California is not alone in needing more housing alternatives for aging. Europe, with nine of the ten fastest aging countries (Japan is tenth), is projected to have a staggering, one-in-three citizens over the age of 65 by 2050. California, while not aging at the European pace, expects one-in-five over age 65 by 2050.

This profound change has implications not only for housing and services, but also for society as a whole, particularly in urban settings. New alternatives need to address generational issues, affordability, and allocation of diminishing resources.

The senior housing market has produced a variety of options, yet they are rarely coordinated, are geared to the high-end of the market, and often require moving from one type of housing to another and away from neighborhoods where deep roots have grown. Growing old at home can be isolating—and difficult in housing not adapted for disabilities. Retirement villages, with broad, green lawns and sports and entertainment offerings, do not often address the needs of the later, frailer years. Continuing Care Retirement Communities provide a continuum of care, but at a cost the majority of Californians cannot afford.

European housing experiments provide new models that address affordability, resident satisfaction, and community. Their premise is that housing need not separate the elderly from society. Instead, the focus is on strengthening communities by supporting aging in place, fostering connections to the wider community, and engaging residents in informal networks for friendship and mutual help.

**Neighborhood Centers**

One of the more popular ideas is to unite housing from services. No need to have them under the same roof; services can come to the home or be available at a nearby center. Swedish municipalities provide home help that includes accident prevention assistance, such as changing a hard-to-
reach light bulb. Swedish government studies show the cost of staying at home to be half that of institutional housing.

In Germany, where 20% of the population is over 65, multi-generational neighborhood centers—"mehrgenerationenhäuser"—combine some of the services of a senior center, health clinic, pre-school, and youth group. In the Friedrichstadt neighborhood of East Berlin, the non-profit Miteinander, renting the ground floor of a housing development, offers exercise and sports, an annual health week with guest speakers and medical testing, monthly breakfast health talks, and even a club for those who are "90 years active" and older. Anyone in the neighborhood can go for advice, drop off clothes to get washed or small household items to be fixed for a nominal fee, sign up for intergenerational excursions, and receive health information.

In the U.S., aging residents of Boston’s Beacon Hill, reluctant to leave the neighborhood, formed a nonprofit organization similar to a hotel’s concierge service. For a yearly fee, members call out for the same variety of services, from nursing care to transportation, that high-cost life care facilities deliver. Other cities are following suit; Avenidas in Palo Alto is based on the Beacon Hill Village model.

**Intergenerational living**

Vienna is known for its social housing for working class families. Less well known are recent experiments that mix housing types, ownership and rentals, and ages. Franziska Ullmann designed the master plan for a new district in west Vienna, located next to 1970s-era high rises housing 10,000 people, who, Ullmann explains, “drive into large garages and take an elevator to their apartment without walking outdoors, so that their lives are lived inside.” She conceived the new district as the opposite—creating a community, integrating shopping, housing, and work.

Im der Wiesen Generation Housing, designed by Ullmann and Peter Ebner and owned by a private developer, embodies many of these concepts and serves as a neighborhood focal point. On the ground level are shops and an assisted living office. Aging residents and neighbors can contract for services, from bi-weekly to daily and even hourly help, and obtain health information and exercise classes. The building contains medical offices and a variety of housing types: thirty handicapped-accessible units for seniors with low windows, so a resident confined to bed can look out; twelve mini-lofts for young people, in which fold-away beds tuck under kitchen platforms; six family maisonettes; and thirty-nine apartments.

In the U.S., the Taube Koret Campus for Jewish Life, in Palo Alto, includes senior housing and care for a variety of incomes and multi-family housing, as well as early childhood education, teen programs, fitness center, cultural arts facility, offices, and a restaurant. Designed by Steinberg Architects, it will open in late 2009.

**Senior Cohousing**

Senior cohousing typically begins with a core group of potential residents deciding among themselves on a community vision—the type of housing, activities, and shared common spaces. They agree to give each other a hand, providing a ride or bringing dinner for an ill resident; help is voluntary and informal, not a replacement for nursing or long-term care.

