

HENNEPIN COUNTY AGING INITIATIVE

Baby Boomers and Housing in Hennepin County

Submitted by:

Marilyn Bruin, Becky Yust, Kelsey Imbretson, & Laura Lien
Housing Studies Program, College of Design, University of Minnesota

For Hennepin County Research, Planning & Development Department
Sherrie Simpson, *Director*

September 2011



Hennepin County

Research, Planning & Development Department

Baby Boomers and Housing in Hennepin County

Table of Contents

	<u>Page</u>
Introduction and Overview	2
Literature Review	
Literature Review Highlights	3
Top Literature Findings	3
Executive Summary: Literature Review	4
Introduction and Overview	5
Boomers and Housing	6
Conclusion	18
Focus Group Interviews	
Focus Group Highlights	20
Key Themes from Focus Groups	20
Introduction and Overview	22
Procedures	22
Findings:	
Top Housing Concerns	23
Expectations of Future Housing	26
Perceptions of Senior Housing and How to Find Information	28
Housing Modifications	32
Transportation	34
Participants' Ideas for Hennepin County	37
Conclusion	38
References	39
Appendix: Focus Group Interview Script	43

Introduction and Overview

In 2010, Hennepin County contracted with the University of Minnesota to assess what is known about the needs and aspirations of baby boomers (Boomers) through a review of current literature, and to conduct focus groups with Boomers that currently live in Hennepin County.

The purpose of the review of literature was to provide a background of current issues in aging, housing, and community planning that would help to inform Hennepin County officials and to help frame the focus group questions. A synopsis of published research focused on factors that influence older adults to remain in their communities as well as the housing and community preferences of Boomers was completed in 2010.

The purpose of the focus groups was to describe Boomer residents' needs and aspirations related to their housing and community service needs over the next several decades. In particular, residents from communities who do not represent the majority in Hennepin County were recruited to participate. The focus groups were conducted in spring and summer of 2011.

In this final report, first the review of literature is presented. This is essentially the same summary report of the literature as was submitted in 2010. Second, the findings of the focus group interviews are presented.

Literature Review Highlights: Baby Boomers and Housing

The purpose of this background paper is to summarize a literature review of housing and community issues among Boomers with a focus on Hennepin County, Minnesota. It was the initial stage of a project to identify the housing needs and preferences of Hennepin County residents. These findings will inform planning to support the physical, emotional, and social needs of residents as they age within their neighborhoods and communities, that is, “aging in place.” Aging in place encompasses solutions ranging from staying in the long term residence, typically a single-family house, to moving within the community to alternative housing designed to meet the needs of older residents. Remaining in the existing residence can be facilitated with modifications and individual-centered community-based services. Senior housing options include co-housing and congregate housing designed to accommodate a small group of aging individuals; retirement communities, also referred to as active adult communities that may include a variety of activities and services; and, continuing care communities with intensive services (Golant, 1992).

Top Literature Findings

The following summary highlights key findings from published research about Baby Boomers’ housing needs and preferences. A detailed discussion of the following items is included in the complete summary included in this report.

- 1) Boomers do not necessarily plan for the future. This has implications on housing choices through both financial and health pathways. Being unprepared for financial or health issues can result in deficits in housing and other aspects of well-being.
- 2) Boomers want to age in their current housing and believe they will. The belief that it is possible to age in their current housing may be rooted in their aversion to planning for the future. There is an opportunity to assist Boomers in realizing realistic goals and plan for changes that may present themselves.
- 3) If they need to move to more accessible or affordable housing, Boomers would prefer to remain in their current community. A wide range of housing options available in a community would enable Boomers to their structure type without leaving their neighborhood and its social network.
- 4) Boomers prefer single-family detached units. Many options currently available specifically for elders are attached units. This highlights the potential demand of home modification as Boomers work to stay in their current single-family detached homes.
- 5) Life course events often predict propensity to move. Retirement and a change in physical ability were the most powerful predictors of relocation.

- 6) Recent declines in home values and a recession have reduced home equity and retirement savings for many Boomers. These Boomers may lack the financial resources to self-finance home modification, in-home supportive care and services, or to move to senior housing.
- 7) Adapting the home environment to support independent living can be a cost-effective solution.

Executive Summary: Literature Review

Baby boomers (Boomers), the 78 million Americans born between 1946 and 1964, are the largest generation in United States' history comprising nearly 26% of the population and 39% heads of households. To retain current and attract new residents, community designers, developers, planners, and policymakers need to better understand the housing needs and preferences of Boomers as they plan the development and sustainability of elder-friendly, vital communities that encourage healthy, active living.

As Boomers become empty nesters and begin to think about post-work lifestyles they are expected to change the demand for housing, public transportation, recreation, and community-based programs. There is a temptation to generalize Boomers as well-off, educated, traditionally married couples, who own suburban homes. However this large group is racially and ethnically diverse, as they age some may struggle financially with increasing health and housing costs. Furthermore recent declines in home values and a recession have reduced home equity and retirement savings for many Boomers. The Minnesota Department of Human Services (DHS, 2007) estimates that 29% of Boomers in Minnesota have inadequate retirement savings. In another study in Minnesota (Ecumen, 2007), 72% of the respondents were concerned that they would not be able to maintain their standard of living if they left the workforce. These Boomers may lack the financial resources to self-finance home modification, in-home supportive care and services, or a move to senior housing.

The majority of Boomers believe they will be able to stay in their current homes as they age; 85% of individuals aged 50 and older would like to remain in their local community if they cannot stay in their current home. A variety of meaningful and appropriate housing options especially in areas with a high proportion of older residents would help Boomers achieve this goal.

In general, 69% of Midwesterners aged 45 and older prefer a single-story, single-family home. However, 23% are willing to move to a condominium or townhome if that means obtaining higher quality features or a better location. The majority want the most the square footage for their money, however, they do not want to sacrifice quality. Fifty-three percent say they prefer a high-quality, smaller home rather than larger, lower quality home with few amenities. Despite the pull of amenities, recreational facilities, and community features (including security) typically offered in multifamily developments, Boomers want a single-family home. However, there are Boomers who gravitate toward multifamily units in higher density, urban areas with decreased dependence on automobiles.

Boomers' housing preferences may prove unrealistic. Despite a predilection to deny the effects of aging, it is likely Boomers will eventually experience many of the changes in physical and cognitive abilities exhibited by their elders. If so, it is likely they will need to modify their current home or move to accessible housing; only 5% can expect to age in their long term home without modification.

In general, research is needed to better understand the needs and preferences for housing and services among diverse Boomers. There is little literature describing the expectations, goals, and plans of many subgroups for example those who struggle financially, recent immigrants to the upper Midwest, unmarried females, or the growing numbers of individuals who with the advances in medical overcome catastrophic illness and injury but deal with lingering physical issues.

Introduction and Overview

Baby boomers (Boomers), the 78 million Americans born between 1946 and 1964, are the largest generation in United States' history comprising nearly 26% of the population and 39% of heads of households (U.S. Department of Housing and Urban Development (HUD), 2006; Myers, 2008). The Boomer generation can be segmented into three categories: the oldest or leading edge, born between 1946 and 1951; the middle, born between 1952 and 1958; and, the youngest born between 1959 and 1964. The oldest Boomers are currently ending careers, prompting contemplation of what retirement will bring and how it will be paid for (Higgins, 1999, as cited in Hughes & O'Rand, 2004; MetLife, 2009a). The middle Boomers are still largely working, some with children at home, others already empty nesters (MetLife, 2010). The youngest Boomers, who tend to identify themselves as GenXers, are in their peak earning years, not yet concerned about retirement or changes due to aging (MetLife, 2009a). When possible examining Boomers as members of three segments of maybe helpful in understanding their current and future concerns, housing needs, and housing preferences.

Boomers have left their imprint on every stage of American life they've passed through, and there's no reason to think that the senior years will be any exception" (Greenblatt, 2007, p. 865). Boomers are expected to change the demand for housing, public transportation, recreation, and community-based programs as they pursue empty nest lifestyles (Greenblatt, 2007; HUD, 2005). Overall, Boomers are healthier, wealthier, better educated, expect to live and work longer, and play harder than their predecessors (HUD, 2006). Despite a predilection to deny the effects of aging, it is likely Boomers will eventually experience many of the changes in physical and cognitive abilities exhibited by their elders; although "disabilities and frailties are getting pushed back in life, they do occur" (Greenblatt, 2007, p. 883). "The likelihood that an older adult will be able to remain in their current residence, however, is quite limited, and decreases markedly with age; among individuals older than 70 years of age, only 5% can expect to age in place (Sabia, 2008 cited in Scharlach, Lehning, & Graham, 2010, p. 1).

There is a temptation to generalize Boomers as well-off, educated, traditionally married couples, however this large group is also more racially and ethnically diverse than previous generations (Campbell, 2005; HUD, 2006; Hughes & O'Rand, 2004). In a group as large as the Boomers, many struggle financially and with increasing health and housing costs it is likely that it will be

difficult for some to maintain their level of living in their later years (Greenblatt, 2007). Planners, policymakers, designers, and developers are pressured to address these changing housing and service needs as the proportion of aging adults increases within their communities (AARP, 2003; Ecumen, 2007; Myers & Ryu, 2008; Robison & Moen, 2000).

Boomers and Housing

When possible, households attempt to secure housing that best fits their needs and preferences within the context of the market and their resources (Morris & Winter, 1993). As individuals age, many attempt to balance their attachment to a specific home and neighborhood that may no longer meet the needs of their changing physical and cognitive abilities as their socioeconomic resources decrease (Jackson, Longino, Zimmerman, & Bradsher, 1991; Longino, Jackson, Zimmerman, & Bradsher, 1991, as cited in Hays, 2002).

Boomers' decisions regarding housing and community have significant impacts on the rest of society. Compared to other generations, more Boomers live in single-family, detached, owner occupied units; they tend to have larger, more expensive homes and they have the lowest housing cost burden compared to other generations. Few Boomers (2%) live in multifamily rental housing (2%); 4% live in condominiums or co-ops and Boomers overwhelmingly live in suburban areas (HUD, 2006). Nationwide, 86% of Boomers are homeowners. The median home value of leading edge Boomers is \$272,600; the median home value of middle Boomers is \$272,600; and, the median home value of young Boomers is \$304,400 (MetLife, 2009a).

Among those aged 45 and older, 75% are "somewhat optimistic" they will be in good physical health in later life; only one-third have given significant thought to the home, community, and services they will want or need in the future (AARP, 2003). A survey of Minnesotans describes a somewhat different picture, 70% of adults between the ages of 42 and 60 "have major concerns about maintaining their health as they age" (Ecumen, 2007, p. 4).

According to national data the young-old, between 65 and 74 years, are more likely to move than those between the ages of 75 and 84 years (Hays, 2002; Hays, Fillenbaum, Gold, Shanley, & Blazer, 1995). Possibly older persons have already relocated to senior housing or Leading Edge Boomers maybe more likely than previous generations to consider relocation. According to a 2005 survey of 3,855 Minnesotans aged 50 and older, 11% of the respondents over the age of 65 expected to move in the next few years. Among the respondents aged 50 to 59 years, 12.7 % expected to move in the next few years (Minnesota Board on Aging, 2010). In a telephone survey of 499 Ramsey County residents aged 65 and older, 10% of the participants expected to move within two years (Bailey & Gilmore, 2004). Reasons for moving included a desire to reduce home maintenance responsibilities, avoid repairs or renovations, find more affordable housing, and move closer to grown children, church, shopping, or other services. In summary important factors such as low maintenance housing as well as access to shopping, health care, and public transportation influences a propensity or willingness to move (Bailey & Gilmore, 2004).

According to the American Association of Retired Persons (AARP, 2003), 75% of individuals 45 years of age and older believe they will be able to stay in their current homes as they age. Eighty-

five percent of individuals aged 50 and older would like to remain in their local community if they are unable to stay in their own home (AARP, 2010). A variety of meaningful and appropriate housing options especially in areas with a high proportion of older residents would help Boomers achieve this goal. To retain current and attract new residents, community designers, developers, planners, and policymakers need to better understand the housing needs and preferences of Boomers as they plan the development and sustainability of elder-friendly, vital communities that encourage a healthy, active living (Myers & Ryu, 2008).

