By Janice Blanchard

Aging in Community: The Communitarian Alternative to Aging in Place, Alone

Wherein baby boomers contemplate how, where, and with whom they would like to grow old.

Aging in community is not new. At the turn of the twentieth century, an older person could expect to live and die in their own home and community, with family, friends, and neighbors providing support as needed (Cassel and Demel, 2001). Of course, few people lived into old age. The average life expectancy in 1900—when the first of the G.I. Generation was born—was only forty-nine years old. Merely 4 percent of the country, three million Americans, lived to ages 65 and older.

Beginning in the 1950s, improvements in the prevention and treatment of heart disease and strokes, two of the three leading causes of death, significantly increased age-adjusted life expectancy. These and other medical breakthroughs enabled the G.I. Generation to be the first generation to live well into their seventies and beyond—twenty years or more beyond their life expectancy at birth. Today those ages 85 and older are the fastest growing segment of the population, and the group turning 100 years or older has grown 66 percent, from 32,194 in 1980 to 53,364 in 2010 (Meyer, 2012).

A longer life has not necessarily meant a better quality of life, however, and no one knows this more intimately than the millions of adult children caring for their parents as they struggle to remain in family homes and communities ill-designed for the challenges of aging. While living at home is preferable to life in an institution, it can still feel like a hollow victory when it happens in a home that poses physical, financial, or emotional challenges and makes meaningful connection with others difficult, if not impossible. Without social interaction, meaning, and purpose, advanced aging in one's home, often alone, can result in dwindling choices and mounting levels of loneliness, helplessness, and boredom—the same three plagues of nursing homes (Thomas and Blanchard, 2009). Furthermore, loneliness and social isolation in particular can lead to functional decline and hasten death (Steptoe et al., 2013).

These lessons have not been lost on those who have or are currently providing care. As Susan McWhinney-Morse, co-founder of Beacon Hill Village, noted:

> The prospect of aging, particularly in our culture rampant with ageism, is disconcerting, even frightening to many people. These feelings were the impetus for a small group of us to gather in 1999. Each of us had witnessed firsthand the distress our relatives experienced as they aged: a mother in a retirement community who felt abandoned and lonely; a parent in

a nursing home, marginalized and over-drugged; an uncle with limited means and no immediate family to help out. We found these prevalent scenarios shocking and unacceptable—and we were determined to find another way (McWhinney-Morse, 2013).

The "way" that McWhinney-Morse and her friends forged led to the creation of Beacon Hill Village, one of several new communitarian approaches that emphasize friends and neighbors supporting each other as they age, rather than aging as a solo journey. Collectively, these new pathways are leading to a new paradigm known as aging in community—a grassroots movement of like-minded citizens who come together to create systems of mutual support and caring to enhance their well-being, improve their quality of life, and maximize their ability to remain, as they age, in their homes and communities.

Aging in community promotes social capital—a sense of social connectedness and interdependence—enhanced over time through positive interactions and collaboration in shared interests and pursuits (Thomas and Blanchard, 2009). Relationships between community members tend to be informal, voluntary, and reciprocal, and, therefore, sustainable over time. Crucial to building relationships is an asset-based approach to community development that creates a custom "social architecture," which builds on individual and group gifts, interests, and experience, while addressing the challenges and needs of the community and individuals (Kretzmann and McKnight, 1993).

Aging Middle-Income Baby Boomers Face New Challenges

The friends and neighbors from Beacon Hill are not alone in their search. An increasing number of Americans know that there must be a better way, and ask themselves similar questions: Where is the best place to grow old? How can planning ahead lead to better outcomes? How

can we achieve an enhanced quality of life? Upon whom can we depend when families live far away, or there is no family?

These questions—and grassroots solutions—are predominately arising among middle-income Americans, who feel "squeezed in the middle" as they are faced with higher costs of living and stagnant wages. According to a recent national study, 85 percent of middle-class Americans report it is more difficult today than it was a decade ago to maintain their standard of living (Pew Research Center, 2012).

'Private pay nursing home care is not affordable for middle-income families anywhere.'

