

ESSAY

THE SPECIAL HOUSING NEEDS OF OLDER PERSONS: AN ESSAY*

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When we think about the challenges that face older members of our society, we are likely to think of problems such as paying for medical care, mental incapacity, economic insecurity, and end-of-life health care decisionmaking. One issue that does not often come to mind is housing. Yet, housing, where the older person lives, is one of the key determinants of the quality of life for older Americans. Along with good health and economic security, appropriate housing that meets the needs of the older resident is surely necessary if an older person is to have a comfortable and satisfying life. Housing that is adequate for old age, however, does not just happen. Older persons who are happy with their housing (at least within the limits of what they can afford) usually are not just lucky. Rather, they have housing they like because they, and those who advised them, took stock of their needs, values and capabilities and selected a housing option that was right for them.

This Essay considers the factors that give rise to older persons having housing needs that are at least different, if not unique, from the needs of younger people.

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*I. FACTORS CONTRIBUTING TO SPECIAL HOUSING NEEDS
OF OLDER PERSONS*

As people age, their housing needs change. Individuals sixty-five years or older¹ often choose new housing as their needs and tastes change. As they age, persons suffer a decline in their physical conditions. For some, aging equates with a loss of mental capacity, and for most, finances become less secure. As a result, the type of housing that someone occupies at the threshold of old age may not be the optimum housing. Even the housing selected for life after age sixty-five may be desirable at first, but as time passes and the individual grows ever older, that housing may no longer be appropriate.

Older persons differ physically from their younger counterparts. Though generalizations about the effects of aging may be untrue as to any particular individual, there are certain general physical patterns associated with growing older which, although not true for the individual, are statistically true for the group. All persons inexorably age. Many older persons experience a decline in mental capabilities, primarily because of short-term memory loss. A significant minority of the old will suffer from acute or chronic health conditions that will necessitate a change in their housing. As a result of these physical and mental changes, many elderly persons must reconsider their housing choices with the thought of moving into housing that is more appropriate for their changed circumstances.

A. Physical Changes

A universal aspect of aging is the inevitable physical decline. We all begin to degenerate as the years go by.² As we grow older, we experience signs of aging such as graying of hair, loss of skin tone, and wrinkles;³ however, these outward signs of aging usually do not affect our choice in housing. It is not until we are much older, normally beyond our sixties, that the more profound effects of aging

1. Of course, there is no determinative magic age that makes someone old. Still our society accepts age 65 as the break point; few beyond age 65 would claim to be middle-aged. See Lawrence A. Frolik & Alison P. Barnes, Essay, *An Aging Population: A Challenge to the Law*, 42 HASTINGS L.J. 683, 687 (1991).

2. See DAVID EVERAL & JULIE WHELAN, RESEARCH AND THE AGING POPULATION 5 (1988).

3. See CARY S. KART ET AL., AGING AND HEALTH: BIOLOGICAL AND SOCIAL PERSPECTIVES 32 (1978).

begin to affect us in ways that impact our choice of housing.

The most important effects of aging are the decline in physical strength, loss of vigor, and increase in frailty.⁴ As we age, our bones gradually lose calcium, become weaker and fracture more easily, and joints become stiff and painful. As a result, walking becomes more difficult.⁵ Aging causes a loss of muscle, resulting in less upper body strength. Because stairs may cause shortness of breath and contribute to pain in the knees and hips, many older persons try to avoid houses with two or three stories, even though it may be difficult to negotiate. With declining strength, vigor, and flexibility, housework becomes more of a burden and heavy cleaning almost impossible. A large, older house that requires a good deal of maintenance is increasingly seen as overly burdensome. Failing eyesight interferes with modest home repairs and makes a dark, cluttered house physically dangerous.⁶ Hearing loss, common among older persons,⁷ may make it difficult to live in a large or sprawling house because the individual is unable to hear what is said or called from another part of the house. Yard work and outside house maintenance also become more difficult as the physical vigor of the homeowner declines. Gardens and lawns cease to be a source of pleasure and instead become a burdensome maintenance duty. Of course, the degree of frailty and the loss of muscle varies greatly from one older individual to the next, but for many older persons, the decline of physical strength and vigor reveals that their current housing situation has become inappropriate.

