolved placed severe limits on their willingness to adopt the model. The result was that only the homes under the direction of the original founder, many of which were personally managed by him, flourished. And they did so only while the founder was able to personally oversee the operation of each home.

It might seem inappropriate to include intergenerational housing in the unique category. After all, most housing is intergenerational, at least until the children leave home, and there is something that is culturally appealing about a household made up of individuals of different ages. One need only look at the media portrayal of the “typical” American household and one is likely to find individuals of two or more generations occupying the same dwelling. What one is not likely to find in the media is a portrayal of intergenerational households of unrelated individuals. In this sense then, intergenerational households are quite unique in that, intentionally or not, they attempt to approximate the social structure of a “family” using unrelated adults.

There have been many attempts to establish model intergenerational households (Latimer 1996). Some of them have been more successful than others (Kuehne 1996), and some of them have approximated the intended environment of mutual support and mutual benefit that is implied by the concept. However, the problems

of intergenerational housing appear to be more related to the practical application of the intergenerational concept than to the concept itself.

For example, site visits at three separate intergenerational facilities in the early 1980s suggested that residents in these particular facilities could be divided into three main categories.

First, there were those residents who appeared to be heavily invested in intergenerational living as an end in and of itself. These residents appeared willing to expend great energy to ensure the success of both the household and the model. A second group of residents supported the intergenerational model only insofar as it offered them a less expensive or more secure alternative to other available living arrangements. For these residents, the presence of other supportive people was much more important than the ages of those other people. The third group appeared to care little about either the presence of others or their ages. This group saw the household as an inconvenience necessary for inexpensive housing. As an example of this latter group, one resident reported,

Those [expletive deleted] do-gooders . . . they came in here and told me I have to participate in all those “house meetings...” I can’t stand all of that touchy-feely [expletive deleted]! Why can’t they just leave me alone? I came here to get away from all that [expletive deleted]. Now they bring in those [expletive deleted] students and all they do is steal my food right out of the refrigerator . . . then they won’t do any work at all.

Notwithstanding this resident’s rather colorful language and decidedly negative experience, our conclusion at the time was that, while the intergenerational facilities we studied did meet some of the needs of some of the residents, they generally fell short of the intended “full living experience” the organizers thought they had created. In fact, we reached three main conclusions:

1. Despite the organizer’s general belief that the residents shared what was described as “a common belief in the dignity of all humans and a desire to help others realize their potential,” the only thing most of the residents had in common was the fact that they needed an inexpensive place to live;
2. The “house events,” as organizers called the meetings and the common meals, were seen by residents as part of the cost of living there; and

3. The organizers saw nothing odd about requiring unrelated people to interact in a way that was consistent with the organizer's own conception of family.

Adaptations of the American Dream

Among the many housing types site-visited were 36 of what are now thought of as LORCs (Streib et al. 1985). They were adaptations of the American dream in the sense that they aspired to offer a lifestyle that combined both home ownership and a leisure orientation. This category was dominated by two entirely unrelated trends—one that started in the early 1960s and one that began in the late 1980s.

In the early 1960s, LORCs were dominated by two main players: Ross Cortese (Rossmore and Leisure World) and Del Webb (Sun City) (Strevey 1989). Both developers started out to build small, inexpensive dwelling units in an amenity-rich environment and both were largely successful. The original dwelling units were small, economical, and included access to a pool, a clubhouse, a golf course, and other organized leisure activities. Many of the communities were established as cooperatives because there were federal loan guarantees available for long-term financing of cooperatives. In the rather limited sense of retirement communities, a cooperative is a legal ownership device whereby the residents own the shares of stock in the corporation that holds the title to the buildings and the property. In effect, the residents own the company that owns the community.

In the late 1960s, decisions by the federal government had the impact of greatly increasing the cost of long-term financing for cooperatives. As a consequence, many of the LORCs shifted to a condominium model of ownership whereby the residents actually owned their dwelling unit and jointly owned the grounds and common facilities. Soon after developers shifted to condominiums, they realized that there were many older adults wealthy enough to afford more luxury than the cooperatives provided. What followed was an intense competition between the major developers to build increasingly luxurious—and increasingly expensive—dwelling units in their already established communities. For example, in the 1960s, a retired teacher could live in one particular community by buying a share of stock for \$1,200 and then paying a monthly fee of \$15. For that, they got access to a

modest swimming pool and scheduled maintenance of their dwelling unit and grounds. In the early 1980s, within the same community, many retired corporate executives paid in excess of \$250,000 for their condominium and a monthly fee of \$950. For that, they could access any of several swimming pools, clubhouse facilities, and golf courses. Parenthetically, the residents in the cooperatives, which were still in operation at that time, had to pay an additional “recreation fee” if they wanted to play golf or use the newer pools.

