

CHAPTER 4

RECREATION IN RESIDENTIAL COMMUNITIES FOR OLDER ADULTS

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INTRODUCTION

The purposes of this chapter are to explore the status and desirability of age-segregated living arrangements, in particular, the desirability of age segregation in terms of the provision of leisure services to elders. Many different types of age-segregated living arrangements are discussed in this chapter.

In the first section of this chapter, the current status of age-segregated housing for older adults in the U.S. is described, including information on retirement communities and assisted living facilities. In the second section of this chapter, research on elders' preferences for age segregation is presented. In the third section of the chapter, the desirability of age-segregated living arrangements for older adults, especially with respect to leisure, is examined. The last two sections of the chapter, written by retirement housing experts Phil and Nancy Shapiro, present an overview of trends in recreation in retirement housing, and an in-depth case study of an independent living facility. Issues and questions for discussion are raised throughout this chapter.

LEARNING OBJECTIVES

After completing this chapter, the reader will be able to

- cite statistics on the growth of retirement communities and other age-segregated housing in the U.S.;
- compare facility characteristics of different types of age-segregated housing;
- compare population characteristics of different types of age-segregated housing;

- identify at least five recreational advantages of retirement communities;
- identify appropriate leisure programs, facilities, and activities to be offered at age-segregated housing and retirement communities; and
- identify considerations in planning and leading recreational activities in retirement communities and other age-segregated housing.

GROWTH OF AGE SEGREGATION

The trend toward increasing age segregation of society is caused by several factors: the growth of planned retirement communities; the growth of other retirement housing, such as independent living and assisted living facilities; and the migration of middle-class families to the suburbs, leaving areas within metropolitan areas with a significant increase in the proportion of noninstitutionalized elders living alone. The degree of age segregation in the U.S. has increased over the past few decades and is projected to continue to increase, even though 90% of elders live in conventional housing and only 10% live in age-restricted communities (Joint Center for Housing Studies of Harvard University, 2000).

Growth in the Senior Housing Market

According to Raymond (2000), the senior housing market will more than triple, growing from an estimated \$126 billion in 2005 to \$490 billion by the year 2030. Statistics cited by Raymond (2000) indicate that the senior housing market is divided as follows:

- 40% are assisted living facilities (23,114); by 2001, an estimated 33,000 assisted living facilities with 800,000 residents were operating in the U.S. (NCAL, 2001);
- 29% are nursing homes and nursing with assisted living (17,053);
- 21% are senior apartments/active adult/lifestyle communities (12,426);
- 7% are congregate housing facilities (4,064); and
- 3% are continuing care retirement communities (1,900).

More Elders Living Alone

A significant factor contributing to the increasing age segregation of U.S. society is the increase in the proportion of noninstitutionalized elders living alone, as cited in Chapter 1. The percentage of elders living in the household of an adult child has dropped, thus, there are fewer intergenerational households. There are also fewer intergenerational areas within metropolitan areas.

Age Segregation Within Metropolitan Areas

A factor related to increasing age segregation in the U.S. is the desire of older adults to stay where they are as they grow older. According to statistics cited by Kunstler (2001),

- 86% of elders want to stay where they are as they grow older;
- 70% of elders spend the rest of their lives where they were living at age 65;
- 27% of elders live in “Naturally Occurring Retirement Communities” (NORCs). A NORC is defined as a building or neighborhood not originally designed for elders, but in which 50% or more of its residents are aged 60 or older.

Regarding NORCs, Florida is an example of a state that is trying to deal with the challenge of making communities more suitable for older adults. Canedy (2002) describes efforts in Florida cities such as Dunedin (40% of its residents are aged 65 or over) to be certified as “elder ready,” a statewide program that attempts to encourage independent living by older adults through the creation of an infrastructure that makes everyday life easier for older people.

In summary, a high level of age segregation exists within the U.S. According to research on this topic, the degree of age segregation in the U.S. seems to be increasing. As discussed in the next section, there are a variety of housing options for older adults who desire age segregation.

TYPES OF RETIREMENT HOUSING

Retirement Communities

The first planned retirement community in the U.S. was established in 1954 in Youngstown, Arizona (Gelfand, 1984). Many elders have moved to retirement communities in Arizona, Florida, California, and other Sunbelt areas. Planned retirement communities in the fringes of urban areas in the eastern and midwestern states have also experienced growth. Thus, planned retirement communities in most areas of the country seem to have experienced significant growth. Approximately 5% of Americans 65 and over live in retirement communities (Kuhn, 1995).

For the purposes of this chapter, a *retirement community* is defined as a community that is independent and usually gated, age segregated, and noninstitutionalized, where residents all meet a minimum age requirement, do not have children living in the household, and are separated from their career occupation in paid employment. The minimum age requirement can be as low as 50 or as high as 65. Some retirement communities are small and some are large, with 20,000 residents or more. When many of the large retirement communities were built in the 1970s, a large percentage of the first residents were younger retirees, in their late 50s or early 60s. Thirty years later, many of these original residents have passed away and their units were purchased by younger retirees. However, many of the original residents are still residing in the retirement communities, and these people are in their late 80s and 90s. One of the challenges facing retirement communities today is how to meet the diverse needs of a resident population with such a wide age range.