For middle-income earners at or near retirement, the future looks bleak, especially when compared to the retirement years of their parents and grandparents (Redfoot, Reinhard, and Whitman, 2013; McKinsey & Company, 2009). In addition to the economy, the younger members of the Silent Generation (those born from 1936 to 1945) and the Baby Boom Generation (those born from 1946 to 1964), face myriad social and demographic factors that present challenges for how, where, and with whom they will live out their lives. The need and allure for new alternatives in long-term care become clearer when reviewing highlights of this contextual background.

The biggest factor affecting current or soon-to-be retirees is the Great Recession that began in 2007. While some escaped with minimal financial damage, others have taken hard hits in the stock market, and experienced reduced benefits, lost savings, and declining home values. For those still working, salary cuts, job insecurity, and derailed careers came at a time that should have provided for peak earning and saving (U.S. General Accounting Office, 2011; Rix, 2011).

Many baby boomers, especially women, worry about having enough money for retirement—with good reason. Women ages 65 and

older are more than twice as likely as men to live in poverty, with single women living alone at greatest risk. Almost one in five, or 18.9 percent of single women ages 65 and older, in 2012 were living alone in poverty (Entmacher et al., 2013).

Concerns about financial security also affect housing choices. In 2007, 25 percent of older baby boomers planned to move, whereas in 2012 only 18 percent anticipated relocating (Goyer, 2013).

Skyrocketing costs of long-term care and healthcare present two more impediments shaping retirement decisions. The top retirement concern of baby boomers is the ability to provide for their long-term-care needs, closely followed by the ability to afford healthcare in the future (Goyer, 2013). While more than half of retirees, 55 percent, have less than $25,000 in savings, excluding the value of their homes and pension plans (Helman et al., 2013), the average 65-year-old couple retiring in 2013 is estimated to need $220,000 to cover medical expenses throughout retirement (Fidelity.com, 2013).

Almost 19 percent of single women older than age 65 in 2012 were living alone in poverty.

In planning for long-term care, many are "stuck in the middle"—unable to afford long-term care, but with too many assets to qualify for Medicaid. An AARP national study confirmed the gravity of the situation, reporting: "Private pay nursing home care is not affordable for middle-income families anywhere. While less costly than nursing homes, home healthcare is still unaffordable for middle-income older people at typical levels of use" (Houser, 2013).

Changing family patterns also pose significant challenges for the future of long-term care. Baby boomers are more likely to live alone than members of previous generations. One-third of adults ages 45 to 65 have never married, an increase of more than 50 percent since 1980 (Brown and Lin, 2013). And single-person households are soaring; about 28 percent of all households consist of one person, and a startling 40 percent to 50 percent of households in cities like Atlanta and Washington, D.C., are single-person households (Klineberg, 2012). One-third of single households are persons aged 65 and older (Frey, 2010); this is due partly to escalating divorce rates among older adults. In 1990, fewer than one in ten people ages 50 and older were divorced, compared to one in four in 2009 (Brown and Lin, 2013).

Not only are baby boomers less likely than previous generations to have a spouse to lean on in hard times, they also have fewer children. In the 1950s, the average birthrate was 3.7, compared to 1.8 in the 1970s (U.S. Census, 2003). About 20 to 25 percent of baby boomers do not have children (Feather, 2013).

Given that 80 to 90 percent of all long-term services and supports (LTSS) are provided by spouses, adult children, and other informal caregivers, these dramatic changes in family patterns will be one of the greatest challenges in caring for future generations (Redfoot, Feinberg, and Houser, 2013). The caregiver support ratio in 2010 was about seven potential caregivers to one person in the high-risk years of ages 80 and older. This ratio is projected to fall sharply to four to one in 2030; and again to less than three to one in 2050, just as the youngest baby boomers enter the high-risk years for needing LTSS (Redfoot, Feinberg, and Houser, 2013).