The second trend, beginning sometime in the late 1980s, involved several corporations in the hospitality industry. Executives of these corporations believed there existed a large market for what they called “upscale, total living environments.” In a practical sense, they were little more than age-restricted luxury rental apartments with a large number of amenities. Sometimes a developer would buy an existing building, rebuild it from the inside out, put up a security fence and gate, hire a large staff, and market it to affluent retirees as a way to remain in their community without the cares of home ownership. In one sense, these were urban adaptations of the LORC model. The only amenities lacking were the large clubhouse facilities and the golf courses.

Unfortunately, the developers involved viewed demand for this type of facility in essentially economic terms. While correctly predicting the existence of large numbers of older adults who could afford this arrangement, they all but ignored the more important issue of whether affluent adults would actually choose this lifestyle over the one they currently enjoyed. When it was realized that the demand for these facilities was severely limited by lifestyle factors, the rather optimistic projections of the number of facilities to be built was scaled back. As a consequence, this type of living arrangement, like many others, remains a small and very limited housing alternative that contributes little to the goal of adequate housing for older adults.

Another housing option that appeared to have great potential was a group of facilities collectively, but incorrectly, called life-care communities (LCCs) and later, continuing care retirement communities (CCRCs). LCCs and CCRCs began as a response to the perceived needs trajectory of older adults. Since increasing old age involves an increasing probability of the need for supportive services, it was reasoned, housing communities could be constructed with increasing levels of services built into the amenities package. The idea was that

an older person could move into the LCC or CCRC in an independent living apartment and then, as they age in place, move into increasingly supportive dwelling units. Although the LCC and CCRC models are similar in that they are both based on the idea that the availability of supportive care on an as needed basis relieves the resident from burden anxiety and the cost of locating care, there was one important difference. In practice, the LCC would charge a fee (variously referred to as an endowment fee, an up-front fee, a buy-in fee, or occupancy bond) and would guarantee care for life. The problem was that the early LCCs could accurately predict neither the future cost of supportive services nor the life expectancies of their residents. In one well-documented case, Pacific Homes was forced to declare bankruptcy in 1977 after amassing a \$27-million-dollar deficit and facing \$600 million dollars in lawsuits (Gordon 1988).

Because of this structural flaw in the LCC model, many new developments altered it to include a fee-for-service arrangement. There was still a buy-in fee, but communities could now offset the increasing and unpredictable costs of care with an adjustable monthly fee. This adjusted model is what is now generally referred to as a CCRC.

The Fringes of Cultural Acceptability

As might be expected, some innovative housing types challenged firmly held cultural ideals of acceptability. It is likely, for example, that many of the various forms of shared housing could be included in this category because they imply a level of sharing that is counter to the cultural ideal of social independence. It is not our purpose to argue this point. However, it should be obvious that one difficulty nontraditional housing types have is that they more-or-less diverge from what potential residents view as “proper” living arrangements.

Whether one subscribes to a narrow or broad view of what is or is not culturally acceptable, one option that firmly pushes against the American ideal of acceptability is cohousing (McCamant and Durrett 1988). Cohousing emerged in Denmark among a racially, ethnically, and religiously homogeneous population. The basic idea was to build a community where all residents shared all responsibilities—to the extent of their functional ability—and where all received from the community what they needed. Everything from child care, to child

rearing, to care for older adults, to schooling, to the more mundane things such as cooking and cleaning were to be shared equally. As outlined by its supporters (McCamant and Durrett 1988), the ideal community would have no streets and all dwelling units would face inward so that neighbors could observe each other—all the time!

The more inflexible of the proponents of this housing type, both in Denmark and in the United States, suggested that no doors should have locks and that all attempts at individualization be discouraged. Committees were to decide everything, from when a dwelling unit should be painted—and the color—to the number of consecutive days a nonresident relative was allowed to visit. And that is not all; some of the early proponents of this model in the United States even suggested that a merging of assets would further the cause of cohousing (Rodabough 1994).