Continuing Care Retirement Communities (CCRCs)

These are essentially retirement communities with multiple levels of care, including independent living, assisted living/personal care, and nursing care. CCRCs have experienced tremendous growth since the 1970s. Most residents are female and single and are mostly in their 70s and 80s. A study of adults aged 65 to 95 who moved to a CCRC indicated that the main reasons for moving to a CCRC were anticipating future needs, freedom from upkeep and home maintenance, desire for continued care, and a desire not to be dependent or a burden to anyone (Krout, Moen, Homes, Oggins, & Bowen, 2002).

Other Retirement Housing

In addition to planned retirement communities, other prominent types of age-segregated housing are public housing for senior citizens, sheltered and congregate housing, foster care, retirement hotels, and mobile home parks. Public housing for senior citizens has increased significantly.

Sheltered and congregate housing are designed to meet the needs of elders who are not able to maintain full independent living, and yet are not in need of institutional care. Congregate housing provides housekeeping, dining, emergency health, and recreational services, whereas sheltered housing offers more extensive services, with an emphasis placed on meals and personal care.

A specialized form of sheltered housing is foster care, in which elders not able to maintain full independence are placed in a setting with a family support system. Foster care first became available to elders in the 1970s, and its effectiveness with older mental patients has been documented.

Another type of age-segregated living arrangement is the single-room occupancy hotel, where elders live in hotels and rooming houses, most of which are located in commercial areas adjacent to downtown business districts.

In contrast to the single-room occupancy hotels are mobile home parks. Mobile home parks are more similar to retirement communities than the previously discussed types of housing, but differ from retirement communities in that the developments tend to be smaller, recreational facilities are not as extensive, and housing costs are lower. However, it can sometimes be difficult to distinguish between a retirement community and a mobile home park for elders, especially some of the larger mobile home parks.

In summary, a variety of housing options exist for older adults. Where would you like to live when you are an older adult? Exercise 4.1 is designed to stimulate thought on this topic.

ELDERS' PREFERENCES

The growth of age-segregated housing for elders has been well documented, but is the trend toward age-segregated housing desirable? Specifically, do elders prefer age segregated housing or intergenerational living arrangements?

Exercise 4.1

Personal Living Arrangement Preferences

As a college student, rate the desirability of the following living arrangement factors (use a 10-point scale, 10 being most desirable, 1 being least desirable):

1. Having ample recreational facilities at your disposal
2. Living among age peers _____
3. Living among other college students _____
4. Ample security, especially at night _____
5. Planned recreational activities for residents _____

Now, answer these questions again, this time imagining yourself as a senior citizen (change the third question from “college students” to “retirees”). How does your second set of ratings compare with the first ones? What insights do you gain from this exercise regarding your personal preferences for retirement community living in later life? What insights do you gain from this exercise regarding elders’ preferences for retirement community and other age-segregated living?

A difficult issue that now seems to be arising in retirement communities is that of desired age segregation within the community. Garcia (1993) discusses the clearly defined age divisions that exist at the famous Leisure World retirement community. A new social group was formed there, called the Nifty 50s-60s Club. It has 550 members, with a waiting list of 120. The club checks IDs at their socials, so that 70-year-olds can’t “sneak in!”

Exercise 4.2 is presented in order to gain further insight into how to resolve this seemingly ridiculous, yet very real problem.

After discussing your answers to Exercise 4.2 with your classmates, do you conclude that a solution is possible that will be acceptable to both sides? Similar to this “generation gap” problem, another tricky conflict in retirement communities has arisen related to pickleball. Tergesen (2010) reports that pickleball is experiencing a boom in retirement communities. The pickleball enthusiasts are happy about the new courts that have been built in the retirement communities, but some residents are upset about the noise it makes and claim that pickleball is destroying property values. Some homeowner’s associations have taken action to block the building of pickleball courts in their communities. What is the solution to this conflict?

Exercise 4.2

Solutions to the Retirement Community Generation Gap

Instructions:

1. Imagine yourself as a healthy 60-year-old resident of a retirement community. You know other young retirees in the community, also in good health. You have become fed up with most of the social activities of the retirement community because of the preponderance of “old-old” residents at the events. For example, you find that it is difficult to dance because of all the slow-moving dancers in their 70s, 80s and 90s on the dance floor. In the first column, list your suggested solutions to this problem.
2. Imagine yourself as a fairly healthy 75-year-old resident of a retirement community. You are a good dancer and feel outraged that anyone would want to exclude you from a dance or any other activity because you are too old. In the second column, list your suggested solutions to this problem.
3. After examining your answers in the two columns, what is your suggested “compromise” solution to this problem?

Solutions to meet 50s-60s Needs

Solutions to Meet 70-Plus Needs

DESIRABILITY OF AGE-SEGREGATED LIVING ARRANGEMENTS

One area of emphasis in examining the desirability of age segregation is that of life satisfaction and morale. Several studies on this topic are described in this section of the chapter.