Boomer Demographics

Nationally, the median annual income for Boomers is \$58,000, 59% are in traditional families of a husband and wife (HUD, 2006). Within the next ten years, most Boomers are likely to be “empty nesters”; 50% already have no children at home. Nationwide 86% of Boomers are homeowners. With the recent decline in home values and recession, many Boomer homeowners have experienced financial loss in housing equity and investments targeted for retirement (Myers & Ryu, 2008; Pynoos & Liebig, 2009). Nationally, 28% of households delinquent on mortgage payments or in the process of foreclosure are 50 years or older; it may be difficult for these 600,000 American households to recover from the financial loss of a home before they retire (Shelton, 2008). The Minnesota Department of Human Services (DHS, 2007) estimates that up to 29% of Boomers in Minnesota have inadequate retirement savings. In the Ecumen (2007) study of Minnesotans, 72% of the respondents were concerned that they would not be able to maintain their standard of living if they left the workforce. These Boomers may lack the financial resources to afford the costs of home modification, the costs of in-home supportive care and services, or moves to senior housing.

Housing Needs and Preferences

Boomers value individuality; and they have influenced and been influenced by “dramatic shifts in attitudes and behaviors” over their lifespan (MetLife, 2009a, p. 5). Understanding the stage of life, passions, values, and interests of the 45 year and older housing market can help explain their housing and community preferences (Wylde, 2008).

Housing Preferences

Leading edge Boomers (born 1946-1951). While 75% of the oldest Boomers say they plan to stay in their current home, they also say depending upon changes in lifestyle, health, and preferences they may need to explore the possibility of selling their homes in the near future. In most cases, persons aged 70 and older sell and move into rental or senior housing; frequently after the death of a spouse. The rate of selling compared to buying is greatest in colder climates, where out-migration is common for those aged 70 and older (Myers & Ryu, 2008). Among Boomers wanting to move, those in the oldest segment are more willing to move to a unit into a multifamily complex if it is of high quality and located in neighborhoods with many amenities (Wylde, 2008).

Middle Boomers (born 1952-1958). While many middle Boomers have no current plans to move, many individuals in their middle 60’s explore selling their homes, primarily to relocate to

either rental or senior housing (Myers & Ryu, 2008). Compared to the youngest Boomers, the middle Boomers are closer to retirement age and more likely to consider themselves planners (AARP, 2003). However, more than 50% feel behind where they would like in their retirement savings; 15% of those would consider a reverse mortgage to aid in financing future retirement expenses including health care (MetLife, 2010). Middle Boomers are focused on the joys of retirement; they identify family, financial security, personal well-being, and wellness as important life priorities (MetLife, 2010).

Youngest Boomers (born 1959-1964). Americans as a whole focus more on the next five to ten years than later life issues and the youngest Boomers are least likely to consider themselves planners (AARP, 2003). In housing Boomers in this segment desire new construction when they buy (Wylde, 2008) and 20% are interested in urban townhouses (Myers, 2008). They are an appropriate target population for new or updated elder-friendly housing developments in higher density urban neighborhoods.

General Boomer Preferences. Some housing preferences are similar among the Boomers, regardless of age segment. In general, 69% of Midwesterners aged 45 and older prefer a single-story, single-family home. However, 23% are willing to move to a condominium or townhome if that means obtaining higher quality features or a better location (Wylde, 2008). The majority (72%) want the most the square footage for their money, however, they do not want to sacrifice quality. Fifty-three percent say they prefer a high-quality, smaller home compared to larger, lower quality home with few amenities (Wylde, 2002; Wylde, 2008). Despite the pull of amenities, recreational facilities, and community features (including security) typically offered in multifamily developments, Boomers still desire a single-family home over any other housing type (HUD, 2006; Wylde, 2008).

Single-family homes on private lots, typically in suburban areas, are the most highly sought after living environments among individuals aged 45 and older. However, there are individuals who gravitate toward multifamily units closer to a central city. Myers and Gearin (2001) reviewed surveys conducted by the National Association of Home Builders, Fannie Mae, Mature Markets, AARP, and American LIVES to determine the validity of reports on home preferences that drove the design and development of the housing market during the 1990s. Their findings confirm that a high percentage of adults aged 45 and older prefer single-family private dwellings, however, significant percentages desire alternate residential styles in higher density, urban areas with decreased dependence on automobiles. Myers and Gearin (2001) conclude that internal preferences of housing consumers 45 years of age and older may be inconsistent, especially in light of cultural ideals such as single-family homeownership. They argue that “preferences under ideal circumstances differ from preferences under more realistic circumstances,” suggesting that an individual’s needs, preferences, and ideals may change throughout the life course and by situation (Myers & Gearin, 2001, p. 639).

In general, individuals 45 years of age and older want a variety of options. Floor plans, amenities, and aesthetic options are important expression of individuality (Wylde, 2008). Privacy is a major priority, other sought after features include a large kitchen, open floor plan, enclosed and attached garage, natural light, outdoor living spaces, low or no maintenance, and multiple options for storage. Additionally, many individuals aged 45 and older were willing to pay more

for an energy-efficient or sustainable home, and would be content with less than 2,500 square feet (Wylde, 2008). Interestingly, 46% of participants, especially those aged 55 to 64 years, in Wylde's (2008) study reported they were likely to purchase a universally designed home, even though many could not define universal design. Encouraging universal design and visibility in new housing construction would provide options for Boomers interested in lever faucets and door handles, roll-under sinks, wide doorways, zero-step entrances, and a bathroom and bedroom on the main level (National Association of Area Agencies on Aging, Partners for Livable Communities, & MetLife Foundation, 2007). "These features are not difficult to build into new homes, and homes built with universal design features look much like other homes . . . governments can also create financial incentives such as tax credits for accessibility features" (National Association of Area Agencies on Aging, Partners for Livable Communities, & MetLife Foundation, 2007, p. 12).

Community Preferences

Although the majority of Boomers live in the suburban neighborhoods their parents populated following World War II, the past two decades have seen an increase in well-educated, middle-income and higher Boomers settled in non metro areas (Johnson & Scott, 2007).

. . . retirees are moving to some rural areas rich in natural and cultural amenities, such as those with proximity to ocean, lakes, or mountains, or within driving distance of urban areas. This . . . has created new business opportunities, especially in recreation and retirement services, as well as new challenges associated with managing growth. Baby-boom aging nationwide will increase the elderly share of the population in both metro and non metro counties, but it will heighten the concentrations of elderly residents in current high-elderly areas (Jones, Krandel, & Parker, 2007, p.32).

Community amenities desired by segments of Boomers depend on the age, ability, and health of the resident. Overall, 97% of Boomers ranked safety and security ranked among the most desired neighborhood amenity, additional highly desired amenities included proximity to community features such as hospitals, doctor's offices, places of worship, and shopping areas (AARP, 2003). The amenities that ranked lower included fitness centers, entertainment options, and walking and bike trails, however these amenities were highly valued by Boomers who were in good health and financially secure (AARP, 2003). Eye-catching entrances, upscale landscaping, and diversity of home styles were also valued community preferences among Boomers (Wylde, 2008). Nice views, access to outdoor spaces, mature trees, sidewalks, and green, open spaces, and walkability, access to retail and services within a five minute walk, were highly sought after by the 45 year and older housing market (Carman & Fox, 2009; Wylde, 2008). The highest ranked community preference, preferred by 96% respondents was a "lock and leave" home indicating the importance of perceived safety and security as well as convenience (Wylde, 2008).

Less information about community preferences exists by Boomer segments. Wylde (2008) identifies preferences among Boomers considering a move. For example, opportunities to exercise and keep fit within the community (through walking trails, parks, fitness centers, or pools, among others) were desired among 45 year and older households, but, these amenities were not essential to the 75 year and older market (Wylde, 2008). Additionally, 49% of

householders aged 75 years and older preferred developments with managed upkeep of front-yards; only 28% of those 45 to 54 years preferred such maintenance (Wylde, 2008). Identified preferences may reveal the effects of aging on activity--the oldest Boomers may prefer community amenities that relieve them of the responsibility of maintaining their homes and yards, younger Boomers may prefer living spaces that support an active lifestyle.

Community amenities are more powerful pull factors than available housing units or access to public transportation for older movers. Common reasons for moving into a community among individuals 55 years and older included liking the design and look of the community, access to work and leisure activities (MetLife, 2009b). Movers to single-family detached units were more likely than movers to multifamily units to agree that the housing unit was a primary reason to move; movers to multifamily units were more likely to cite proximity to family and friends as a reason to move.

In general, most Boomers are looking for an exciting, vibrant, and upbeat lifestyle; the opportunity for social engagement is more important than built features (Wylde, 2008). However, age, individual abilities, location, and resources influence preferred community amenities. Age, ability, and location play a role in individual decisions. For example, access to maintenance services is important among the oldest Boomers; outdoor pools are less desired in colder Midwestern areas than in warmer climates (Wylde, 2008). There is a strong need for builders and developers to understand the characteristics of the specific target segment of the 45 year and older housing market to create communities that meet their current and future preferences and needs.

Housing Needs

The housing preferences or desired housing characteristics expressed by individuals aged 45 years and older may fail to support their current or future needs. While most individuals can easily identify and describe their desired home features and amenities, many are unable to predict future needs or avoid planning for future needs. Overall, it is clear that people underestimate the physical, social, or fiscal costs associated with aging (AARP, 2003). Currently, eight out of ten individuals will live past age 65; as they age, they are at risk of new or recurring disabilities, including decreased mobility, diminishing visual acuity, loss of hearing, and “other musculoskeletal, cardiovascular, and cerebrovascular changes whose implications are only beginning to be appreciated” (Zola, 1997, p. 26). Additionally, individuals aged 65 years and older experience more injuries in the home than all other places combined (Yuen & Carter, 2006). Bathrooms and stairways tend to be the highest risk areas, largely because they typically include hard edged, slippery surfaces (Zola, 1997). Regardless, common physical and cognitive changes in aging adults often make the unmodified home an environment conducive to injury (Yuen & Carter, 2006).

In the Twin Cities, an estimated 20% of older adults aged 65 years and older have difficulty with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), such as bathing, toileting, cleaning, or running errands; the proportion of older adults who need assistance with ADLs and IADLs is expected to double by the year 2025 (Higgins, 1999, as cited in Hughes & O’Rand, 2004). Renters are more likely than homeowners to need services. Renters

often encounter difficulty in obtaining appropriate home modifications to support independence and ensure safety, as constraints, discrimination, and reluctance by landlords to make adaptations create barriers (Pynoos & Nishita, 2003). Those needing multiple services tend to be widely dispersed, making it difficult for public and private agencies to efficiently provide appropriate community-based services (Higgins, 1999, as cited in Hughes & O’Rand, 2004). As the numbers of older adults increases the need for services and improved housing stock increases (Higgins, 1999, as cited in Hughes & O’Rand, 2004). Although many adults aged 45 years and older do not currently have difficulty with ADLs or IADLs, as they age they may find a need for appropriate, affordable services and home modifications.

To maintain independence, autonomy, and safety for all Boomers, there is a need for affordable housing for Boomers reaching the end of their work careers. After retirement, many older adults live on a fixed income, increases in maintenance, property taxes, and insurance increases their housing cost burden, even among older adults with a mortgage-free home (Higgins, 1999, as cited in Hughes & O’Rand, 2004). According to Higgins (as cited in Hughes & O’Rand, 2004), housing cost burdens will be problematic for a large majority of seniors in the Twin Cities. The current supply of housing is not affordable for older adults living below median incomes nor is there an adequate supply of affordable housing near appropriate supportive services. Higgins (as cited in Hughes & O’Rand, 2004) estimates the Twin Cities will need to add another 62,000 affordable and appropriate senior housing units by 2025 to keep pace with current growth of Boomers. Hennepin County has a disproportionately large share of senior housing in comparison to other counties; a large majority of low to moderate income older adults live in first-ring suburbs while low to moderate cost senior housing units are concentrated in Minneapolis (Higgins, 1999, as cited in Hughes & O’Rand, 2004,). There is a need for appropriate and affordable housing options for older adults that not only meets their physical needs but their fiscal constraints as well.