The loss of vision by the elderly can precipitate the need for a change in housing. Almost all older individuals suffer some vision loss. Typically, older persons have less ability to see close objects, are more sensitive to glare, suffer a decline of peripheral vision, and have difficulty in adjusting from light to dark.⁸ An older person's eyes are particularly weak in dim light, are less able to focus on

4. See CAROLE BERNSTEIN LEWIS, *AGING: THE HEALTH CARE CHALLENGE* 62 (2d ed. 1990).

5. See A.N. EXTON-SMITH & P.W. OVERSTALL, *GERIATRICS* 282-84 (1979).

6. "[F]ocal length of the lens becomes impaired [with age] as a result of degenerative changes in the muscles of accommodation and of loss of elasticity of the lens." *Id.* at 19.

7. One-third of adults between 65 and 74 experience hearing loss and one-half between 75 and 79 experience it. See *THE MERCK MANUAL OF GERIATRICS* 1315 (William B. Abrams et al. eds., 1995).

8. See LEWIS R. AIKEN, *AGING: AN INTRODUCTION TO GERONTOLOGY* 43 (1988).

moving objects, and are less capable of perceiving color. In addition to these generalized losses, many older persons experience more serious vision problems. Some are afflicted by cataracts that cloud their vision. Generally, cataracts are correctable, but not always.⁹ Others are victims of macular degeneration, the loss of vision in the central region of the pupil.¹⁰ The effect for victims is a blurred space when they look directly at an object. For example, if they sit across a table from another individual, that person's face will appear blurred and possibly unrecognizable. Most people with macular degeneration cannot read except with the aid of special magnifying devices. While not blind, the affected individual finds it difficult to maintain household records, pay bills, or use the Yellow Pages phone book to locate services. Macular degeneration also interferes with performing household chores such as cooking and cleaning. Because of the difficulty of using even simple tools such as a screwdriver, basic house maintenance becomes a formidable, if not impossible, task. Even simple chores, such as replacing a lightbulb, become difficult; and duties that require the ability to read, such as reading the instructions for a new kitchen device, become insurmountable. In addition, glaucoma also affects some elderly and can result in partial or total blindness.¹¹ Living alone or in a large house with reduced or no vision is obviously very difficult and even unsafe.

Many older persons will also experience a decline in their hearing.¹² Beginning near age fifty, there is often a gradual loss of perception of higher and lower frequencies. This permanent hearing loss, called presbycusis, results in the gradual physical deterioration of the inner ear.¹³ Even if corrected with a hearing aid, individuals may still be less perceptive of noises that alert them to problems or dangers in the household. The sense or reality of being less alert may make an older person fearful of living alone in an isolated or insecure house.

9. *See id.*

10. *See* DONALD H. KAUSLER & BARRY C. KAUSLER, *THE GRAYING OF AMERICA* 325 (1996).

11. *See* AIKEN, *supra* note 8, at 43–44; *see also* NANCY R. HOOYMAN & H. ASUMAN KIYAK, *SOCIAL GERONTOLOGY: A MULTIDISCIPLINARY PERSPECTIVE* 108 (3d ed. 1993).

12. The percentage of hearing loss in those over 65 was 43% in 1980 and is projected to be 46% in 2000 and 54% in 2020. *See* LEWIS, *supra* note 4, at 76.

13. *See* MERCK MANUAL OF GERIATRICS, *supra* note 7, at 1315–16.

B. Mental Changes

A decline in cognition or mental capacity may necessitate a reevaluation of housing. While growing old does not necessarily mean the loss of mental alertness, many older persons find that they are not as sharp as they once were. Sometimes this takes the form of being less comfortable making decisions, perhaps because the loss of physical abilities adds to the stress of decisionmaking. The loss of physical vigor, a decline in vision, and a loss of hearing can make it much more difficult, for example, to deal with home repairs, maintenance personnel, and cleaning personnel. For example, if you cannot see well, you may be at the mercy of the veracity of a roofer who tells you that you need a new roof. If, because of increasing age, you tire easily, you may not have the energy to comparison shop when you need to buy a new window air conditioner.