Poulin (1984) examined the relationships of age segregation, interpersonal involvement, morale, and life satisfaction of 232 elders. Data collected from 78 residents of senior citizens housing were compared to that of 154 residents of natural community housing. Poulin found that the senior housing residents had slightly larger and more supportive interpersonal networks, but had less contact with their friends than the community residents. No significant differences were found in the life satisfaction of the two groups.

Atchley (1975) cited a study conducted by Rosow that is worth considering today in trying to decide whether moving into age-segregated housing would be beneficial for an older adult. The study involved 1,200 aged residents of age dense (comprised of 50% or more elders), aged concentrated (33 to 49%), and normal aged density (115%) housing. Subjects were screened for occupational status and whether they were residing in public housing, in order to have a range of social classes represented in the sample.

Three successive interviews (25% drop-out rate) were conducted with the subjects. Rosow found that the greater the aged density of the housing, the greater the morale of its socially unstable aged residents; the lower the morale of its socially isolated aged residents; and that the morale of the sociable aged residents remained the same. Rosow concluded that high age density is more conducive to the development of friendships among older persons, these friendships coming disproportionately from among their aged neighbors. Rosow concluded that this increased opportunity for social contact improved the social life for the socially unstable aged (and improved their morale), had little effect on the highly sociable aged (they already had many friends), but made the socially isolated aged more depressed, due to their continued inability to acquire friendships, even in the face of an increased opportunity to do so. Rosow concluded that the results of this study should not be interpreted to mean that age segregation is a cure all; some elders simply do not care to socialize.

Teaff, Lawton, Nahemon, and Carlson (1978) also examined the impact of age segregation on the well-being of the older adults. The researchers conducted interviews with older persons (N = 1,875) in 753 public housing sites, based on a national probability sample. The authors found that age segregation was significantly related to greater activity participation, morale, and general well-being. Teaff et al. attempted to explain this finding in terms of the reduced crime, and a more relaxed, less competitive atmosphere that existed in the age segregated environments. This study appears to still be relevant today.

In summary, it is difficult to draw clear-cut conclusions as to the relationship of age segregation to life satisfaction. Sherman appropriately sums up this issue:

“Either age segregation or age integration can be satisfactory, provided that the person has made the choice according to his own needs and preferences.” (Gelfand, 1984).

RECREATIONAL ADVANTAGES OF RETIREMENT COMMUNITIES

Although it is not clear whether age segregation has a positive effect on life satisfaction, it is clear that there are great advantages to retirement communities with respect to recreation, in particular, the availability of recreational facilities. According to Gelfand (1984), the retirement community in Youngstown, Arizona, has \$2 million in recreation facilities, while nearby in Sun City, there is a retirement community with \$12 million in recreation facilities. Gelfand (1984) describes the impressive recreational facilities of Leisure World in Laguna Hills, California. Their facilities include five clubhouses, swimming pools, a golf course, horseback riding, and theaters. Over 150 clubs and organizations serve the leisure needs of Leisure World’s approximately 19,000 residents.

Similarly, Osgood (1983) describes the extensive recreational facilities and programs of Hidden Valley, a retirement community in Arizona with approximately 6,000 residents. Recreational facilities at Hidden Valley include theaters, golf courses, tennis courts, numerous swimming pools, meeting areas, arts and crafts facilities, shuffleboard courts, Jacuzzis, and card and game rooms. According to Osgood (1983), residents are very active, and the extensive facilities receive a great deal of use. Nearly 80% of the community residents are involved in one or more clubs or organizations. Some of the more notable groups are the Aquabelles, a women’s water ballet and water show team; the Garden Club, which directs an annual community-wide clean up and beautification project; and the Community Choir, which gives two concerts a year for fellow residents. According to Osgood (1983), most Hidden Valley residents value leisure and enjoy participating in a great variety of recreational activities.

Aside from extensive recreational facilities and programs, retirement communities offer numerous other recreation related advantages. One advantage of retirement community life is that it validates the retirement role. The “guilt” of not working is eliminated in a retirement community because residents are surrounded by peers at play (Kaplan, 1979). Thus, retirement community life can have a positive effect on leisure attitudes, enabling greater participation in recreation without feelings of guilt. Furthermore, the retirement community promotes and creates a leisurely atmosphere conducive to recreation.

Another recreation-related advantage of retirement communities is the clustering of age peers with similar interests. This clustering makes the provision of extensive recreation facilities and programs economically feasible. In addition, the clustering of age peers with similar interests promotes higher levels of social interaction and the formation of friendships, as documented by numerous case studies of various retirement communities (Osgood, 1983).

The concentration of older people in retirement communities is claimed to help maintain and in some cases enhance social, mental, and physical well-being in later life (Biggs, Bernard, Kingston, & Nettleton, 2000).

Yet another recreational advantage of retirement communities is the easier lifestyle because of the services usually provided (e.g., building and grounds maintenance and transportation). The provision of these services enables residents to have more leisure time, which can be used for recreational pursuits. Also, the easier lifestyle promotes greater independence, and a feeling of freedom, which is a very desirable component of the recreation experience.

Also related to feelings of freedom, retirement community residents tend to be less restricted by crime and the fear of crime, due to the extensive security arrangements offered by many retirement communities. The reduced crime and fear of crime enables residents to feel free to enjoy a greater range of nighttime recreational activities.