Discussion

Beyond its utility as a basis for comparison, one might legitimately wonder why decades-old data from elderly housing projects, some of which are no longer even in operation, are relevant to our present circumstances. The answer lies in two distinct trends that characterized the last half of the twentieth century and that are likely to have a profound impact on the first half of the twenty-first century.

First, the last half of the twentieth century is likely to be remembered for its advances in the treatment and control of infectious diseases. Whatever else occurred, it can be argued that our recent past stands out as a period of medical miracles that clearly overshadow the most impressive accomplishments of previous eras. One after another, life-threatening diseases—cyclical worldwide flu pandemics that threatened whole populations (Kolata 1999), infection-related deaths of young women after childbirth, the devastation of polio, and even smallpox—were crushed by the scientist's microscope and the physician's hypodermic syringe.

Unfortunately, as successful as we have been in relieving the world of these dangerous conditions, we have made far less progress in conquering the many chronic diseases that threaten older adults. Despite this relatively enlightened time in which we live, we still do not know the cause or the cure for arthritis, we still lack an effective means to

diagnose and treat Alzheimer's Disease, and we still have not won the battle against heart disease, stroke, or cancer—all associated with increased age. To be sure, we have made progress. But the result has been that we have a rapidly expanding population of older adults who have a profoundly increased probability of needing more supportive care than they can provide for themselves. To put it bluntly, the young have benefited far more than the old by finding themselves alive in the last half of the twentieth century.

Although related, the second trend is more compelling. The oldest-old population has been rapidly increasing in number for some time now. And although it is expected to decline slightly due to lower birth-rates after 1964, the oldest old among us will continue to have a profound impact on the demographic profile of the United States for many years to come. For example, based on data from the U.S. Bureau of the Census (2001), there were about 900,000 individuals 85+ alive in the United States in 1960. Thirty years later, in 1990, that number had more than tripled to 3 million people, and the number of individuals 85+ counted in the 2000 census had increased by 1.3 million to a total of 4.3 million people. More to the point, the Census Bureau's midrange projections suggest that by 2050 there will be around 18.2 million people 85 or older living in the United States. The census counts and projections for the 85+ population in 10-year increments from 1960 to 2050 are reported in Figure 1. In and of themselves, these data suggest a housing problem.

However, the number of older people in nursing homes has also been steadily increasing. From 1970 to 1980 the increase was 55% and from 1980 to 1990 the increase was 29% (U.S. Bureau of the Census 2001). While these increases were less than the percentage increase of the oldest-old population in general, the Census Bureau predicts that both "the number and proportion of [the oldest-old] living in institutions will rise" (U.S. Bureau of the Census 2001). For many years now, academic gerontologists have used the term *5% fallacy* to refer to the fact that although only about 5% of the population 65 and older resides in an institutional setting—primarily nursing homes—at any one time, the proportion increases dramatically as age increases (Atchley 2000). It increases so rapidly in fact, by age 85, about 24% of the population resides in nursing homes. Census Bureau data related to the population of older adults in nursing facilities are reported in

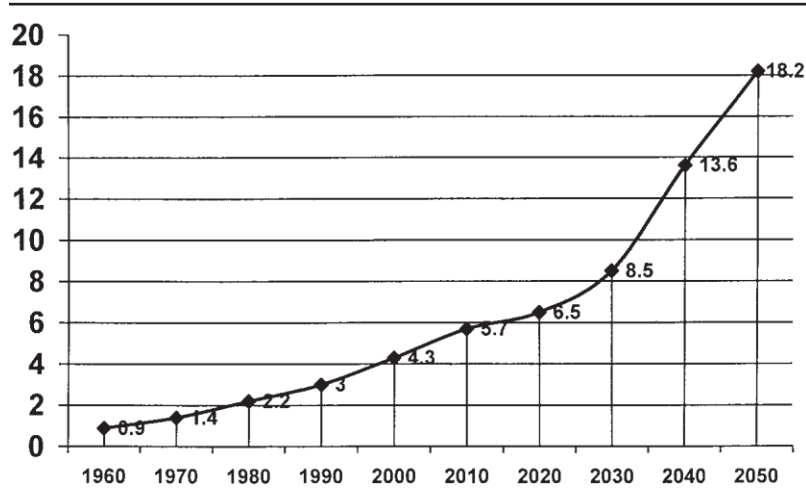


Figure 1: Census Counts and Projections for the 85+ Population (in millions)
 SOURCE: U.S. Bureau of the Census (2001).