The model grew out of the intergenerational cohousing movement that began in northern Europe, with developments appearing in the early 1970s. Cohousing typically has 15 to 40 households, each with a complete unit, including kitchen. Often the units are 5 to 15% smaller than average, with cost savings going toward common amenities—dining hall, meeting space, library, laundry, workshop, guest rooms, offices.

Senior cohousing provides both the privacy of your own home and supportive and caring neighbors. Most communities organize a variety of activities, from gardening to several-day outings. In Fardknappen, Sweden, residents belong to cooking groups and provide an evening meal five days a week, while in other developments residents meet once a week for coffee and cake. Of the nearly 100 cohousing communities in the U.S., only three are exclusively for seniors, although more are in development.

**Urban villages**

Multi-generational housing “villages” are growing in popularity in Northern European countries. They differ from cohousing in sharing some common amenities with the outside
community, and they often have a larger number of residents; similarities include a variety of common spaces and resident involvement in development, design, and day-to-day management.

The bright orange façade and winding windows of Vienna’s Miss Sargfabrik housing announce an innovative development that mixes a variety of household, live-work spaces and common facilities. Miss is the second phase of a project started in the 1980s when a group came together because of their dissatisfaction with the market’s expensive single-family housing. They created a nonprofit, and their first building, Sargfabrik, located on the site of Austria’s largest coffin factory, opened in 2000 with 39 units (3 for the disabled), 5 home offices, and one shared unit for up to 8 young people. Common facilities include a kitchen, library, clubroom, and the architect’s (BKK-3) office.

In southern Germany, the St. Anna Foundation created an intergenerational model that combines housing with common facilities that are, in part, a neighborhood center. The residential mix is two-thirds 60 years of age and older, one-third below 60. Ground-floor common space is overseen by a social worker; this “activator” helps residents organize activities from child-care to a catered lunch, provides advice and health information, organizes resident meetings, and is well versed in mediation. The surrounding community can participate in events and can rent common spaces for a small fee. When the first development opened in 1994, critics felt that professionals, not neighbors, should be looking after older, frailer residents. To their surprise, the scheme worked well. Since then, 25 similar developments, ranging from 13 to 80 units, have been built. With a total of 800 units and well over a decade’s track record, they have proven their success.

Nursing Homes / Assisted Care
Of the many structures conceived to house the elderly, surely nursing homes have received the fewest accolades. A 2003 AARP survey of Americans over 50 with disabilities found that just 1% considered a nursing home a good choice should they need more care. A number of alternatives have appeared.

In Amsterdam, architects Claus en Kaan have renovated an old-style nursing home, with four to six beds per room, into part of an integrated “care center,” adding extensive new construction. The Leo Polak House integrates nursing and health care with apartments for independent seniors, those needing assisted care, the physically disabled, and those with dementia, plus a care hotel and hospice. The ground floor is open to both resident and neighborhood use and includes a gym, physical therapy, computer and library room, restaurant, small market, and beauty shop. Although a large institution, smaller, six-person households for those with dementia provide more personal care.

The small household model is proliferating as an alternative to nursing homes. In Bremen, Germany, twenty-one different “villages” for the aging can be found across the city. One such village, Haus Hutching, includes a variety of housing and services, plus a pre-school and teen after-school support. A building for dementia patients houses four small households, each with twelve residents. The households have a large eating/dining/parlor room, where staff cooks meals in an open kitchen and residents eat together. Each resident has a private bedroom and bath.

In the U.S., the Green House concept, developed by Dr. Bill Thomas, who earlier had advocated the “Eden Alternative” of greening and enlivening nursing homes, has a similar, resident-centered, home-like environment for ten residents. A strong emphasis is placed on fitting into the neighborhood context, so that there is no difference in appearance between a Green House and surrounding neighborhood homes.

The Social Fabric
Taking care of the elderly is about creating a meaningful day-to-day life—not just for the many of us who will require more care, but as part of a larger social fabric. These are some of the promising models that explore such integration.