In order to gain more insight into trends in retirement housing and the role of recreation in retirement housing, two experts in the field, Philip D. Shapiro, MHA, and Nancy A. Shapiro, CN, have written the remaining sections of the chapter. Mr. Shapiro has participated in the development, marketing, management, and consulting on over 2,000 units of senior housing and skilled nursing communities. He has been affiliated with the American Senior Housing Association, National Association of Home Builders-Senior Housing Council, and the The American Association of Homes and Services for the Aging. He is the developer of the Promenade on the River. Ms. Shapiro is the director of the Lifestyles Department of the Promenade on the River independent congregate living community for active seniors in Reno, Nevada.

TRENDS IN RETIREMENT HOUSING

Health care and housing experts who have had a keen eye on the “graying of America” have conceptualized and created unique and supportive housing arrangements that integrate various levels of ambulatory health care services, social services, recreational activities, and skilled nursing/long-term care services to meet the challenging needs to today’s older adults. These products are diverse within the setting of the continuum of senior housing and long-term care, including, but not limited to,

- independent housing,
- active adult housing,
- independent congregate living (IL),
- assisted living (AL),
- residentially oriented Dementia and Alzheimer’s Facilities (ALZ),
- residentially oriented Skilled Nursing Facilities (SNF), and
- continuing care retirement communities (CCRC) that integrate all of the “above” products.

Independent Housing

Independent housing is detached and attached housing structures that typically provide shelter, and, therefore, no services. They range from affordable housing financed through such organizations as the U.S. Department of Housing and Urban Development (HUD), Fannie Mae (FNMAE), State Housing Authorities, to luxury apartments developed for upper-income clientele. They may offer recreational amenities, yet they are à la carte. They can be purchased or leased. They may also have a deed restriction for a 55+ or 62+ minimum entry age resident. To maintain competitiveness, many of these communities are now incorporating recreation and other amenities.

Active Adult Housing Communities

These communities gained notoriety in the Sunbelt states and now have sprouted up all over the U.S. They typically are for-sale housing products that range from single family to patio homes, to condominiums. Developers add such features as exterior maintenance, athletic complexes, golf courses, swimming pools, social clubs, and security gatehouses to provide an organized social and recreational life, supported by the simplicity of homeowner maintenance features.

Congregate Housing Communities

The housing boom for elders of the 1980s and 1990s, in which a dominant number of “congregate” housing communities (which include IL and AL) were financed and developed, was living testimony to another phenomenon referred to as “aging in place.” Independent congregate living communities “bundle” apartment-style units, with services such as dining/meals, recreational activities, transportation, emergency call systems, and other various social services. The typical entry age range nationally has been 75 to 80 years old. Developers and operators of these communities saw favorable acceptance and high absorption rates leading to initially fully occupied communities. Inevitably, the senior tenants, over time, developed acute and/or chronic conditions that ultimately led to their displacement from the community. In other terms, these residents “aged in place” to the extent that the congregate housing environment could no longer provide for new needs.

High turnover rates and poorly planned communities resulted in many failures nationally, in which some sponsors, investors, and operators experienced substantial depreciation in their assets, while others experienced foreclosures by lenders.

Assisted Living Facilities

The advent of assisted living facilities (AL), loosely defined as a housing environment that integrates IL-type services such as social, recreational, and hospitality services with additional personal care (assistance in bathing, dressing, grooming, eating, ambulation) and health care monitoring services

(such as medication reminders) to accommodate for the needs of physically and cognitively frail elderly (typically with an entry age of 85+), filled a niche that was lacking between independent congregate living and skilled nursing settings. Many IL communities retrofitted living units to incorporate a contingent of AL units, to minimize turnover rates, and strengthen their position in the market by becoming a more diverse product. The AL products are now offered in a variety of models that provide for either dominant physically frail or dominant cognitive impaired traits or both of these models in one integrated setting.

The independent congregate/assisted living communities, while providing more comprehensive services than their predecessor, nevertheless, still have shortcomings. “Aging in place” is a dynamic process. While some residents at the assisted level may require acute health care services, and even some may deacease in the AL setting, many others will continue to age and inevitably require skilled nursing care, on an around-the-clock basis. For family members and close friends of these elders, the decision to relocate them to a skilled nursing facility is emotionally and physically straining.

A new development in assisted living is “self-help” assisted living. In a community with a high concentration of older adults, the elders can organize support services that will enable them to remain in the community rather than move to retirement housing. For an annual fee that is just a fraction of the cost of most assisted living facilities, residents can get help with grocery shopping, transportation, exercise classes, health screenings, referrals to discounted home health care, cultural activities, and other services (Dembner, 2003)

Another new development in assisted living is the concept of centering a facility around a particular special interest or lifestyle appealing to a group of older adults. Basler (2006) reports that there are assisted living facilities that make vintage wines, others that share classrooms with a local college, another where calligraphy is a prominent activity, and others where children, cats, and dogs fill the residence with extra energy and joy.

A continuum of residential communities for older adults is presented in Figure 4.1 that portrays the relationship of the different types of housing to each other and the population of older adults that each one serves.