Mental or cognitive decline also affects many older individuals. Typically, older persons suffer short-term memory loss.¹⁴ This is not to be confused with the onset of dementia, such as Alzheimer's disease.¹⁵ The loss of short-term memory is associated with the natural aging of the brain and does not indicate mental disease or precipitous loss of function. The individual can reason as well as ever, but has more difficulty remembering facts, numbers, or other information, such as memorizing a phone number. If a sales person quotes a different price for three models of washing machines, an older customer may find it more difficult to remember the quoted prices. To compensate, many older persons create lists, write down information, ask for it to be repeated, or bring along a companion to assist in remembering what has transpired. Still, the inability to remember causes confusion, impatience, and frustration. It is hard to make good decisions if you cannot remember the facts of the situation. For example, trying to remember and compare the variables in quoted prices given by contractors for painting a house can make it very difficult to choose the best option.

Perhaps the most serious interference with an older person's ability to live independently is the loss of mental acuity due to dementia or other neurological problems. Individuals with mental problems require housing arrangements appropriate to their re-

14. See DANIEL L. SCHACHTER, *SEARCHING FOR MEMORY* 290-91 (1996).

15. See KAUSLER & KAUSLER, *supra* note 10, at 23.

duced mental capabilities. The most common form of dementia is Alzheimer's disease, but many elderly suffer from Parkinson's disease or other forms of neurological deterioration.¹⁶ Whatever the source, dementia is irreversible and incurable. It gradually leads to the inability to care for property and eventually even for oneself. Living alone becomes impossible. Even living with a caring spouse can in time become untenable.

Some older persons suffer from mental illness, which makes living alone particularly problematic. Although older persons can be afflicted with any kind of mental illness, depression is prevalent among the elderly.¹⁷ Older women in particular are likely to exhibit symptoms of depression, such as a lack of personal care, increasing isolation and a failure to eat properly.¹⁸ Such problems call for medical attention and often suggest that new housing arrangements are necessary.

C. Economic Changes

Even older persons who retain their physical vigor and mental activity may find that, after their retirement, financial considerations necessitate new housing arrangements. Although older employees cannot legally be fired merely because of their age (they are protected by the Age Discrimination in Employment Act),¹⁹ the average retirement age is slightly above sixty-three.²⁰ Since the average life expectancy at age sixty-five is nineteen years for women and fifteen years for men,²¹ retirees face the problem of having to replace the loss of employment income for fifteen to thirty years. For a few more affluent older individuals with substantial pension income, the loss is modest or not enough to cause concern. In fact, with the removal of the costs associated with working, such as commuting, clothing expenses, and entertainment, some retirees may actually find themselves with more disposable income upon retirement. How-

16. See JAMES A. THORSON, *AGING IN A CHANGING SOCIETY* 209 (1995).

17. See AIKEN, *supra* note 8, at 157.

18. See GENDER & AGING: GENERATIONS AND AGING SERIES 34 (Lou Glasse & Jon Hendricks eds., 1992).

19. 29 U.S.C. § 623 (1994).

20. Currently, the median age at retirement is slightly below 63. It is 62.7 for men and 62.6 for women. See THORSON, *supra* note 16, at 359.

21. See STATISTICAL HANDBOOK ON AGING OF AMERICANS 15 (Frank L. Schick & Renee Schick eds., 1994) [hereinafter STATISTICAL HANDBOOK].

ever, most retirees experience a significant drop in income.²²

Although over ninety percent of current retirees receive Social Security retirement income,²³ it does not and was not intended to fully replace the loss of employment income upon retirement. Instead, Social Security creates a financial safety net for older retirees. Upon retirement, lower-income employees can expect Social Security to replace up to approximately forty-three percent of their lost wage income. As the worker's employment income rises, the Social Security replacement percentage declines to approximately twenty-five percent for employees whose employment income reached the maximum amount subject to the Social Security payroll tax. For employees whose income exceeded the amount subject to the payroll tax, the replacement percentage drops even lower. For example, the maximum benefit for a retiree in 1996 is \$14,976, with the average benefit being \$10,660.²⁴ For a married couple, the spouse is eligible for retirement benefits based upon his or her own working record or an amount equal to fifty percent of the spouse's, whichever is higher.