Figure 2, and the data have extraordinary implications for housing policy.

Currently, about 1,032,000 ($.24 \times 4.3$ million) people 85 and older are housed in nursing homes. If the Census Bureau projections are correct, there will be an additional 3,336,000 [$(.24 \times 18.2 \text{ million}) - 1,032,000$] people 85 and older who will need nursing home accommodation in 2050. To put this in perspective, consider this. To accommodate an additional 3,336,000 people, we will have had to build and place in operation a 183-bed nursing home every day for the 50 years between 2000 and 2050. Of course, it could be argued that, given our impressive track record of the past 50 years or so, we can look forward to major medical breakthroughs that will drastically reduce our reliance on institutionalization. But what if we cannot? What if the long-expected cures for viral diseases and chronic health problems are delayed—or worse, what if we make no major breakthroughs? What then?

That there is danger in relying on unspecified and future scientific advances is an important issue, and it is one that is being openly debated by biologists and medical researchers. For example, in a recent *USA Today* article, Leonard Hayflick is quoted as stating,

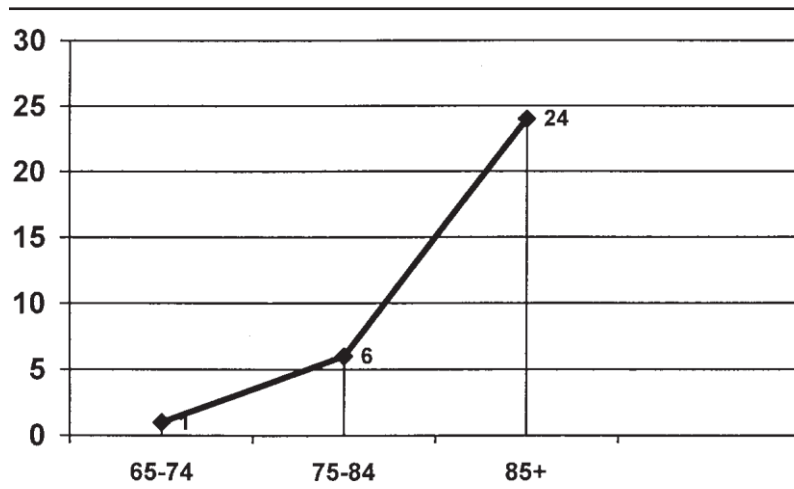


Figure 2: Percentage of Elderly in Nursing Homes in 1990 by Age
 SOURCE: U.S. Bureau of the Census (2001).

“Superlongevity is simply not possible,” and he characterizes aging as a “decline on a molecular level that makes people increasingly vulnerable to disease” (“Life Expectancy Over 100” 2001). In the same article, S. Jay Oshansky states, “everybody alive today will be long dead before a life expectancy of 100 is achieved.” Furthermore, Oshansky and Carnes (2001) have suggested that life expectancy alone is not a good indicator of the state of health of a population. Rather, they propose a new measure, “health expectancy” that takes into account expected levels of frailty and disability. Obviously, medical and technological advances of the past 50 years have done much to improve life expectancies (a quantitative issue) but considerably less to improve health expectancies (a qualitative issue).

The outcome of the debate over how long and how well we *can* live is overshadowed by the present reality of how long and how well we *will* live. The best evidence available suggests that our options are limited and our time is running out. Either we will have to expand the present long-term care system at a pace and in an amount that will overwhelm our current long-term care policies; the frailty of the 85+ population will have to be drastically reduced by some as yet unknown method; we will need to ignore the housing needs of an ever larger proportion of our population; or alternatives will need to be

developed. This latter is the relevance of past housing experience to our current circumstances, and it is within the latter alternative that elderly housing models can make their greatest contribution to the well-being of us all.

NOTE

1. The original University of Florida research team consisted of the first author, Dr. Gordon F. Streib, and Dr. Anthony J. LaGreca.