Each of the product lines within the continuum in Figure 4.1 incorporates activity amenity spaces to effectively serve the senior resident base that resides within the product. It is commonplace for independent housing developers to build parks, walking trails, tennis courts, basketball courts, swimming pool complexes, and other outdoor amenities within a master-planned subdivision design. Such benefits surely enhance the marketability of selling homes. Furthermore, municipal planners and zoning specialists are now demanding that housing developers incorporate green-scape and recreational programming into the site plans and establish permit approval conditions within their planning codes.

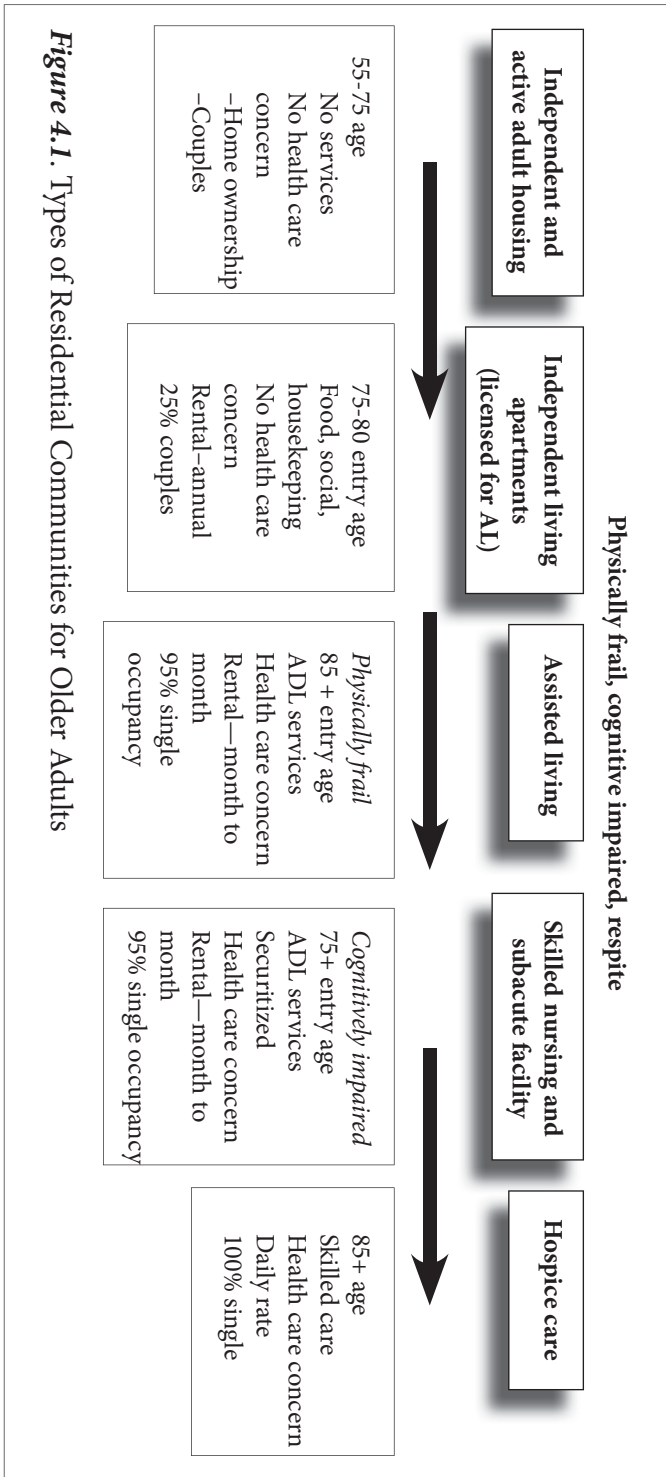


Figure 4.1. Types of Residential Communities for Older Adults

Active Adult Developments

Active adult developments, similar to single-family housing communities, are known for their programming of golf courses, tennis “clubs,” walking and biking trails, aquatic complexes, and country club facilities. These communities typically have a 55+ age deed restriction to ensure that families and children do not penetrate their intended use of early-retiree seniors. The country club staffs an activity specialist to coordinate daily activities that encourage socialization of residents. It usually programs a full-service restaurant for regular, holiday, and event-purpose dining.

Trends and Perspectives Relating to Activity Programming

Independent congregate living communities in the late 1980s were moving residents in with an average entry age of approximately 75. Today’s communities, however, are witnessing a trend of increasing entry age. As reported recently by the American Association of Homes and Services for the Aging, a trade association based in Washington, DC (that represents not-for-profit senior living and long-term care organizations), the average entry age into IL communities in 2001 was 80 years old. The five-year spread poses a unique challenge for developers and operators as the correlate to an increase in entry age is usually a change in morbidity patterns of senior entrants. Changes in the health status of entrant seniors affect what activity spaces are programmed and the services that surround them. A word of caution, however, is that on occasion, age and associated health condition may not be aligned. An 85-year-old resident might look and actually be healthier than a 78-year-old resident. Genetic predisposition as well as the manner in which one has taken care of him- or herself over the years surely affects aging. Therefore, it is important that an activities specialist achieves a reasonable understanding of the physical, cognitive, and emotional health status of each of the residents and *tailors* activity programs around “real” people and their capabilities and interests.