The Great Recession, spiraling healthcare and long-term-care costs, and fewer potential family caregivers are just some of the challenges that have many Americans rethinking retirement decisions. How baby boomers address these challenges will likely be influenced by the characteristics of this generation—one that questions authority, champions human rights and social justice, fosters self-empowerment, seeks a holistic approach to health and well-being, and values families of choice almost or as much as families of origin (Howe, 2012; Greenblatt, 2007; WMFC, n.d.). Baby boomers have a

track record of creating social, cultural, and political change by challenging the social inequities of the status quo. Just as in the 1960s and 1970s, when the seeds of change began in conversations and "consciousness raising" in living rooms, so it is occurring again as a growing number of Americans contemplate the experience of aging and *how, where*, and *with whom* they want to grow old.

The Synchronicity of a Movement

Around fifteen years ago, in homes across the country—in Whidbey Island, Washington; Minneapolis, Minnesota; Boston, Massachusetts; Davis, California; and Abingdon, Virginia—small groups of friends and neighbors began to meet regularly to talk about challenges they faced with aging parents and relatives, and the challenges they were starting to experience themselves. Each group resolved to find a better way to grow older. The key to success, they believed, was working together. It took time (years, in fact), but eventually each group created their own way of addressing the challenges they faced.

In Whidbey Island, friends created the Circle of Caring, a mutual support group that meets twice a month, and has helped form numerous other circles (King, 2006). In Minneapolis, Golden Girls Homes holds monthly meetings to help women with the logistics of house sharing, and has inspired several other women around the country to start similar house-sharing networks targeting midlife and older women (Abrams, 2013a). Beacon Hill Village (BHV) in Boston created the first Village model, and through its partnership with the Village-to-Village Network has seen an additional eighty-five Villages open, with another 120 in development (Greenfield et al., 2012). In Davis, Glacier Circle Senior Community, and in Abingdon, Elderspirit Community, created elder cohousing communities that opened within weeks of each other. These custom-made communities have inspired others to form elder cohousing (Durrett and McCamant, 2009), as well as other clustered

housing models, such as pocket neighborhoods (Chapin and Susanka, 2011) and senior cooperatives (Demery and Marohn, 2012).

While each project developed independently, together they represent a growing segment of Americans who are seeking—and creating—new ways to age better, together (Abrams, 2013b). Like the majority of recent social movements (e.g., the women's rights and environmental movements), participants tend to be white, middle-class, and college-educated (Croteau, 1994). Unlike other new social movements, most members in these groups started in their 60s and 70s; about two-thirds are women and one-third men. Notably, like earlier social movements, many members of the Silent Generation, in addition to baby boomers, are active participants.

> *There needs to be an equal emphasis on keeping elders meaningfully socially integrated with others they choose to be around.*

The groups also share similar goals—principal among them is to create member-directed pathways for supporting one another as they grow older. For BHV (Bookman, 2008; McDonough and Davitt, 2011; Scharlach, Graham, and Lehning, 2011) and the cohousing groups (Glass, 2012; Durrett and McCamant, 2009), this approach emphasizes members' control of operations, management, and financing, as well as a strong commitment to draw first from what neighbors can do to help each other within agreed upon limits.

Finally, the groups showed similarity with regard to self and collective efficacy (Bandura, 2000), evident in the conceptualization, planning, implementation, management, financing, and governance of their organizations created in response to their current and foreseeable needs and desires for long-term care. All the groups encountered challenges such as logistics, group

dynamics, and financial issues. In spite of the obstacles, however, these small groups of un-related people are working together to create intentional communities of mutual support and caring so as to enhance their well-being and improve their quality of life. This is the essence of aging in community.

Moving Beyond Place and the Delivery of Services and Supports

Historically, most elders have aged at home for as long they could, with support from informal caregivers, until they died at home or conditions deteriorated to a level requiring hospitalization or nursing home admittance. As recently as the 1990s, nursing homes were the predominate location for LTSS beyond what families could provide. Recent public policy changes, however, along with increased consumer demand, a rap-idly aging population, and a growing middle-class market in need and desirous of affordable options, have created the new "silver industries" (Moody, 2008; Cutler, 2005). Certified aging-in-place specialists, geriatric care managers, senior relocation specialists, senior concierge services, home healthcare agencies, and a vast array of technology services represent some of the emerging silver industries created to support the transition from a paradigm that has long favored institutionalization toward one pro-moting "aging in place."