Mobility and Relocation

While many Boomers do not perceive a need to move, others contemplate moving to meet changing preferences or needs. “Older folks with money have plenty of housing options” (Olson, 2010, retrieved from <http://Minnesota.publicradio.org/display/web/2010/09/09/senior-housing/>). Life course events often predict a propensity to move. In Wylde’s (2008) national survey of Boomers aged 45 years and older, retirement is a significant predictor of the propensity to relocate; 64% of those aged 55 to 64 years plan to move immediately following retirement. Among older adults considering a move, 31% want to lower overall housing expenses. Among those aged 45 to 64 years, a change in the number of people living in the home is an important reason to consider a move. Among those 65 and older, declines in health are important reasons for moving. Wylde (2008) also found that those who had moved within the past two years are most likely to move again. After two years there was a positive correlation with time in a home and propensity to move, the longer older adults stay in their homes the less likely they are to consider a move. Among individuals who move, 47% want specific accessibility features, 34% desire a smaller home, and 29% want a newly built home. In general, dissatisfaction with their home, community, or neighborhood is the most common reason to consider a move; older adults happy with their home, community, and neighborhood want to maintain their situation or age in place (Wylde, 2008).

Change in physical ability is often a reason to relocate; older adults who have experienced a decline in health are more likely to consider moving when they perceive their house is unfit to meet their current and increasing needs (Stoeckel & Porell, 2010). A fall within the home environment most often predicted a move; more than 50% of older adults considered relocating after a fall (Stoeckel & Porell, 2010). Attachment to one's home and close relationships with social networks may deter relocation. A supportive environment that meets the needs of aging adults may prevent institutionalization and sustain independence and autonomy. Stoeckel and Porell (2010) argue that older adults with declining health may be able to age in place if their home environment supports their changing needs throughout the aging process. Many policy makers have attempted to identify community attributes that support aging in place. There are a variety of labels attached to community efforts to support aging in place, Communities for a Lifetime, Elder-friendly Communities, Aging in Communities, of a Livable Community for All Ages¹. Common characteristics of such communities include:

- 1) Holistic planning and assessment encompassing public, market-rate, and nonprofit service providers;
- 2) Improving infrastructure to develop a range of housing and mobility options, as well as sidewalks, trails, curb cuts, and traffic lights that encourage foot traffic and sidewalk activity;
- 3) Foster social interactions and connections that encourage social capital across generations; and,
- 4) Encourage the development and access to products, information, and services that support both independence and public engagement (Metropolitan Area Agency on Aging, 2008; National Association of Area Agencies on Aging, Partners for Livable Communities, & MetLife Foundation, May, 2007; Stafford, 2009; Thomas & Blanchard, 2009; Minnesota Department of Human Services, 2010).

Such a supportive community promotes physical and psychological well-being; it is inclusive, providing benefits to residents throughout the lifecycle (Scharlach, 2009; Stafford, 2009). In other words, planning for the needs of Boomers, implementing and maintaining these characteristics would improve community life for all residents. Community participation in planning this community is critical and should include representatives of all age groups (MetLife, 2010). Inclusive community participation will enrich planning and acknowledge the universal benefits of housing and community improvements that will support aging Boomers.

Independent Living

NORCs. Previous and current elders aging in place often find themselves in a naturally occurring retirement communities (NORCs). Neighborhoods and developments often naturally evolve into communities with a high proportion of residents who are age 60 or older (Golant, 1992). Michael Hunt originally defined NORCs as communities developed for young families in

¹ The variety of descriptive terms, Communities for a Lifetime, Elder-friendly Communities, Aging in Communities, of a Livable Community for All Ages, NORCs, villages, used to explain the concept of an supportive environment to age as independently and inclusively as possible, likely confuse consumers.

which 50% or more of the residents have aged in place (see Michael Hunt). By definition the housing stock, services, and community design in NORCs often fail to support independence and safety for seniors. Yet NORCs exemplify the attachment Americans have for independence, as well as a sense of home and community. NORCs develop in rural areas as young adult out-migrate for jobs and metropolitan lifestyles; they evolve in dense urban neighborhoods with concentrations of multifamily housing as young families leave for a suburban lifestyle. NORCs also develop as aging adults intentionally relocate into building, neighborhoods, and communities with a concentration of aging adults (Golant, MetLife Mature Market Institute & Tenenbaum, 2010).

Overtime the concept of NORC continues to be expanded and refined to include communities that intentional. “A healthy NORC . . . facilitates greater physical and activity through design, planning, and programs, and that promotes feelings of well-being” (Kirk, 2009, p. 134).

Public programs support NORCs by organizing support services, encouraging informal social support networks, and providing guidance on home modifications. “Since September 1, 2002, more than \$22 million in federal funds and match exceeding \$7 million has been used to establish more than 40 supportive service programs for older adults”; between 2002 and 2007, more than 20,000 seniors across the nation were served (U.S. Administration on Aging (AoA), 2010). These programs are designed to help residents remain in their homes with supportive services including transportation to medical services and shopping, and referrals to human service programs. Program managers also encourage and coordinate community volunteer efforts for seniors. In 2008, AoA-sponsored NORCs were administered through 19 United Jewish Federation (UJC) Communities including the Jewish Community Action Agency in Saint Paul. In fiscal year 2008, the AoA NORCs programs received \$4,852,733 in federal funding; in 2009 the funding was \$1,484,000 (AoA, 2010).

Villages. There are several examples of grassroots efforts among current elders and leading edge Boomers to create intentional communities that support aging-in-place. Residents organize their own programs, a range of supports and services that enable aging in place (Stafford, 2009; Tenenbaum & MetLife, 2010). For example, in the mill district neighborhood in Minneapolis members of Mill City Commons organize social activities to encourage social support, vet vendors, and advocate for the needed services (see <http://www.millcitycommons.org>). Mill City Commons is an active peer support group organizing interest groups, vetting personal services and home maintenance vendors, building relationships with neighborhood health and wellness providers, matching members with needs with members looking for meaningful volunteer activities through a Member-to-Member program and encouraging community engagement; the annual fees range from \$750 to \$2500. The River Bluffs Village (<http://www.riverbluffsvillage.org>) in Mendota Heights offers a central location for events and organized activities as well as access to list of preferred provider services, services ranging from debt management and bill assistance to personal care to home maintenance. Designed “to serve elders at all income levels and be a pilot or model for a more suburban-like cooperative” (Stafford, 2009, p. 132). River Bluff Village annuals memberships range from \$225 to \$640. DARTS worked with local residents to secure donations and funding as well as provided technical assistance to establish this village (Stafford, 2009). On December 1, 2010, *The Star Tribune* reported that River Bluff Village was closing at the end of 2010 because it could not

subscribe a “critical mass” (Wolfe, Peterson, & Smetanka, 2010). It will be interesting to observe this concept to see if villages or intentional communities can flourish in a broad range of neighborhoods or if they are sustainable only in middle and high income neighborhoods.

Currently there are more than 50 villages across the U.S. with an average of 157 members (Scharlach, Lehning, & Graham, 2010). Although most villages target individuals 50 years and older, 92% of the members are individuals preceding Boomers; 20% are over the age of 85. In general, they live independently and use the village for social activities and occasional assistance (Scharlach, Lehning, & Graham, 2010). Villages are working in a variety of neighborhoods, 23% are in rural areas (Scharlach, Lehning, & Graham, 2010). Leading edge Boomers have a history of social activism, many may find contributing time toward this type of a grassroots effort fulfilling. Planners and policymakers can support these efforts by providing technical assistance, modest investments in time and money, and formal and informal public meeting spaces that encourage individuals to gather and engage with each other (Stafford, 2009).

Home Modifications

While many individuals experience various declines in health throughout their lifetime, the likelihood of physical or cognitive disability increases with age (Memken & Earley, 2007; Niva & Skar, 2006). Aging in place is only a safe option if the house has accessible features or is capable of being easily adapted (Memken & Earley, 2007). Instead of providing incentives or subsidizing adaptations to the home, U.S. policy has historically focused on relocation or providing in-home services; policy makers have demonstrated little awareness of the need for and effectiveness of home modifications (Lansperly, Callahan, Miller, & Hyde, 1997). Adapting one’s home environment to support independent functioning can be cost-effective, adaptations are often less costly than hospitalization or other medical services such as ambulatory care (Lansperly et al., 1997; Zola, 1997).

Needs and Benefits

Housing has a significant role in predicting the health outcomes of older adults; health and safety are contingent upon adequate and appropriate housing (Hays, 2002). Housing and its surrounding neighborhood also determines access to social networks, health care, and quality personal care (Newman, 2003). Most older adults live in neighborhoods without access to appropriate care and in housing poorly designed to accommodate future disabilities (Memken & Earley, 2007; Newman, 2003). In 2007, older adults comprised 12% of the population, only .60% of all single-family units on the housing market in the United States were physically accessible (Memken & Earley, 2007). Accessible home environments have the ability to slow the rate of functional decline, reduce health care services, prevent falls, improve activity patterns, and improve the overall quality of life of older adults with or without disabilities, thereby permitting aging in place (James & Sweaney, 2010; Lansperly et al., 1997; Memken & Earley, 2007; Niva & Skar, 2006).

Although Boomers may be unaware or unconcerned with their future housing needs (AARP, 2003), research indicates that older adults age 75 years and older have twice the need for residential modifications than adults aged 60 to 65 years (Zola, 1997). Advance planning for

future housing needs is appropriate. In AARP's (2003) survey of older adults aged 45 and older, bathroom aids, personal alert systems, and zero-step entrances were ranked among the most important anticipated modifications. Interestingly, these specific features are the least likely to be present. Housing modifications can also incorporate weatherization to improve comfort and efficiency (AARP, 2010). The average cost of home modification to significantly improve quality of life for older adults is \$1,507, in many cases the equivalent of the annual expense for ambulance service among older adults in inaccessible homes who require frequent medical attention (Zola, 1997).

Overall, the "most straightforward way for older adults to improve physical accessibility in their home is through home modification" (AARP, 2010, p. 2). Appropriate home modifications can result in significant cost benefits; typical initial expenditures are 13-22 times less than the average costs of reduced support services and hospitalization (Zola, 1997). Additionally, adaptations and modifications to the home provide increased independence, autonomy, and control over their living environments for older adults (James & Sweaney, 2010; Lanspery et al., 1997; Memken & Earley, 2007; Niva & Skar, 2006; Newman, 2003; Pynoos & Nishita, 2003; Tabbarah, Silverstein, & Seeman, 2000; Wahl et al., 2009). Older adults who perceive increased control over aspects of their home environment tend to be more satisfied with their lives (Wylde, 2008). Perceived independence, autonomy, control, and satisfaction over one's home can prevent relocation, thereby preserving residents and their social networks within their current communities.

Prevalence and Determinants of Implementation

Implementation of home modifications has increased over the past several decades however, unmet needs have also increased. There is little literature describing factors that predict home modifications even though "an understanding of the health conditions and disabilities that are associated with having home modifications is of growing importance if we seek to prevent, postpone, or reduce levels of disability in the older population" (Tabbarah, Silverstein, & Seeman, 2000, p. 224-225). In general, 75% of housing adaptations are made by individuals aged 65 and older (Niva & Skar, 2006). For the most part, falls within the home (50-75% of all falls are among older adults) predict who will implement modifications as well as when and what is installed (Yuen & Carter, 2006). The perceived absence of choice in aesthetic and affordable solutions to accommodate the individual's disability as well as options that will continue to adapt to residents' changing needs often persuade older adults to forgo modifications that can improve the safety and livability of their home (Newman, 2003).

More than 75% of older adults making home modifications self-finance the modifications (Pynoos & Nishita, 2003). The multiple public and private programs to assist individuals in designing, funding, and installing adaptations often run out of funds (Pintos & Nishita, 2003). Finding funds and appropriate experts to identify hazards and subsequent adaptations can be difficult (Lanspery et al., 1997). Overall, high-income older adults are more likely to make significant home modifications; low-income older adults can typically afford only small adaptations, even with if they find funding assistance (Pynoos & Nishita, 2003). Unmet needs and "housing-related disabilities" are more common among Black, very low-income female

headed households than other households headed by older adults. In general, measurable unmet needs for home modifications increase as household income decreases (Newman, 2003).

Health and Relocation Outcomes

Improvements and prevalence of modifications in the home environment may be partially responsible for improvements in the physical functioning of older adults; several studies identify some positive health-related outcomes of home modifications (Hayes, 2002; Lanspery et al., 1997; Tabbarah, Silverstein, & Seeman, 2000; Wahl et al., 2009). However, little is known about how housing, outside of senior residential settings such as nursing homes and assisted living, specifically impacts health-related outcomes, however Newman(2003) found older adults with disabilities living in homes with some modifications are less likely to report housing or neighborhood problems. Home modifications altered residents' activity patterns, including the addition of new activities, increased activity performance, and perceived accessibility to the home (Niva & Skar, 2006). Modifications can also slow the rate of functional decline, reduce health care services, and prevent or reduce falls (Niva & Skar, 2006; Wahl et al., 2009; Yuen & Carter, 2006).