Another concern for activity directors in independent and assisted living facilities is to ensure a good social life for the residents. Petersen (2004) states, “The prospect of ending your social life where it began—being excluded from the cool table—can be one of the cruel indignities of old age.” There are cliques, rudeness, and conflicts that develop in retirement housing and the activity director needs to be aware of these problems and take action to alleviate them. One assisted living facility conducts lunchtime “mediation” sessions over seating arrangements to resolve conflicts arising when someone sits in a seat usually occupied by someone else who exclaims, “That’s my seat!”

There is a dilemma to cope with as the design of a particular IL community will most likely be accomplished prior to knowing whom the residents will be. Furthermore, the initial core of residents upon opening a new community will not be the last core. In fact, over a five- to seven-year period from opening a community, current resident turnover statistics suggest that 100% of the initial

resident base will have either relocated to another facility along the continuum (that offers a greater level of personal care and/or skilled nursing) or have deceased. This turnover is known as *attrition*. The annual IL resident rate of attrition is approximately 20%.

In recognizing the dynamic of an ever-changing resident base, market researchers, developers, architects, interior designers, and operators need to be able to predict with reasonable accuracy the type of activity amenity spaces that they program into IL communities that will be accepted, appreciated, and utilized by senior residents. It's also advantageous to consider the era in which prospective residents spent their childhoods, family rearing, and working life in. In the early 1990s, the average entrant senior into an IL community would have been characterized as someone that would have spent a good portion of his or her childhood during the Great Depression. Many of today's senior entrants may have missed that historical period in our society. The next generation of senior entrants that are on line for consideration of moving into IL communities were children during World War II and may have fought in the Korean War. These are people currently in their late 60s and early 70s. Recognition of where one "came from" may have a profound effect on the considerations for activity programming.

The geographic location of IL communities also plays a significant role in the ultimate programming of activity amenity spaces. Consider the distinction of an IL community situated in Minneapolis, Minnesota, vs. a community located in Miami, Florida. Minneapolis may have a summer-like condition for 60-90 days a year, while Miami will be just the opposite with over 300 annual days of warm climate. There is a good reason why the majority of office buildings and malls in downtown Minneapolis are connected by climatized sky walks. Weather has a great effect on the expectation of the type of activities that are indoors and outdoors.

From a marketing perspective, a developer or operator will study the competition to derive a comparative analysis of how other existing IL communities have programmed activity amenity spaces. Since we live in a free economy where consumers have choice, economic competition is responsible for creating differentiated products. Everyone's looking to be the best to attract business. If five existing competitors in a given market area neglected to program a swimming pool and the market research determined that such an amenity would be attractive to new residents, this data would pose a great advantage for a developer of a new IL community.

The mission of the sponsor or owner of an IL community (examples of sponsors are not-for-profit religious and health care organizations, private families, public corporations) also has a direct effect on the type of activity amenity spaces to be programmed. Typically, not-for-profit organizations are more interested in covering their operating costs and being economically self-sufficient and less interested in generating large profits vs. a proprietary

organization that is very economically motivated. What this implies is that extra net revenue earned by the not-for-profit organization may be reinvested into the IL community to enhance services, whereas that same extra profit in a proprietary company may be earmarked for its investor-shareholders in the form of dividends. However, there are surely exceptions to this commentary.

The list that follows is of typical activity program spaces found in IL communities and a generalized description of each space and associated functions.

- **Exercise room.** This area may be stocked with free weights (light weight dumbbells, mats, aerobic machines, and weight-resistance machine) for improvement in aerobic conditioning/circulatory system benefits and muscle mass (to avert the detrimental effects of falling.)
- **Arts and crafts.** A variety of programs can occur in this space such as painting, decorating, drawing, pottery, horticulture, and so forth. It is a “multipurpose” space.
- **Multipurpose room.** As its name implies, this space has many functions such as for movies, resident meetings, lectures, group exercising (e.g., stretching class), and puzzle building.
- **Mail room.** This is a “gathering” space that surely has activity implications and should be designed to accommodate multiple residents
- **Swimming pool (indoors in cold-weather climates, outdoors in warm-weather climates).** This is another gathering space that has social and exercise benefits; designed with lower water level heights than a typical pool (three to four feet). The lower water level is good for water aerobics and water walking classes that tend to be popular with residents.
- **Spa/sauna.** This treatment is good for therapeutic and recreational use.
- **Outdoor activity areas.** In many instances, this is a “forgotten” activity consideration that includes gardens, walking areas, and gathering areas with sun and shade considerations
- **Library.** This area is usually started with resident book donations; it is a place for research and leisure reading.
- **Main lobby/reception.** This is another gathering space situated by the reception/concierge staff and can be an inviting socializing area.
- **Dining room.** This is the “key” predictable activity amenity space in any senior living community (as residents eat daily two to three times each day dependent upon the community’s service package)
- **Country kitchen.** There is a small, self-contained kitchen with seating for resident use to bake cookies, prepare soups, where chefs will display a new recipe, and so forth.
- **Private dining room.** This usually accommodates up to 15 people and is separate from the main dining room to provide a private environment where

family can gather for the celebration of a resident's birthday, an anniversary, or a special event.