However, just as deep culture change in institutions must go beyond the incorporation of plants, pets, and children into the environ-ment, a supportive home environment that addresses the whole person must go deeper and broader than home modifications, telehealth monitoring, and home health aides. To date, the "New Aging Enterprise" (Moody, 2008), and even well-meaning families, have focused almost entirely on the where and the how of keeping elders at home and the LTSS needed to facilitate that goal. More frail elders are aging in place, but often with mixed feelings that are not always easy to articulate. How does an elder

tell their loved one that something is not quite right, despite being at home? Yet sometimes, even with the love, support, and presence of family, something, or someone, is still missing (Norwood, 2009; Gleckman, 2011).

Often, the missing element is *who*—the people in an elder's social support system and larger social networks whose numbers often dwindle over time because of failing health, relocation, lack of transportation, and other issues. While the presence of a spouse and family may help to decrease social isolation, familial relations do not necessarily mitigate loneliness—the subjective, negative feeling related to a person's experience of not having enough meaningful social relations (Norwood, 2009; Mullins and Mushel, 1992). These crucial connections between elders and others in their social web that they choose to be around have become largely marginalized, if not entirely forgotten (Norwood, 2009; Thomas, 2004; Pipher, 1999).

The social isolation and loneliness that can occur as one ages, often alone in one's home, can lead to what researcher Frances Norwood (2009) describes as a form of social death brought on by a loss of one's physical capacity to engage in essential activities and relationships that define social identity, enhance self-worth, and sustain meaning. Without meaningful social contact, life can feel meaningless and without purpose.

This is what makes aging in place limited— it is a strategy that focuses on providing for physiological and safety needs, but one that too often fails to provide opportunities for the other basic human needs of love and belonging, self-esteem, and self-actualization (Johnson, Johnson, and Sarafan, 2011; Thomas and Blanchard, 2009; Maslow, 1954).

The Future of Aging in Community

To date, aging-in-community models remain on the fringe—much like organic foods, re-cycling, and alternative medicine when they first appeared. Just as these concepts have become mainstream, however, so it is likely

that cohousing, shared housing, Villages, and other alternative models yet to be developed will one day become common housing and lifestyle choices (Howe, 2012). Driving these new housing arrangements by choice are baby boomers, particularly those considered to be the "cultural creatives"—"people who buy with their values; are involved in community organizations and social and political activities; find innovative solutions in creating their living environment; and who place a high value on the quality of their life situation" (Paiss, 2008).

Driving these alternative approaches by necessity, however, are the economic realities brought on by the recession and rising health-care and long-term-care costs. Especially pertinent for middle-income Americans, there is an ever-widening gap between what they need and what they can afford in LTSS. As it stands, only Americans who meet the stringent low-income requirements of Medicaid receive significant assistance from the government for long-term care. This will likely be the case for the foreseeable future given the lack of political will, as evidenced by the failure of the Community Living Assistance Services and Supports Act (better known as the CLASS Act), a national, voluntary long-term-care insurance program,

and the subsequent failure of the 2013 federally appointed bipartisan Long-Term Care Commission to deliver an agreed upon solution for how the federal government can support families to finance their long-term-care needs.

Given baby boomers' desires and needs for alternative LTSS solutions, it is likely that consumer-directed, aging-in-community models will continue to expand the number of options available for support in later life. Aging-in-community models that promote consumer choice, empowerment, and direct involvement in meeting their own, and others, needs; a whole-person approach; convenience; and customization of the environments and communities they want and need are likely to be the models that will gain the greatest following.

One thing is certain: the circumstances of where, how, and with whom we grow old are changing. From cohousing communities to Golden Girls Homes to high-rise artist co-ops, baby boomers are redefining their lives—breaking down the old stereotypes and rules, and building new visions of great places to grow old—and doing it better, together.

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