Older adults facing declines in health in housing without appropriate home modifications are more likely to consider relocating to more supportive housing (Stoeckel & Porell, 2010; Tabbarah, Silverstein, & Seeman, 2000). All regions in the United States lack accessible housing; even neighborhoods with high concentrations of older adults lack accessible housing; 75% of older adults live in homes poorly designed to accommodate physical and cognitive disabilities (Memken & Earley, 2007). Without appropriate home modification programs the options for Boomers include coping with safety hazards, restricted activity and loss of social connectedness, or to housing specifically designed to meet the needs of aging adults. Strategies to encourage aging in place include consumer education about good design, access to incentives and funding to modify existing housing, and the development of accessible, modifiable housing with individualized services delivered to older adults.

Housing Development and Policy Implications

Policymakers, planners, designers, and developers consider the need and preferences of adults aged 45 and older to ensure that housing and communities support the aging of the country's largest generation. "Communities throughout the United States are poorly designed for dealing with the dramatic demographic changes they are experiencing as their residents age (Scharlach, 2009, p. 5). By and large, current housing stock in the United States is expensive, not physically accessible, and in residential neighborhoods separated from commercial, medical, and social services (Scharlach, 2009). These factors make it difficult for older adults to age-in-place (AARP, 2010; Memken & Earley, 2007). Those Boomers who consider a change in their housing will take time to evaluate where to live and what they would like in another home. Individuals aged 45 and older want and expect expert knowledge as they consider their future housing needs (Wylde, 2008).

Seventy-five percent of older adults live in homes poorly designed to accommodate physical and cognitive disabilities (Memken & Earley, 2007). Planners and developers need to encourage the

development of accessible housing in all areas of the community to meet the future needs of aging Boomers (Myers & Ryu, 2008). New housing should be designed and current housing retrofitted to incorporate elements of universal design, visitability, and accessibility that allow residents to navigate their homes safely and independently, as well as encourage participation in social and civic life (AARP, 2010; Memken & Earley, 2007; Pynoos & Nishita, 2003).

Wylde (2002) found that Boomers 55 years of age and older who consider a move spend an average of eight months searching for a new home; they typically viewed seven new homes and seven existing homes in the search. Although the housing market has changed significantly since the burst of the housing bubble in 2007 (Myers & Ryu, 2008), there are marketing and planning strategies that can be utilized by designers, developers, and policymakers to attract and retain Boomers in their communities. For instance, monitoring the supply and demand of current and future housing to avoid over-supply and refocusing efforts on improving housing stock for accessibility and affordability can help ensure appropriate housing for older adults with increasing needs (Higgins, 1999, as cited in Hughes & O'Rand, 2004; Myers & Ryu, 2008). Additionally, promoting choice through a variety of home and age-specific neighborhood options integrated with services, amenities, and transit alternatives (including walkability) can create active, livable communities that attract and retain older adults from retirement and beyond (AARP, 2010).

Although many individuals aged 45 years and older have not and may not experience declines in physical or cognitive abilities, it is important for planners, policymakers, designers, and developers to consider how changes in health can affect one's ability to remain in their home. It is vital that current and future housing can be modified or adapted to fit the needs of the resident. Overall, the oldest individuals in the poorest health stand to see the most health benefits from home modifications, but tend to be the individuals least likely or able to complete modifications due to increased disabilities or financial constraints (Lansperly et al., 1997; Tabbarah, Silverstein, & Seeman, 2000). Although a wide-range of adaptations are available and being incorporated by some older adults, many are still going without or waiting until it is too late to make a significant difference in their physical functioning or ability to remain in their homes (Tabbarah, Silverstein, & Seeman, 2000). There is a significant need for "better design of new construction, better adaptation of existing construction, and better understanding of how to combine adaptations and services [that] will enable more older people and people with disabilities to live at home safely and autonomously" (Lansperly et al., 1997, p. 19).

Creating or retrofitting housing to meet the needs of all individuals, regardless of ability, is the best option to allow older adults to remain in their homes and maintain autonomy and privacy. Although many modifications and adaptations can be easily installed for a relatively low price (Lansperly et al., 1997; Zola, 1997), it is clear that many older adults are confused regarding effectiveness and cost. Such hesitation can include an inability to identify how or where to incorporate modifications, how to hire professionals, how to pay for such adaptations, and uncertainty of how changes will affect the value of the property (Pynoos & Nishita, 2003). Exploring policies that make aspects of universal design and visitability a priority or requirement in new housing can help alleviate the continued gaps residents' need for safety and accessibility and housing (Pynoos & Nishita, 2003).

“Most housing adaptations would be unnecessary if all residential settings were completely accessible” (Lansperly et al., 1997, p. 11). Accessibility does not need to be overly complicated nor expensive; even small adaptations in new construction or existing homes can make a significant difference in the ability of the resident to navigate their home environment safely and independently (Zola, 1997). Incorporating accessibility in new construction is less expensive than modifying existing housing (Memken & Earley, 2007). The costs of integrating accessible features in new construction is only slightly more than conventional (inaccessible) units (Zola, 1997). There is a significant need for consumer education, assistance, and funding options for the wider incorporation and acceptance of home modifications, universal design, and visitability features that enable all people, regardless of ability, to live better and more independently (Lansperly et al., 1997; Pynoos & Nishita, 2003; Zola, 1997).

Conclusion: Literature Review

To ensure the survival of housing stock and enhance local amenities, it will be important for communities to plan for aging Boomers and those who follow. The ratio of retired older adults to working-age individuals is expected to grow by roughly 30% in the next two decades. Boomers determined to age in place present a complex challenge to planners; the majority reside in homes that do not support changing physical abilities and are located in residential areas isolated from medical, retail, and social services.

The desire, preference, and ability to stay in one’s own home for as long as possible depend on the safety and functionality of the home, access to local support services designed to accommodate older adults, and the ability of the civic infrastructure to be ‘activity friendly’. “It is one thing for planners and designers to solve for access, safety, and independence within one’s home through support services and physical intervention; it is another thing to examine the community in which the home exists and what the community has in place to engage and support older adults” (Kirk, 2009, p. 136-137).

A comprehensive solution to support Boomers to age in place requires information and incentives regarding home modifications, access to long-term quality human services, a variety of transportation modes, cultural and recreational activities, and support for effective informal support networks. Furthermore, these initiatives must be culturally appropriate and inclusive to meet the variety of needs in a group as large and diverse as baby boomers. Finally, programs and services designed to meet the needs of Boomers must be integrated with the demands of the preceding and succeeding generations (Kirk, 2009).

There is potential for Boomers to relocate to appropriately designed senior housing. Since 78.2% of those 45 years of age and older are homeowners, this transition will have an extraordinary impact on communities (U.S. Census Bureau, American Housing Survey, 2010). Meyers and Ryu (2008) predict that the effects of the “exit of the Baby Boomers from homeownership (could be)...as significant as their entry” (p. 17). Despite the tendency for Boomers to deny declining physical and cognitive functions, many community features can support abilities and encourage independence. For example, older adults are likely to walk more and remain independent when they live in neighborhoods with retail outlets (Clarke & George, 2005, cited in Scharlach, 2009). “Macro-level political and economic forces influence local decisions and resulting opportunities

for older residents” (Scharlach, 2009, p. 8). Indeed many current policymakers, designers, and developers are Boomers themselves, motivated to consider appropriate solutions that maintain the affordability, sustainability, and vitality of housing and communities for years to come.

Among Boomers searching for new housing, the community and the neighborhood is often viewed as important as the home itself (Wylde, 2008). “Simply put, an ‘age-friendly’ community promotes the physical and psychological well-being of community members throughout the life cycle” (Scharlach, 2009, p. 8). In other words, developing aging-friendly, vital, and livable communities that offer affordable, appropriate, and vibrant housing options with accessible transportation, access to health care, social interaction, cultural and religious opportunities attracts and retains Boomers as well as everyone who follows them (AARP, 2010; Myers & Ryu, 2008; Scharlach, 2009). Once planners and developers understand how to develop and maintain age-friendly housing and communities, they also need to market the housing characteristics, services, and community amenities that define age-friendly supportive housing and communities.²

2 The variety of descriptive terms, Communities for a Lifetime, Elder-friendly Communities, Aging in Communities, of a Livable Community for All Ages, NORCs, villages, used to explain the concept of an supportive environment to age as independently and inclusively as possible, likely confuse consumers.

Focus Group Highlights: Baby Boomers and Housing in Hennepin County

The purpose of this section is to summarize the data in seven focus group interviews with 42 Baby Boomer residents of Hennepin County. The purpose of the interviews was to describe the participants' housing and community concerns, expectations, and plans for aging. Based on literature suggesting that the youngest Boomers are not concerned with issues of aging, we focused the interviews on leading edge and middle Boomers; those between the ages of 55 and 65. These findings are intended to increase understanding of Boomers and inform Hennepin County planners in supporting the changing physical, emotional, and social needs of residents as they age within their neighborhoods and communities.

Key Themes from Focus Groups

The primary themes expressed by 42 Hennepin County residents between the ages of 55 and 65 are presented below. Questions in the structured focus group interviews centered on housing concerns, plans for housing, perceptions of senior housing alternatives, access to housing information, and transportation. A discussion of the analysis and findings with select participant quotes follows.

- 1) The participants—Boomers residing in Hennepin County—varied in their expectations and plans for the future. The most frequently expressed concerns were about uncertainty concerning individual futures and community resources. It was difficult for participants to predict their financial and physical well-being, as well as how they would access services and options in housing. We intentionally recruited participants who had low-incomes, were immigrants, and individuals of color. The participants were heterogeneous in demographic characteristics, however several general concerns about aging emerged: affordability; access to public transportation, retail, and services; and isolation.
- 2) Participants in stable relationships or stable housing, including subsidized housing, assumed their lives and housing would remain stable. Single individuals and individuals of color were more likely to have thought about aging and how they will live. Singles were more likely than married individuals to have considered housing alternatives. Several individuals of color concluded that their lives would not extend 10 and 20 years in the future.
- 3) The majority of participants expected to remain in Hennepin County, generally in their current neighborhood. Some mentioned moving to warmer climates or to small, out-state communities. Those who considered a change in housing mentioned townhouse, condo, or apartment units. Concerns about changing residences included the need for help with maintenance, losing access to gardening and room for hobbies, needing to sort and discard possessions, and family responsibilities.

- 4) The term “senior housing” had negative connotations. Responses described housing that was dense with small living units, isolating, and expensive. Concerns were also expressed about the social environment in a concentration of older, failing residents and potential abuse. Alternatively several participants characterized “age-segregated” senior developments as communities with specialized services, activities, and an age-supportive culture.
- 5) Participants expressed that the complexity of searching for and evaluating housing options was often overwhelming. The Internet was the primary source of information about senior housing; additional information sources included word of mouth, libraries, and traditional media. Participants wished for more unbiased information and efficient coordinated access and intake processes to facilitate their own search for senior housing as well as to assist parents in finding housing and services.
- 6) Participants were influenced by their parents’ experiences regarding health and housing, often because they had been involved in their parents’ decisions. They were not aware of recent changes in senior housing options nor are current recipients of housing subsidies aware of potential changes to programs due to diminishing public funds.
- 7) Participants recognized the advantages to aging in a single-level home; several mentioned they might need to move or they were effectively living on a single floor in their current multi-story house. Many had helped modify their parents’ homes with grab bars. Most home modification concerns centered on mobility issues; there seemed to be little awareness of other safety and convenience options. Renters were not aware of rights to modify rental housing.
- 8) The majority of participants relied on their personal cars to meet the demands of work, family care giving, and shopping. Many mentioned using public transportation to get to or around downtown Minneapolis. Barriers to using public transportation included lack of service in suburbs, time required to make transfers, safety concerns, and reduced nighttime buses. Many recognized the health benefits of biking and walking, but weather made it difficult not to rely on other modes of transportation.
- 9) Participants had many ideas for Hennepin County regarding their future housing needs. The majority suggested that individuals from their age group and representatives from diverse backgrounds and neighborhoods serve on planning committees and participate in additional conversations about planning for Boomers.