- **Coffee/snack shop.** This area may be programmed in the form of a "bistro" or as an alternative eating environment.
- **Beauty salon.** This area is a unisex salon for hair cutting, nail work, and foot work.

The number of activity amenity spaces, their corresponding sizes (in terms of total square feet), their configuration, the location of these spaces within an IL building structure, and the associated capital cost are all considered within a *functional program analysis*. Typically, the total square footage that will be allocated to a specific IL community is determined as a factor of the total building square footage. In real estate development (whether it be senior communities, department stores, office buildings, etc.), one key consideration is the percentage of "leasable" or "sales" space against the total square footage. In other words, a developer (owner) does not earn money on space that is allocated to a nonrentable or nonsales activity. This space also includes circulation such as hallways, elevators, and lobbies.

If there were no economic consideration for the amount of space that could be allocated for activities, an activities specialist would seek unlimited amenities, as more variety is better than less. As a general rule of thumb in the development of IL communities, architects tend to allocate upward of 35% to 40% of the total square footage of a typical 125-apartment unit community to activity amenity spaces. Market feasibility analysis will define the ultimate apartment unit demand in a given market area as well as the mix of units (studio, one bedroom, two bedroom, etc.) and their corresponding layouts and square footage sizes. The case study later in this chapter will take the reader through the activity programming decision-making process of a real-life IL community.

Location of activity amenity spaces is typically a function of the configuration limitations of the vacant land prior to development. In dense urban areas, it may be necessary to build multistory buildings due to the scarcity and cost of vacant land, whereas in suburban locales, plentiful land may provide an opportunity to limit height (number of stories) and achieve a greater spread of spatial requirements.

For many years, architects have promoted the idea of establishing the main dining room of an IL community as the focal point of the activities and programmed other activity spaces around the perimeter of the dining room. One benefit of centralizing activity spaces is to limit horizontal walking distances of senior residents (to make it easy to maneuver through a building). Many residents will be challenged by walking distances of over 120 lineal feet from their apartments to amenity spaces. A negative consideration, however, of congregating all activity spaces on one floor is the queuing effect it creates.

Consider having to move 150 senior residents from three stories of apartments with two wings on each story to a centrally located activity floor. Alternatives to this approach will be explored in the accompanying case study.

CASE STUDY

PROMENADE ON THE RIVER, RENO, NV

Promenade on the River (Promenade) is a picturesque 84-unit independent congregate living (IL) community established in 2001, situated in a historic downtown Reno neighborhood and on the bank of the Truckee River flowing from Lake Tahoe through Reno. This community was conceived by Phil and Nancy Shapiro, who also have served as the inaugural executive director and lifestyles director at Promenade and played key roles in the initial market research and program development of activities within the community as well as ones integrated from the greater Reno market.

The first task in developing the community was to assess the desires and needs of its potential residents. The three most plausible approaches in assessing demographics and morbidities of a potential older adult housing market include study of available statistics on a given geographic market area combined with study of elders currently residing in similar or competitive living environments (in this case study, that means an assessment of existing IL communities in the greater Reno, Nevada, geographic market area) and a review of regional and national data on the profiles of seniors living in similar communities.

At a more intimate level of research, many sponsors of senior communities conduct a series of focus group interviews. Focus group research provides in-depth information regarding a particular problem or issue using group dynamics. In focus group research, a small group of people (usually eight to 10), guided by a moderator, openly discusses attitudes and ideas about a particular issue. Focus groups can be applied to business or consumer research, and participants can include customers, potential customers, employees, or general consumers.

Last, and possibly the most crucial factor in matching activities with residents, is the reliance on the senior community sponsor's mission on how it intends on servicing its residents. In other words, one sponsor may have a greater interest in providing optimal hospitality services such as housekeeping and food, while another is more apt to focus on security and building maintenance, both electing to place activities in a secondary role. The following is Promenade's mission statement, which is framed and visible on a wall upon entering the community:

We, the owners and management of Promenade on the River, are Reno residents with a depth of professional experience in hotel, senior housing, and health care operations.

Our mission encompasses our understanding that our residents have chosen a lifestyle that both respects their individuality and fosters a sense of community. Our programs support our residents' aspiration to maintain active and independent lives, while encouraging social activity and interaction. Our goal is to promote the welfare of our residents and enrich their lives.

Our belief is that the primary responsibility of our staff is to meet the daily needs of our residents and make their Promenade experience a fulfilling one. We encourage staff teamwork and reward excellence, thus fostering efforts to provide the greatest degree of resident satisfaction. We strive to provide our residents with the highest level of service, exercise financial responsibility in controlling operating expenses, and offer excellent value.

Our vision is to affirm our commitment to create a "community" nurtured by purposeful and broad-based activities that stretch beyond the bounds of Promenade's amenities. Our programs are augmented by the art, culture, and educational opportunities available in the greater Reno area. We continuously interact with our residents to obtain their suggestions for improving their quality of life at Promenade, and we respond to insure their wellbeing and satisfaction.