REFERENCES

- Atchley, R. C. 2000. *Social Forces and Aging: An Introduction to Social Gerontology*. 9th ed. Belmont, CA: Wadsworth.
- Donahue, W. 1954. "Where and How Older People Wish to Live." Pp. 21-36 in *Housing the Aging*, edited by Wilma Donahue. Ann Arbor: University of Michigan Press.
- Folts, W. E. and G. F. Streib. 1994. "Leisure Oriented Retirement Communities." Pp. 121-44 in *Housing and the Aging Population: Options for the New Century*, edited by W. E. Folts and D. E. Yeatts. New York: Garland Press.
- Gelwicks, L. E. and R. J. Newcomer. 1974. *Planning Housing Environments for the Elderly*. Washington, DC: National Council on the Aging.
- Golant, S. M. 1984. *A Place to Grow Old: The Meaning of Environment in Old Age*. New York: Columbia University Press.
- . 1992. *Housing America's Elderly: Many Possibilities/Few Choices*. Newbury Park, CA: Sage.
- Gordon, P. A. 1988. *Developing Retirement Facilities*. New York: Wiley.
- Hunt, M. E., J. L. Merrill, and C. M. Gilker. 1994. "Naturally Occurring Retirement Communities in Urban and Rural Settings." Pp. 107-20 in *Housing and the Aging Population: Options for the New Century*, edited by W. E. Folts and D. E. Yeatts. New York: Garland Press.
- Jaffe, D. J. 1989. *Caring Strangers: The Sociology of Intergenerational Homesharing*. Greenwich, CT: JAI.
- Kolata, G. 1999. *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It*. New York: Farrar, Straus, and Giroux.
- Kuehne, V. S. 1996. "Evaluate Your Intergenerational Program: Four Recommendations for Human Services Practitioners." *The Southwest Journal on Aging* 12:27-32.
- Latimer, D. J. 1996. "The Intergenerational Movement." *The Southwest Journal on Aging* 12:1-3.
- Lawton, M. P. 1975. *Planning and Managing Housing for the Elderly*. New York: Wiley.
- "Life Expectancy Over 100: Don't Hold Your Breath." 2001. *USA Today*, June 19 [Online]. Available: <http://www.usatoday.com/news/health/2001-02-19-aging.htm>

- Mangum, W. P. 1994. "Planned Housing for the Elderly Since 1950: History, Policies, and Practices." Pp. 25-58 in *Housing and the Aging Population: Options for the New Century*, edited by W. E. Folts and D. E. Yeatts. New York: Garland Press.
- McCamant, K. and C. Durrett. 1988. *CoHousing: A Contemporary Approach to Housing Ourselves*. Berkeley, CA: Ten Speed Press.
- Newcomer, R. J. and J. P. Weeden. 1986. "Perspectives on Housing Needs and the Continuum of Care." Pp. 3-9 in *Housing an Aging Society: Issues, Alternatives, and Policy*, edited by R. J. Newcomer, M. P. Lawton, and T. O. Byerts. New York: Van Nostrand Reinhold.
- Oshansky, S. J. and B. A. Carnes. 2001. *The Quest for Immortality: Science on the Frontiers of Aging*. New York: Norton.
- Pynoos, J. 1990. "Public Policy and Aging in Place: Identifying the Problems and Potential Solutions." Pp. 131-69 in *Aging or Need? Public Policies for Older People*, edited by D. Tilson. Newbury Park, CA: Sage.
- Rodabough, K. E. 1994. "Bofellesskab: The Danish Import." Pp. 339-51 in *Housing and the Aging Population: Options for the New Century*, edited by W. E. Folts and D. E. Yeatts. New York: Garland Press.
- Streib, G. F., W. E. Folts, and M. A. Hilker. 1984. *Old Homes—New Families: Shared Living for the Elderly*. New York: Columbia University Press.
- Streib, G. F., W. E. Folts, and A. J. LaGreca. 1984. "Entry Into Retirement Communities: Process and Related Problems." *Research on Aging* 62:257-70.
- . 1985. "Autonomy, Power, and Decision Making in Thirty-Six Retirement Communities." *Gerontologist* 25:403-9.
- Streib, G. F., A. J. LaGreca, and W. E. Folts 1986. "Retirement Communities: People, Planning, Prospects." Pp. 94-103 in *Housing an Aging Society: Issues, Alternatives, and Policy*, edited by R. J. Newcomer, M. P. Lawton, and T. O. Byerts. New York: Van Nostrand Reinhold.
- Strevey, T. E. 1989. *The First 25 Years of Leisure World, Laguna Hills*. Laguna Hills, CA: The Leisure World Historical Society.
- U.S. Bureau of the Census. 2001. "Household and Family Characteristics." *Current Population Reports*. Washington, DC: Government Printing Office.

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