Introduction and Overview

Our goal was to understand how Baby Boomers residing in Hennepin County think about and plan for their impending needs for housing, transportation, and services. We wanted to describe their plans and expectations ten and twenty years in the future, perceptions of senior housing, and their sources of information. Because we identified a lack of literature on diverse and marginalized subgroups of Baby Boomers, we were especially interested in the attitudes of low-income individuals, immigrants, persons of color, and unmarried individuals.

The findings from seven focus groups with 42 participants should not be generalized to all Baby Boomers living in Hennepin County nor should they be interpreted as answering all questions around planning housing, service, and transportation in Hennepin County. The study provides insights into the expectations, needs, and perceptions of Boomers with critical needs, many who rely on County and other public programs to meet their needs as they age.

Procedures

The data were the participants' own words in response to semi-structured interview questions (see the Appendix). Seven focus groups were conducted; 42 individuals participated. We held seven separate focus group sessions in Bloomington, Saint Louis Park (two sessions), Brooklyn Park, East Lake Street in Minneapolis, downtown Minneapolis and Cedar Riverside. Participants were personally invited by a church staff member at Brooklyn Park, the Skyway Center Director and a volunteer with Volunteers of America at Cedar Riverside. The number of participants in each focus group ranged from 3 to 13 individuals. Participants were recruited with flyers in the Oxford library in Bloomington and East Lake Street library in Minneapolis. The flyer explained the purpose of the focus group, the time and place, the incentive (a \$25 gift card), and a phone number to call to RSVP. The Institutional Review Board consent form from the University of Minnesota was reviewed with participants who signed the form and completed a short demographic questionnaire at the beginning of the focus group. Two researchers were present at each session, one to moderate the session and the other to take written field notes as a reference to the transcripts. The one hour focus groups were audio-taped with a digital recorder and transcribed.

Fifty-two percent of the participants were of color. The mean age was 57 years and ranged between 44 and 69 years of age. The mean length of residence in Hennepin County was 26 years and ranged from 2 months to 62 years. There were 29 (69%) females. Within each focus group, the participants were very similar by characteristics such as race, gender, and our perception of their income (income was not asked on the questionnaire). Housing arrangements were varied, 20 (48%) were renting, 18 (43%) owned, 2 lived rent free, 1 had a lease to own arrangement, and 1 did not provide information on housing type and tenure.

The data analyzed were the participants' own words in response to semi-structured interview questions (see Appendix). The analytic strategy utilized a systematic approach. First, transcripts were independently read several times by each of three researchers. Transcribed statements were then organized in a matrix by the interview questions that had been asked so that we could view responses to a question simultaneously across the focus groups. The matrix also was reviewed to

identify themes that emerged from the questions. Significant statements were highlighted and theoretical categories were identified (Bloomberg & Volpe, 2008). Using the theoretical category statements we developed a table to help identify formulated meanings. Formulated meanings were categorized into themes, themes and statements were then compared across focus groups. The themes were related to the concepts identified in the literature review. The approach was organized and flexible, the matrix and tables helped identify “big ideas” without overlooking themes related to demographic subgroups (Patton, 1997).

Findings: Top Housing Concerns

Overview

Participants easily articulated top housing concerns: a lack of financial resources, inability to predict future health problems, and a lack of access to unbiased information. They were trying to assess the issues and knew, as one participant indicated, that “*it’s best to prepare for the future today.*” They were familiar with the consequences of not planning. Another participant said, “*I think the experience comes from most of us have had parents that we’ve had to deal with or help or grandparents that we’ve had to assist with through their final stages, or even in illnesses or just age right now. And you’ve got to learn something from that. You can’t be involved in that and not learn something from [it].*” Our participants understood the ramifications of not planning, however they felt the tasks associated with planning could be overwhelming.

Most Important Housing Issues when Growing Older

In every focus group, the concerns over affordability were evident. However, it was mentioned in varying degrees. For some groups with of lower incomes, it was evident that they had struggled with affordability before and felt the issue would continue. Housing affordability was related to their concerns about their security. One participant shared her situation,

I always say money’s shrinking and everything’s going up all the time. So when I moved into my house it was \$800 for taxes, now it’s almost \$3,000. It’s just that I live in a house the size of a garage. It was built before electricity. It has a tiny, it’s from before electricity was invented, there’s a hole in the wall and a pot belly stove and a vent where the heat raise and they used to have an outhouse so I think those costs are high but I mean, we’re part of a community whether we like it or not and where I live half the people don’t work anymore but they are supporting the schools and I think for our ward it used to be half the federal and half but now the whole community actually has to support the school and I actually think it’s kinda a burden when you’re not working and you don’t have kids 20, 30 years later. I’ve talked to people who had to leave their house ‘cause they could not afford to live in it. . . . The water bill is high, I hardly use any water, it’s 100 bucks every two months.

The issue of accessibility was emphasized and characterized in three ways. First, accessibility to affordable public transportation was important, i.e., one day passes allow individuals to run all of their errands on one day rather than in a two and one-half hour limit under a single fare. Second, accessibility to stores, cultural amenities, the library, the hospital, etc., was important as these

community attributes allow individuals to stay engaged and receive the services they need. And, third, physical accessibility of the housing unit was important. The participants were thinking about “aging in place” and mentioned single-level living with wider doorways and hallways. They also wanted to be sure that friends who used a wheelchair could visit. As one participant stated:

You want to make that accessible so they can get around in your house. You know, you're a certain age, more than likely you're going to have some friends of a certain age so you want to make it accessible. You still want to have a good time.”

Another participant was frustrated that wheelchairs often dominate accessibility issues; she has a brother who is deaf and has not been able to find an affordable phone so that she can call him. Other participants were concerned about declining eyesight and maneuvering within their environment.

Personal safety was mentioned frequently. Participants had a variety of safety issues including neighborhood safety, concerns about waiting for buses after dark, safety when around other housing complex residents, and the security of their individual unit.

Important concepts related to safety and security was peace and quiet. Participants wanted home to be a quiet space, where they did not hear their neighbors and where they did not worry about bothering their neighbors with noise. One participant clearly articulated the importance of both the housing and neighborhood environments,

If you don't have peace you cannot leave the house or the apartment. If your neighbor is crazy you cannot live there. That's no life; if it's beautiful but the neighbor is no good. It's better to take an ugly house but the neighbor(hood) is peace. That is right. Peace is the life. Beautiful house is not enough. The house is not attached to my body but the peace makes me peace in the life. Beautiful is nothing. Peace is the life. You have to have security.

Climate was mentioned several times. Many participants felt it would be easier to live in a warm climate, however family and friends were strong anchors keeping them in this area. They also wanted to live in a clean building. Desired design features in a home included natural light and direct access to outdoors, the connection to the out of doors was important to our participants.

Participants were concerned that they would not have anyone to help them with small and large tasks. They mentioned the possibility of need help with relatively small tasks such as changing a light bulb in the ceiling. Participants in multi-family housing shared that maintenance workers were slow to get to small jobs, and they are sometimes charged for services. Living in a facility in which they did not have to do their own outdoor maintenance was desired. More than one focus group, especially single female participants, mentioned that being in a community where members helped one another was desired. They often mentioned fear about being alone and isolated; most participants wanted to be part of a supportive community.

Barriers to Living in Desired Housing in the Future

Participants also discussed what they thought could prevent them from attaining the type of housing and community they desired. The greatest concerns were lack of money and jobs as well as their future health. As one participant indicated: “*So I feel fairly comfortable financially, but I don’t know how my health is going to last.*” Another participant felt very strapped financially:

No retirement. No retirement money. There's nothing left. I have used up all my savings that I had. I used up everything. For years I didn't have a job, period. I went to different states. I went to seven different states to find a job, and it just did not work, and I have all kinds of skill and education and things like that. Experience. Many years. Working in nonprofits. I was a change agent. I sat on [organization for confidentiality] for eight years. They set up programs because of my input, because I was advocating in the community, and I'd tell them what needs to be done. But it's really hard for seniors when they don't have either the money or the resources or the retirement. It's all gone.

Many participants who were homeowners felt constrained from moving or altering their home because their homes had lost market value. One group discussed a community based program that remodeled her mother’s home to allow it to be accessible. Another brought up the option of reverse mortgages as a way to obtain funds; most were not in favor of reverse mortgages. As one participant explained, “*I would want that home to be left for my kids and stuff. So I wouldn’t give it to reverse mortgage because they take your home.*” Another participant expressed, “*I think it would be good to have somebody like, or some place or a hotline or something that’s real and has good intentions to really help people to understand what’s available . . . [not] to come into your house and to have you sign up for something that’s not really appropriate.*”

Some participants were responsible for family members, it was difficult for them to plan for the future, e.g., “*I took an early retirement to take care of my son who's mentally retarded. And I moved here because I was told that they had good programs for retarded citizens. And so that left me without my full benefit.*”

Some participants were confused about available resources to make change a home to make it more accessible, safe, or manageable as well as what senior housing alternatives were available in Hennepin County. Access to information was a barrier (see page XX for a discussion of how to help someone to find housing). Different focus groups developed solutions. A participant group mentioned creating a place where seniors could go:

A clearinghouse, so to speak-- a hub where it would have familiarity with all of the services that are available for seniors, and that would include bus transportation, all-day passes or six-hour passes, which they actually have . . . and different housing options, or set-asides, which are available in all buildings under construction. But if you don't know about those things, then you're left thinking, ‘Well, it's just not available.’ So somebody goes over here and they'll give you a pile of papers, and you're overwhelmed with all these papers, rather than an individual who will advocate and say, ‘Well, you know, I can sort through these services better because I'm more knowledgeable about all these services because I represent the clearinghouse of services. So I know about the volunteers on college campuses. I know

about the volunteers in high schools. I know about the volunteers in churches. I know about all kinds of resources, because that's what I do. I'm the clearinghouse.' So if there was an organization or some kind of representation like that, I think that would go to a large extent to serving the senior citizens with perhaps resources that are there, but just not being utilized.

Findings: Expectations of Future Housing

Overview

It appeared from the discussion, that the participants had thought about their future and could project a desired type of housing and location they would like in 10 years. They thought that they would still be living independently and either in the same dwelling or a smaller independent unit. Some participants, currently renting, were hoping to live in a single family home, either owned or rented, in 10 years. The participants were at various stages of their “housing careers.” Thinking of 20 years into the future was more difficult—some assumed they would no longer be living, others could not envision any changes. The majority of participants, whether in 10 or 20 years, felt they would still be living in Hennepin County, although others were contemplating a move to a warmer state especially if family members lived there.

Expectations of Housing in 10 Years

Many of the participants in suburban communities lived in single family housing. There was tendency for the suburban single family dwellers and married couples to expect to continue to live in their current home for at least the next 10 years. However, many of the unmarried participants currently living in suburban single family houses expected to make a move to a townhome or apartment. In general, those considering a move saw themselves in a townhouse or condominium. Association fees were mentioned as a potential problem compared to continuing to live in their single family home. While some participants enjoyed gardening activities, others did not want to be responsible for yard work and snow removal in 10 years.

Many single participants were already living in a townhome or apartment and expected to stay there. However, some participants who were currently renting an apartment hoped to move to an owned condominium or even a single family house and saw it as a “move up”. Considerations of moving was influenced by resources. For one low income participant, there were not many options available for her:

I don't know where I want to be, but I'm not happy where I'm at, because I live in a subsidized high-rise and it becoming kind of unsafe. Not only that, we have this restaurant that plays their music really loud, from eleven to two o'clock on--about three days a week they keep you awake. And so I'm in this group--we're trying to work to stop that. And we're trying to work, in my building, to stop-- to make it more safe. Because we don't have security there. And I really don't like high-rise, but when I first moved here, I had my own apartment, and I was hoping to keep my son, who's handicapped, with me. So that was two incomes: my retirement and his income. So I figured that I could eventually get a house. That didn't work.

Bad luck hit. So I don't like high-rise. I really don't. I'd rather have a place, like she said, where you can go out, have a garden. You can barbecue if you want to barbecue two o'clock in the morning. Whatever. I just--I hate it. I hate where I live. I do. Ten years from now, I don't know where I'm going to be. I'm trying to keep my right mind. I hope I don't be dead, but I might.

[Facilitator asked: So you're definitely going to be moving?]