We chose to take a very *comprehensive research* approach toward producing an optimal and award-winning combination of activity amenity spaces and corresponding programs. Activities at Promenade are one of the key elements in maximizing independent living. During the planning phase of the project (which lasted 13 months), we conducted a formal analysis of demographics and morbidities of seniors residing in other Reno-area IL communities. We produced matrices of these communities that also compared amenity spaces and programs. Over a three-month period, we conducted a series of focus group luncheons. We invited adults 65 to 85 years old to participate in an hour-long lunch combined with questions we asked about their current interests and hobbies. We focused on four distinct areas: education, recreation, culture, and food.

We also promoted that the participants talk about interests they had not yet pursued in their later lives. It was found that there was a very broad range of interests that transcended all the activity categories. Art, however, appeared to be of the greatest interest. A desire to participate in community-based cultural events such as attending the Nevada Opera, the Reno Philharmonic, theater, and the Nevada Ballet also provided us with a glimpse of the cultural interests that we have not seen in other communities across the country.

You can refer to Promenade's website at www.promenadereno.com to view a directory of amenities and programs that are offered. They include the typical programming stated earlier in this chapter. However, based upon our research findings and mission, we significantly augmented these activities with an *enriched* amenity space and activity programming. The Lifestyles department (known at most facilities as the activities department) adopted a policy of constantly surveying residents to gauge their attitudes about the programs being offered. The employees view the department as a continuous work in progress, allowing for flexibility in evolving current programs and adapting

new ones. For example, out of stretching class evolved tai chi and yoga classes. Another example was the residents' complaint that the monthly printed calendar of activities and events was not detailed enough and that they were missing some of them. This led to the creation of an in-house, closed-circuit television channel that the Lifestyles department created with the support of the local cable television provider. Now, daily, the department creates a slide show from a Microsoft Power Point software package that is viewed on channel 21 by all residents. They simply wake up, have a relaxing cup of coffee or tea, and flip to channel 21 and visually learn about all the day's events. This has resulted in an increase in resident participation.

One of the most important and naturally occurring activities is the interaction between senior residents and their family members. While staff of seniors communities tend, over time, to become a surrogate family for many residents, we strongly believe that nothing replaces family relationships and interaction.

Another vital component of activity programming at Promenade that is specific to the goal of encouraging social interaction between our residents and their local and distant families is numerous intergenerational events such as parties, lectures, theme-based dinners (e.g., a Luau party), and other creative events.

An innovative feature of each resident apartment (we call them "villas") is that they are equipped with separate modem lines as well as the ability to connect to high-speed cable. We created a *computer training center* in which to teach our residents how to use e-mail and basic Web-browsing capabilities. We're working with local volunteer high school students who have computer skills that are shared with our residents (so we have actually added an intergenerational aspect to this). We are witnessing a joy to learn supported by a new way to communicate between our senior residents and their families (adult children, grandchildren, and great-grandchildren). It's a fascinating experience for most involved.

Our focus group research also showed a strong interest in continuing education. To that end, we approached the University of Nevada, Reno, which is located within a few miles from Promenade, about the idea of creating a linkage with our senior residents. To our excitement, we were apprised of a program already in existence called Elder College. Courses are taught regularly by university professors for older adults on a broad range of subject matter. We were so enthused that we chose to pay the annual tuition for any Promenade resident who has interest in attending Elder College courses. We also provide the transportation to and from the University to make it that much more convenient to participate (the more convenient, the greater likelihood of participation).

Inherent in the Lifestyle department's mission is its interest in proliferating activity programming internally and externally that is both enjoyable and purposeful. Hopefully, these goals will correlate to the happiness and well-being of the residents and enhance their independent lives. However, in spite of

national studies substantiating this correlation, the Lifestyles department also recognizes the importance of maintaining a respect for individual residents' privacy. In other words, sometimes residents have no interest in participating in activities. This can be a result of many things, including underlying depression, being tired, not feeling well, or simply periods when a resident just wants a break from congregate living (associating with others). An aware activities specialist and staff always walk a fine line of knowing when to promote their mission and when to give it a break.

SUMMARY

In summary, the Promenade on the River is an example of an independent congregate living community for active seniors that has incorporated a concern for quality leisure experiences of its residents. The design of the community, the recreational facilities provided for residents, and innovative leisure-related programs offered all contribute to maximizing the quality of life for its residents.

Retirement communities and other living arrangements for elders seem likely to continue to grow in the near future. As these housing developments continue to grow, they will take on increasing importance as focal points for the delivery of leisure services to elders. Although research cited earlier in the chapter indicates that there is some debate as to whether age segregation is desirable, it is obvious that well-planned communities for older adults have many advantages over unplanned, naturally occurring retirement communities (NORCs). As discussed earlier in the chapter, many older adults live in NORCs, and their number is likely to rise. Obviously, living in a residence that is developed with the needs of older adults in mind is better than being stuck in a situation where you feel that you are too old to move, yet the residence where you live no longer meets your needs. Perhaps the debate over whether or not age segregation is desirable is irrelevant, as age segregation occurs naturally anyway. Perhaps the focus should be on enabling as many older adults as possible to live in planned, quality communities. Similar to Promenade on the River, these communities provide the best opportunity for the provision of quality leisure services for older adults.

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