I don't know. It's nowhere to move, when you're poor, you ain't got no money. Where can you move?

Many of the participants assumed that their relationships and housing would continue for the next 10 years. A few still had young children at home or adult children with disabilities or financial hardships living with them. Others were considering living with other family members such as an elderly mother to be able to better care for her, or an adult child with or without children so that the participants could downsize their housing. Several single participants expressed hopes to be married and living with a new spouse.

Expectations of Housing in 20 Years

When asked to think about their lives 20 years into the future, some participants assumed that they would have died. Among the urban group of African Americans, all eight participants replied that they would be dead. On the other hand, some participants expected they would still be working and did not anticipate that their 20 year plan would be any different from their 10 year plan. Other participants brought up their parents' experiences of longevity and health problems and were planning futures based on the parents' experiences. Two examples of variance in response:

Both my parents are now deceased and I went through the last 5 years of their lives with both of them in and out of the nursing home and it was supposed to be one bedrooms but . . . you know just the quality of life, when I took my Dad there from the hospital I was like: well now what, he couldn't care for himself and there was just no, I mean sometimes you get a really nice aid and they'll take a little time and come talk to them but other than that, it's kinda like they're just dumped there

Actually I do [think about 20 years into the future], and if we're talking about expectations, what we'd like, I don't know, my Dad was pretty vibrant, except that he had Alzheimer's until he was in his mid 80s.

Some participants imagined living in senior housing, others thought they would have moved to their retirement home mentioned examples include a small home in Minnesota, Hawaii, or a southern state. Senior housing, including assisted housing, was more frequently mentioned by low income participants. One participant commented:

I could see possibly needing assisted living and I don't know if I'm going to be able to afford it. I mean even going back to the ten years I don't even know if I'll be able to afford to stay in the place that I'm in, I say that's what I want but the association fees are so high and my

income is so limited that I don't even know if that's feasible let alone paying for an assisted living, or over 55 with services.

Other participants shared examples of desired housing situations from other places they had lived, for example:

Before I came back here from California I met this gal in this class I was taking and she said that ideas [of cooperatives] was starting to really grab hold and there were starting to be these cooperative living communities and I don't know if that's even the right word, but that really appealed to me, too, and my feeling would be, I'm lucky cause I've got some really nice relatives, so I could possibly see maybe moving to where they are. I also have two sons and I don't know so I've sort of toyed with the idea of moving sort of closer by them. So in twenty years I could see maybe more of a need or desire to be closer to members of family or maybe in a cooperative living. I think it's great to have a group connection. That really appeals to me.

Geographic Location in the Future

Most participants indicated they enjoyed Minnesota, specifically Hennepin County, and its amenities and felt that they could continue to endure the cold, snow, and ice. Many wanted to remain close to family in Minnesota. Among participants who indicated that they would probably not live in Minnesota, the primary reasons were cold weather and strong family ties elsewhere. For example, a recent immigrant from Somali hoped to return to Somali. Others had lived elsewhere and/or still had family in warmer states and were considering a move to West Virginia, South Carolina, Florida, or Georgia be with to family,

Many of the groups discussed moving to a small town. For example, one participant shared:

I'd like to live down south, in [place name to retain confidentiality of participant]. Because it's nice, it's quiet. It's a world so totally different from here. And I've lived basically in a city all my life, and I spent a little time down south a few years ago and it's just-- it's a different world. And you can plant a garden and you can have fruit trees. You can come outside. Where I was staying with a friend, we would go outside to the fig trees and eat our breakfast. And so, you know. She had a pear tree, an orange tree, a lemon tree. So we'd just go outside and get our fruit. And then they trade. Like if I got too many tomatoes, you'd give them to your neighbors, and that neighborly thing is still going on down there. And that's what I like. I was never one for the south. You couldn't push me to go to the south. My family would invite me and try to take me down, and I was like, 'No.' Now that I'm about to be an older adult and went down south, I didn't want to leave.

Findings: Perceptions of Senior Housing and How to Find Information

Overview

Most participants, except for those that currently resided in subsidized senior housing, did not have a favorable perception of senior housing. They recognized that senior housing encompasses

a variety of options, but that also increased the complexity of their search. They realized that they may need it in the future, but most had not begun to explore their options. Many were not aware of the current regulations regarding senior housing and used past experiences of friends and families as their sources of information. They were confident in using the computer to conduct searches, but did not have efficient search methods or resources to find out about options available for them.

Perceptions of “Senior Housing” and its Residents

The notion of “senior housing” evoked many strong and negative reactions from the participants. Phrases that were voiced immediately when asked how they would describe senior housing included:

- *high-rise*
- *tiny apartment*
- *expensive*
- *isolation*
- *a bunch of old people and it smells*
- *social security people*
- *depressing with a lot of people with walkers and wheelchairs*
- *fear, horrific experiences, abuse*

An interchange between two participants was poignant in their characterization of senior housing:

[first participant] *That's what I was talking about, the isolation, in those houses. My mother moved--she just moved out of one building in [community removed by authors to retain confidentiality of participant] to [state removed by authors to retain confidentiality of participant] because too many people were dying there. She said Death had an apartment up in there, because there was just--*

[second participant] *We've had about 10 deaths.*

[first participant] *It's too much. And it's hard to try to get to know somebody when you're older, and then all of the sudden you're talking to them today and then they're dead tomorrow. That's hard.*

For others, the term “assisted living” came to mind and some participants indicated that it meant to them that “*you had to do it,*” representing a loss of control and independence. The label, “assisted living,” was problematic for some because the participants interpreted it as defining who the residents rather than describing a housing alternative. A participant suggested, “*call it something else, I don't care what but I don't want to be around a bunch of old people and I have white hair.*”

There was a range of perceptions of senior housing. It was characterized as very expensive, “*they all have pretty names like Golden Pond or something . . . and it's like 3 to 4 thousand a month.*” In contrast, other participants described assisted as a facility that provides medical care for poor individuals, “*in senior houses, if the man or the woman is 55 . . . and sick, if he is mentally sick,*

if his body is sick, and if he has no money to pay rent the government take care of him in adult houses, or public house; so I think they are very important.” Participants eventually discussed that “senior housing” is “*a big umbrella and assisted living is one of the multiple options that falls under it.*”

Other participants described a social perspective of assisted living:

A community where people come together and there are services like sometimes there is food but there is flexibility and they tend to provide activities and transportation and it depends on what the community needs.

When I think about senior living I think of like a community, like it can be either, you know, assisted where there's like someone there to help for health purposes. Or people that can live on their own but just in an environment. And then just time to be around people kind of your own and your own culture of aging and be able to do stuff.

Perceptions of Age-segregated Housing Communities

Participants, especially residents in suburban communities, knew of age-segregated communities. For example, one participant defined them as “*terrific places; they have buses that go everywhere, an exercise room, beauty shop, the banker comes, they all play cards, they're going off to movies, they're going off on bus trips.*” Another said, “*if you give everything you own you can live here. It's just some people will do that and they don't care but to me there's something wrong with that picture.*”

Participants also expressed problems with age-segregated communities and a loss of independence and self-determination. One female participant caring for a son with disabilities feels constrained by few options available to her family. Another participant helps out with her grandchildren and shared her experience:

There'd be a group of us that have grandchildren that come there, and then there was always somebody complaining who just didn't like children period, and they didn't mind letting you know. So that made it feel very uncomfortable having them there. But a lot of seniors are connected with their grandchildren, for one reason or another. Because I help my son and daughter by babysitting because they have to leave early in the morning and they have to drop my granddaughter off, and I can get her ready for school, and the school bus stops right in front. But when you have somebody complaining or threatening that you're going to be evicted if you--if they catch you with the kids all the time. But I mean, I have to do that five days a week because I'm helping them out, and they're helping me out, giving me extra change. So I'd like to be in a place where that's not a big issue. But I'd like a building that has a playground or something close by too that I wouldn't have to worry about disturbing anybody. For the most part, they're very quiet, and I always take them to the park. But there's always that fear in the back of my mind that somebody's going to say or do something that will cause me to be put out of the building. And if it's the only affordable place around--I don't like it, but I know it's affordable. I can't afford to be anywhere else.

How They Would Help Someone of 60 or 80 Years of Age to Find Housing Information

To look for housing or recommend to a friend where to look for housing, participants immediately mentioned the internet and recommended visiting Craig's List, the Web site of the community in which they want to live, and other sites by "Googling" "senior housing." Traditional sources of information mentioned included word of mouth, the newspaper, the yellow pages, libraries, and AARP magazines. Participants who were of low income and of color mentioned the Housing Authority, reflecting their own housing provider. And others mentioned the Minnesota Board of Aging, "Senior Housing Minneapolis" and attending open houses.

Participants described a search process that frequently would begin with the community, then price, the type of structure and characteristics such as the number of floors, security, elevator, etc., and available services or activities. If helping someone much older, they felt they would need to provide more guidance. A participant, who had formerly been homeless, shared a frustrating story of help that consisted of a list of potential properties. She had to visit each one individually and fill out the same information at each site. Another characterized that type of incident as "*paper-pushing at seniors*" where the older person is given a lot of printed information without assistance to help sort through the options, nor anyone to explain the process or serve as their advocate.

Single female heads of households were frustrated that there were not more creative and cooperative housing options. For instance, examples were mentioned from California and France, where young adults are paired with older adults so that the young adult has affordable housing and the older adult has someone to help maintain the home (e.g., changing a light bulb in the ceiling).

Unless a participant was currently living in senior housing, they were not informed about where to begin to search efficiently for senior housing. Single female heads of households mentioned a resource fair focused on their particular needs would be very useful. Most of the groups discussed the need for a single source of information on the internet about housing options in Hennepin County; they were not aware that such a source currently exists.

Findings: Housing Modifications

Overview

Participants understood the features that would make it easier to get around in their houses as they age. But, those in apartments were reliant on the building owner to add features, and most believe the owner would make changes. Some of the participants had modified their parents' homes, but had not initiated any changes in their own homes. In part, that may be because they plan to move when they are older (see summary on future housing choices starting on page 25).

Current Features in Their Housing

Participants recognized the advantages of one-level living. One participant who's daughter had moved out shared that except for laundry, she lives on the main floor. Individuals living in apartments felt that they could continue living there, even if they needed to use a wheelchair. However, some activities of daily living, e.g., cleaning the shower, would be difficult to do as they age.

Modifications Made to Current Housing

Participants had experiences of making modifications for older relatives. A modification that was done for an uncle was to install handrails in the bathroom by the toilet and in the shower, but the participant now uses them as well. One participant had handrails installed for the apartment her mother lived in, and she was planning on installing them in her father's house as well which she would be inheriting. These modifications are minimal in terms of what could be done to the homes. Participants seemed more likely to move to housing that was more accessible than to make modifications to their current housing.

Features Desired in Housing

One group's discussion focused more on what they identified as features in order to live in their dwelling as long as possible. The items they felt were most important primarily related to ambulatory accessibility, although a few items were mentioned about the kitchen and security:

- Grab bars
- A ramp
- Motion activated lights
- Less stairs
- First floor living
- One level living
- Laundry room on the same floor as the bedrooms
- Walk-in shower
- Walk-in bathtub
- Wider doors to the bathroom
- A hot tub and a shallow exercise pool(they also discussed using the walk-in bathtub) f
- Kitchen ranges with large numbers on the controls for low-sighted people
- Kitchen cabinets that are not too high or low; accessible without having to reach high or bend low
- Security system with a call alert
- Intercom system

Issues

In discussing the topic of modifications, participants in some groups brought up issues or barriers that prevented them from making modifications where they are currently living. For those living

in apartments, it was noted that, while they had grab bars for the bathtub, other modifications were not possible, stating, “*Well, it's not up to us. It's up to the owners of the building.*”

The decision to make modifications to remain in their housing was complicated by the option to move. One participant was planning on making some modifications and funding it through an equity line of credit on the home and paying it off over the next 30 years, but this participant was also considering selling the house.

The discussions frequently focused on physical modifications to a home, and while, many participants reacted negatively to the term “senior housing” (see discussion on perceptions of senior housing, page 28), they were interested in simple modifications to allow them to stay independent in their homes. However, one participant shared a glimpse of the issues that complicate decisions about changes such as modifying housing or moving:

Well for me if I could just get it cleaned up cause it's like an obstacle course in there (ha ha) and I laugh but I mean it's serious because when I get older and maybe more prone to falling I've got to get it, but I mean with my physical limitations I haven't been able to do the upkeep of it to keep it at the level it is let alone doing modifications so that's another concern.

Findings: Transportation

Overview

The majority of participants in this study lived independently, owned a car, and enjoyed the flexibility of having a car. Because of their current lifestyles—working, caring for parents and/or grandchildren, and shopping—the car provided them with flexibility and independence. Alternatively a participant in Brooklyn Park felt that buses allowed her a level of independence she would not have if she relied on family and friends for transportation. She also commented, “*I appreciate being able to just sit back and let somebody else worry about traffic.*” Those who relied on public transportation tended to live in urban Minneapolis and had educated themselves on how to use it as efficiently as possible. The lack of service in suburban areas, the time required for additional transfers, safety concerns, and the limited nighttime schedule kept many from using public transportation. Many participants were interested in biking or walking to get to places because they recognized the health benefits of doing so, but considered it a secondary mode of transportation.

Types of Transportation Used

The most frequent mode of transportation of participants was a car. However, many participants who had the option of a car did take public transportation, either the bus or the train, to work when their schedule and their place of employment coordinated with the availability of public transportation. When they did not have a car because it had been stolen or needed repairs, they commented on the convenience of public transportation.

The reasons for using a car, even when other forms of transportation were available, were because of the convenience, independence, and flexibility in scheduling needs. The

disadvantages of driving a car were paying for parking downtown and the cost of upkeep. Examples of the car importance in their lives were expressed by some participants:

I've got two aging parents, I live with one and the other lives within, I think, three miles, and sometimes I need to sort of pick up and go over to the other's house.

When I worked downtown I used to bus rather than drive, but now I work part-time out in Apple Valley and I don't have any option. Except to drive, there's no way to get there by bus.

Where I live the bus service stops at like 6:00, and I'm working the night shift so unless I get creative and go like a mile, then I could maybe catch a bus.

I like to take [my] car cause when I need to take bus, need to take two bus[es], need to walk someplace for next bus. Go two time, maybe bus one hour, my car is 20 to 30 minutes.

For those who lived downtown, public transportation was used frequently. For many it appeared to be the only form of transportation aside from walking or relying on someone else rides. Many others preferred to walk and felt it improved their physical and mental health, but it was not the primary mode of transportation for getting to work or shopping. More frequently, it appeared to be a recreational activity.

Alternatives to Driving a Car

Suburban participants, who relied on their cars, indicated that if they were unable to drive, they might take the bus, but would prefer to get a ride from someone, although they also recognized the imposition on others. Participants were concerned about the service schedule and length of time to get to locations by public transportation. They hoped that bus service for seniors would be available to them in the future. Several participants complained about Metro Mobility; complaints included slow service and inconvenient schedules. For example, one participant shared that patients at the clinic where she works wait hours before and after appointments for Metro Mobility.

Participants thought that they might choose a bicycle in good weather if they had access to bike trails in their suburban community and bicycling would only be an option for them in the summer and in good weather. One participant thought that a motorbike could be an alternative, but there was a lot of confusion over how one obtains a license.

Use of Public Transportation

A number of individuals owned cars but preferred to take the bus for a variety of reasons. For those who relied on public transportation or would like to, factors that made it difficult included inadequate service, lack of perceived safety, and their own physical stamina. Safety was a concern for many of the participants; females did not want to walk to and from a bus stop after

dark—five blocks was considered too far. Others had chronic health problems that made it painful for them to walk to a bus stop. Examples of comments included:

If I want to go anywhere within the city, it's very accessible. But if I have to go out further, like if I have to be seen by a specialist, then it gets kind of complicated because buses that run out towards the suburbs don't always run out that frequently, and then you have to make sure you get the right letter bus.

When I was sharing a car with my Mother, when I was taking care of her and she had somewhere to go, I would [take the bus], but I have physical issues and it's real hard for me—jerking my neck and stuff.

Now that I live over south [Minneapolis], I like the bus system a lot better. When I was living up north [Minneapolis] and I'd ride the number 5 bus, it was kind of dangerous, kind of rowdy. It was noisy. And it's just very not safe. Now that they have more police on the number 5 route, it's gotten a little better. But I've watched it over the years get really bad.

Another participant indicated that getting to and from the buses downtown was very safe because “there's [sic] cameras on every street downtown and the police [are] always patrolling.”

More than one group of participants mentioned problems of using public transportation in the winter, especially for their friends who use wheelchairs. The snow banks on the streets made it very difficult to board buses, and for many of the participants, there are not bus shelters at their closest stops. A participant who sometimes uses the bus was surprised to board a bus one day that did not require any steps up to the seats, adding, “it was just the strangest sensation and I thought if I was in a wheelchair this would be great.”

Walking and Biking

Most participants expressed the desire to walk, and some to bike. Walking was perceived as a way to maintain their health, but for others, health problems restricted their ability to walk.

I love walking, but I suffer with shortness of breath, and I don't know if it's the air here or what. Because I'm from the south, and we walk. Everybody in town walk from one part of town to the next. I got up here, I got shortness of breath. I don't know if this asthma's triggered it, or what it is.

The investment in bike paths and trails was recognized by at least one participant as making it easier to ride a bike, and safer. Some female participants were afraid of bicycles and others were not comfortable to ride on busy roadways with motorized vehicles. And, an interesting comment from one participant was, “I am tired of the pressure on us to stay active; I am getting old and I wish others would just let me be old.”

Findings: Participants' Ideas for Hennepin County

Overview

Participants had many ideas for how the County could facilitate their future housing needs. They had some unique ideas that would not necessarily be possible under current funding rules and regulations, but many were receptive to changing current practices. They also wanted to be included when the County establishes planning committees. Our participants emphasized that seniors need opportunities to voice their opinions. And, that the members of planning committees or task forces should be from all diverse backgrounds and neighborhoods.

Important Things Hennepin County Could Do

More than one group emphasized the continuing need for affordable housing, and that it affordable senior housing should not be in high-rises. One focus group did not want more age-segregated high-rises. One participant thoughtfully spoke about a program where subsidized apartments designated for older persons could be scattered among many different properties, including market rate buildings; there might be two to five units for seniors in a building. These would be units that the County “owned” and leased to qualified older residents. He felt this alternative to designated senior buildings could help to remove the stigma associated with large subsidized housing projects. Others would like to extend the concept to small homes where visiting family members and grandchildren are welcomed and accommodated without disturbing neighbors. A participant recommended finding a way for individuals to “buy into” a property now while they were still working so that they could manage the costs more easily when on a fixed income in the future.

Participants felt access to the out of doors was important; access to small gardens was suggested so seniors could remain physically and mentally engaged—active in individual pursuits, social activities, or doing something with their hands. Another participant was discouraged that when programs are planned, they are not scheduled to accommodate different lifestyles or routines, stating:

I've noticed a lot of senior things are geared toward doing things in the morning and I'm a night owl. I'm actually nocturnal so I'd go to senior center there's actually some classes that I'd enjoy but they're all too early, I'd never get there until later, so if everything was great but it was all geared toward the morning I'd be just as isolated as if they didn't have them.

Senior housing need to be developed as an integral part of a larger residential community; it should not be sited in commercial areas or among many high rises. Transportation needs to be available, either very near public transportation or specialized vans provided to take groups of seniors shopping or to the theater and other cultural activities. It is important to provide transportation for a variety of needs and limit specialized transportation for medical needs.

A low income group of participants tended to focus on resources they likely received from Hennepin County. They saw Hennepin County as the entity responsible for helping people; they

valued the medical services, food stamps, and public housing. They also understood that there were public funds that supported those services and they were allowed their rightful portion and not more. One participant characterized it was like stealing from other citizens if you were not truthful on the application and received more than an appropriate share. Healthcare was also brought up by other groups as well. Suggestions ranged from free healthcare to healthcare stipends or discounts.

Conclusion: Focus Group

In many aspects our findings from focus group interviews with subgroups of Boomers in Hennepin County mirror the literature. In general, our participants want to age in their current home and community; they prefer a single-family unit with access to green space. They believe the neighborhood setting is an important determinant of appropriate housing. The majority rely on their own car for transportation. They are concerned about safety. With the exception of grab bars there is little awareness of home modifications that can support mobility and safety in independent living. Most of our participants agreed with the negative connotations of alternative senior housing. Although some participants thought benefits to alternative housing might include less responsibility for maintenance and recognized one-level living might make life easier as they age.

Similar to the literature on the general population of Boomers, many of our participants are not planning for their future needs. However we see a tendency for low-income participants, participants of color, unmarried participants, and participants who have been involved with aging parents to think about their future needs and consider moves to smaller units and/or senior retirement communities. Our participants describe how senior housing could be improved. Comments from our participants convince us that the process of seeking unbiased information and evaluating options is overwhelming.

Our participants made several salient suggestions. They think information should be available and identified as reliable. Furthermore, they want to be involved or their voices represented as plans are made for their future.

References

- AARP. (2003). *These four walls...Americans 45+ talk about home and community*. Retrieved from http://assets.aarp.org/rgcenter/il/four_walls.pdf.
- AARP Public Policy Institute. (2010). *Strategies to meet the housing needs of older adults*. Retrieved from <http://assets.aarp.org/rgcenter/ppi/liv-com/i38-strategies.pdf>
- Abbott, P. S., Carman, N., Carman, J., & Scarfo, B. (Eds.). (2009). *Re-creating neighborhoods for successful aging*. Baltimore: Health Professions Press.
- Bailey, C., & Gilmore, K. (2004). *Highlights of a survey of older adults in Ramsey County*. Saint Paul, MN: The Wilder Research Center.
- Bloomberg, L., & Volpe, M. (2008). *Completing your qualitative dissertation: A roadmap from beginning to end*. Thousand Oaks, CA: Sage.
- Campbell, K. (2005). The many faces of the baby boomers. *The Christian Science Monitor*, January 26, 2005, Retrieved from <http://www.csmonitor.com/2005/0126/p15s02-lihc.html>
- Carman, J., & Fox, E. (2009). Outdoor environments supportive of independence and aging well. In P. S. Abbott, N. Carman, J. Carman, & B. Scarfo (Eds.), *Re-creating neighborhoods for successful aging* (pp. 164-209). Baltimore, MD: Health Professions Press.
- Clarke, P., & George, L. K. (2005). The role of the build environment on the disablement process. *American Journal of Public Health*, 95, 1933-1939.
- CQ Researcher. (Oct. 19, 2007). *Aging baby boomers: Will the 'youth generation' redefine old age?* 17(37), 865-888. Retrieved from www.cqresearcher.com
- Ecumen. (2007). "Age-Wave" Study. Retrieved from <http://www.ecumen.org/app/webroot/files/file/White%20Papers/Age-Wave-Study.pdf>
- Frank, J. B. (2002). *The paradox of aging in place in assisted living*. Westport, CT: Bergin and Garvey.
- Golant, S. M. (1992). *Housing for America's elderly: Many possibilities, few choices*. Newbury Park, CA: Sage Publications.
- Greenblatt, A. (2007). Aging Baby Boomers. *CQ Researcher*, 17(3), 867-885 Retrieved from www.cqresearcher.com .
- Hays, J. C. (2002). Living arrangements and health status in later life: A review of recent literature. *Public Health Nursing*, 19(2), 136-151.
- Hays, J. C., Fillenbaum, G. G., Gold, D. T., Shanley, M. C., & Blazer, D. G. (1995). Black-white and urban-rural difference in stability of household composition among the elderly. *The Journal of Gerontology, Series B* 50, S301-S311.
- Hughes, M. E., & O'Rand, A. M. (2004). *The lives and times of the Baby Boomers*. Retrieved from <http://www.prb.org/Articles/2004/thelivesandtimesofthebabyboomers.aspx?p=1>
- James, R. N., & Sweaney, A. L. (2010). Housing dissatisfaction and cognitive decline in older adults. *Journal of Housing for the Elderly*, 24, 93-106.

- Johnson, T. G., & Scott, J. K. (2002). *The changing nature of rural communities*. Retrieved from <http://ageconsearch.umn.edu/bitstream/17697/1/ar970177.pdf>
- Jones, C. A., Krandel, W., & Parker, T. (2007). Population dynamics are changing the profile of rural areas. *Amber Waves*, 5(2), 30-35.
- Kirk, P. A. (2009). Naturally occurring retirement communities: Thriving though creative retrofitting. In P. S. Abbott, N. Carman, J. Carman, & B. Scarfo (Eds.), *Re-creating neighborhoods for successful aging* (pp. 115-143). Baltimore: Health Professions Press.
- Lansperly, S., Callahan, J. J., Miller, J. R., & Hyde, J. (1997). Introduction: Staying put. In S. Lansperly & J. Hyde (Eds.), *Staying Put: Adapting the Places Instead of the People* (pp. 1-22). Amityville, NY: Baywood Publishing Company.
- Liu, S. Y., & Lapane, K. L. (2009). Residential modifications and decline in physical function among community-dwelling adults. *Gerontologist*, 49(3), 344-354.
- Memken, J., & Earley, N. (2007). Accessible housing availability for the growing U.S. elderly population. *Housing and Society*, 34(1), 101-115.
- MetLife. (2009a). *Boomer bookends: Insights into the oldest and youngest Boomers*. Retrieved from <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-studies-boomer-bookends.pdf>
- MetLife. (2009b). *Report Housing for the 55+ market: Trends and insights on Boomers and beyond*. [PDF document]. Retrieved from <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-report-housing-55+-market.pdf>
- MetLife. (2010). *The MetLife study of Boomers in the middle: An in-depth look at Americans born 1952-1958*. Retrieved from <http://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-boomers-middle.pdf>
- Metropolitan Area Agency on Aging. (2009). *Communities for a lifetime survey findings*. Report downloadable at www.tcaging.org
- Minnesota Board on Aging. (2010). *Survey of older Minnesotans – Data tables*. Retrieved from <http://www.mnaging.org/advisor/survey/dataTables.htm>
- Minnesota Department of Human Services. (2007). *A blueprint for 2010: Preparing Minnesota for the age wave*. Retrieved from <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5059-ENG>.
- Minnesota Department of Human Services, with the Minnesota Board on Aging and the Minnesota Department of Health. (2010). *Transform 2010*. Retrieved from http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_156199.
- Morris, E. W., & Winter, M. (1993). *Housing, family and society* (2nd ed.). Ames, IA: Authors.
- Myers, D. (2008). *How population change ushers in a new era for planning* [PDF document]. http://www.economicdevelopmentandchildcare.org/documents/technical_assistance/planning_family_friendly/apa_2010_myers.pdf

- Myers, D., & Gearin, E. (2001). Current preferences and future demand for denser residential environments. *Housing Policy Debate*, 12(4), 633-659.
- Myers, D., & Ryu, S. H. (2008). Aging baby boomers and the generational housing bubble: Foresight and mitigation of an epic transition. *Journal of the American Planning Association*, 74(1), 17-33.
- National Association of Area Agencies on Aging, Partners for Livable Communities, & MetLife Foundation (May, 2007). *A blueprint for Action: Developing a livable community for all ages*. [PDF document]. Retrieved from <http://www.metlife.com/>
- Newman, S. (2003). The living conditions of elderly Americans. *The Gerontologist*, 43(1), 99-109.
- Niva, B., & Skar, L. (2006). A pilot study of the activity patterns of five elderly persons after a housing adaptation. *Occupational Therapy International*, 13(1), 21-34.
- Olson, D. (2010) *Housing options good for seniors, if they've got money*. [PDF Document]. Retrieved from <http://Minnesota.publicradio.org/display/web/2010/09/09/senior-housing/>
- Patton, M. (1997). *Utilization-focused evaluation: The new century text*. Thousand Oaks, CA: Sage.
- Pynoos, J., & Liebig, P. (2009). Changing work, retirement, and housing patterns. *Generations*, 33(3), 20-26.
- Pynoos, J., & Nishita, C. M. (2003). The cost and financing of home modifications in the United States. *Journal of Disability Policy Studies*, 14(2), 68-73.
- Robinson, J. T., & Moen, P. (2000). A life-course perspective on housing expectations and shifts in late midlife. *Research on Aging*, 22(5), 499-532.
- Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. *Research on Aging*, 30, 3-35.
- Scharlach, A. E. (2009). Creating age-friendly communities: Why America's cities and towns must become better places to grow old. *Generations*, 33(2), 5 – 11.
- Scharlach, A., Lehring, A., & Graham, C. (June 2010). *A demographic profile of village members*. [PDF document]. Retrieved from http://millcitycommons.org/sites/millcitycommons.org/files/u181/Village_Demographics_Report_Final.pdf
- Shelton, A. (2008). A first look at older Americans and the mortgage crisis. *Insight on the Issues* [PDF document]. Retrieved from http://assets.aarp.org/rgcenter/econ/i9_mortgage.pdf
- Stafford, P. B. (2009). *Elderurbia*. Santa Barbara, CA: Praeger.
- Stoeckel, K. J., & Porell, F. (2010). Do older adults anticipate relocating? The relationship between housing relocation expectations and falls. *Journal of Applied Gerontology*, 29(2), 231-250.
- Tabbarah, M., Silverstein, M., & Seeman, T. (2000). A health and demographic profile of noninstitutionalized older Americans residing in environments with home modifications. *Journal of Aging and Health*, 12(2), 204-228.

- Tenenbaum, L., & MetLife Mature Market Institute (September 2010). *The MetLife report on aging in place 2.0: Rethinking solutions to the home care challenge*.
- Thomas, W. H., & Blanchard, J. M. (2009). Moving beyond place: Aging in Community. *Generations*, 33(2), 12-17.
- U.S. Administration on Aging. (2010). [PDF document]. Retrieved from http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/NORC/index.aspx
- U.S. Bureau of the Census, American Housing Survey. (2010). *Housing vacancies and homeownership* [data file]. Retrieved www.census.gov/hhes/www/housing/hvs/qtr110/q110tab7.html
- U.S. Department of Housing and Urban Development. (2005). *Elderly housing consumption: Historical patterns and projected trends*. Washington, DC: Author.
- U.S. Department of Housing and Urban Development. (2006). *The Baby Boomer generation: What we can learn from the 2005 American Housing Survey*. Retrieved from http://www.huduser.org/periodicals/ushmc/fall06/Q306_babyboomer.pdf
- Wahl, H.-W., Fange, A., Oswald, F., Gitlin, L. N., & Iwarsson, S. (2009). The home environment and disability-related outcomes in aging individuals: What is the empirical evidence? *The Gerontologist*, 49(3), 355-367.
- Wolfe, W., Peterson, D., & Smetanka, M.J. (2010, December 1). Where will seniors live? *Star Tribune*. Retrieved from <http://www.startribune.com/lifestyle/health/111163024.html>
- Wylde, M. (2002). *Boomers on the Horizon: Housing Preferences of the 55+ Housing Market*. Washington, D.C.: BuilderBooks.
- Wylde, M. A. (2008). *Right House, Right Place, Right Time: Community and Lifestyle Preferences of the 45+ Housing Market*. Washington, DC.: BuilderBooks.
- Zola, I. K. (1997). Living at home: The convergence of aging and disability. In S. Lanspery & J. Hyde (Eds.), *Staying put: Adapting the places instead of the people* (pp. 25-39). Amityville, NY: Baywood Publishing Company.

Appendix: Focus Group Interview Script

Date: _____ **Moderator:** _____ **# of Participants:** _____

Location: _____ **Time began:** _____ **Time concluded:** _____

Introduction (5 MINUTES)

Welcome and thank you for choosing to participate in this discussion. My name is _____ and I will be facilitating today's discussion. I also want to introduce Kelsey Imbertson, who will be helping me today. We are both in the housing studies program at the University of Minnesota.

We have been asked by Hennepin County to find out what residents think about where and how they plan to live as they get older and the services, such as transportation, they think they would need. The information you share with us today will help Hennepin County as they work to meet the needs of residents in the future. We are having discussions like this with several groups around the county. You were recruited to participate because you represent a (single female head of a) household that lives in Hennepin County and you voluntarily responded to the advertisement we posted.

Our discussion will last approximately 60 minutes. We will be recording the discussion because we don't want to miss any of your comments and we want to be sure that our recording is accurate. People often say very helpful things in these discussions and we can't write fast enough to get them all down. We will be on a first name basis tonight, but we won't use any names in our report. You may be assured of complete confidentiality. Our written report will go to Hennepin County, but the audio tape will be destroyed after our report is written.

Before we begin, I want to give a few guidelines.

- We are looking for your honest thoughts and opinions. There are no wrong answers, only different points of view. Your opinions are important so don't worry if you are the only one who thinks a certain way, just be sure to listen and respond respectfully as others share their views.
- We ask that you turn off or silence your phones. If you must respond to a call, please step out and rejoin us as quickly as you can.
- My role as moderator will be to guide the discussion. I will try to be sure that only one person is speaking at a time and, in order for us to cover all of the questions, I may need to interrupt at times to move the conversation along.
- Finally, we ask that you do not discuss with others outside this room what others have shared tonight.

Okay, let's begin.

Turn on tape recorder.

We have placed name cards on the table in front of you to help us remember each other's names. Let's find out some more about each other by going around the table. Tell us your name and one thing that you like most about living in Hennepin County.

CUE TRANSITION: Now, I'd like to touch on a topic related to housing and talk a little bit about transportation and getting from home to where you go every day.

1. Thinking about how you typically get to the places you go, what is the main type of transportation for the majority of trips you make? What do you enjoy about that type of transportation?

1a. *Follow-up:* If you were to choose to stop driving or were unable to drive for any period of time, describe how you would get to the places you need to go?

1b. *Follow-up if not mentioned in previous responses:* Do you have access to public transportation – bus or light rail – where you currently live? What makes you choose or not choose to use it?

1c. *Follow-up if not mentioned in previous responses:* Do you walk or bike to get to the places you want to go now? If so, what makes you choose to walk or bike?

CUE TRANSITION: Now, for the next few questions, I want you to think about you and your household, **10 years** from now. Picture in your mind where you might be living and who is living with you.

2. Describe the kind of housing you expect to be living in.
(*Prompt if necessary:* By kind of housing I mean a single family home, townhome, condo, apartment, that kind of thing.)
3. Describe where, 10 years from now, the geographic location you expect to be living.
(*Prompt if necessary:* Here in Minnesota? Somewhere else in the U.S.? An international location? In a suburb, a small city/town, a rural community?)

4. Again, 10 years from now, describe who would be living with you in that housing and place.

CUE TRANSITION: Now, for the next few questions, I want you to think about you and your household, **20 years** from now. Picture in your mind where you might be living and who is living with you.

5. Describe the kind of housing do you expect to be living in.
(*Prompt if necessary:* By kind of housing I mean single family home, townhome, condo, apartment, that kind of thing.)

6. 20 years from now, where, in terms of your geographic location, do you expect to be living?
(*Prompt if necessary:* Here in Minnesota? Somewhere else in the U.S.? An international location? In a suburb, a small city/town, or a rural community)

7. Again, 20 years from now, describe who would be living with you in that housing and place.

CUE TRANSITION: Having thought about your future living situation, whether 10 or 20 years in the future, the next few questions ask about changes that might be made (*or other prompt if they indicate they would still be in the same home/place*).

8. What types of modifications to your current living space would be useful to make it possible for you to stay there as you age? *Or*, Describe modifications you have made or features in your housing that you feel will allow you to stay in your home long-term.

9. When you think about growing older, what are the top three things related to housing that are important to you?

10. What might prevent you from living in the situation you desire in the future?
(*Prompt if necessary:* savings; retirement; equity in owned home; family; etc.)

CUE TRANSITION: Thank you for helping me to understand your housing opinions so far. Now, I'd like to talk about a particular type of housing.

11. When I say, "senior housing," what does that mean to you? How do you describe it?

12. Describe who lives in “senior housing.” What are they like?
13. What do you think about “age-segregated housing communities” – communities or buildings in which you need to be a certain age to purchase or rent a residence?
14. If you had a friend in their 60s who was looking for housing, where would you suggest they go for information?
15. If you had a friend in their 80s, where would you suggest they go for information about housing?

CUE TRANSITION: Since we are doing this project for Hennepin County, I have one more request of you.

16. Suppose that you had one minute to talk to the Hennepin County Board on planning for housing and services in the future. What would you say is the most important thing that they should plan for?

CUE TRANSITION: Before we end tonight, we want to summarize what we have heard to be sure that we understand your main thoughts.

Provide brief summary, using their words and main points.

Have we missed anything?

Thank you for your participation and for all of the comments you have shared with us today. Be sure to get your gift card before you leave.