Imagine, for example, that Clarence and Natalie both turn age sixty-five in 1996. Because Clarence is eligible for \$14,000 of Social Security, Natalie, who did not work outside the home, is eligible for an amount equal to fifty percent of Clarence's retirement amount, or \$7,000. As a couple, they would receive \$21,000 total of Social Security. But for Clarence to be eligible for \$14,000 a year, Social Security requires that for many years he would have had an annual employment income that greatly exceeded \$14,000. The \$21,000 a year that they will receive is undoubtedly far less than Clarence's pre-retirement wage income.

The second major source of income for retirees is employer-provided or work-related pensions. About half of the current work force is covered under private pension plans,²⁵ and almost a third of current retirees receive some amount of private pension based upon their prior employment.²⁶ Of course, the amount of such pri

22. See HAROLD G. COX, *LATER LIFE: THE REALITIES OF AGING* 288 (4th ed. 1996).

23. See *id.* at 288.

24. See JOSEPH L. MATTHEWS & DOROTHY MATTHEWS BERMAN, *SOCIAL SECURITY, MEDICARE AND PENSIONS 2/7* (Barbara Kate Repa ed., 1996).

25. See JOHN H. LANGBEIN & BRUCE A. WOLK, *PENSION AND EMPLOYEE BENEFIT LAW* (2d ed. 1995).

26. See EMPLOYEE BENEFIT RESEARCH INST., *PENSION FUNDING & TAXATION: IMPLI-*

vate pension varies greatly from a few dollars a month to relatively generous benefits, including health care benefits for some. Yet, no matter the amount of the pension paid upon retirement, almost all private pensions lose value over time because of inflation. Unlike Social Security, very few private pensions are indexed to keep pace with the rise in the cost of living. As a result, retirees who receive private pensions find their disposable income gradually declines with the passage of years. What seems like a generous pension at age sixty-five may seem parsimonious at age eighty. As the value of a pension declines, so does the retiree's ability to afford adequate housing.

Many retirees supplement their Social Security and pensions with income from their savings.²⁷ However, investment income generally does not keep up with inflation unless the older person reinvests part of the income or annuitizes the savings by drawing on the principal. For most, income from savings is likely to decline in buying power as the retirement years pass. Those who rely on savings and a pension may find that because of the relative decline in their income, they can no longer afford the kind of housing that they initially selected upon retirement.

Some elderly receive direct assistance from children or other family members, although the number who do and the amount of support received is often insufficient. Some older persons move in with their children and receive in-kind support in the form of free housing or room and board.²⁸ However, the dependency that this represents is not what most older persons desire. Many would prefer to live independently, even if that means living in rather modest circumstances. Still, living with a child or relative is often preferable to other options, such as living in an under-sized apartment, a boarding house, or an inexpensive personal care home.

Other economic sources of assistance available to older persons are in the form of in-kind assistance, such as government social service programs, for example, "meals on wheels."²⁹ By providing

CATION FOR TOMORROW 13 (Dallas L. Salisbury & Nora S. Jones eds., 1994).

27. See AIKEN, *supra* note 8, at 295-96.

28. Of those over 65, 12.6% live with their relatives; of those 75 to 84, 13.2% live with their relatives; and of those over 85, 25.4% live with relatives. See STATISTICAL HANDBOOK, *supra* note 21, at 51.

29. Such programs are funded under the Older American Act, 42 U.S.C. §§ 3001-3058ee (1994).

some economic assistance, these programs presumably free up some income for the recipient, income which could be used to purchase better housing. Unfortunately, the dollar value of assistance to any individual from these programs is insufficient to create significant disposal income. These programs, except for subsidized housing,³⁰ which is limited to a small minority of the elderly, do not create better housing options for older persons.

Surprisingly, on the average, older persons have greater net worth than younger persons, primarily because of the increase in the value of owner-owned housing (together with the lack of mortgage debt).³¹ The relative decline in major expenses, such as paying for college or weddings, is also a factor. For example, many middle-aged individuals have their savings depleted by college expenses. Once they pass through that expense, however, they once again start saving and so they enter retirement with increased net worth. They do not, however, wish to spend that increase; rather, they want to preserve it. Investing it in housing is one way to both “consume” the net worth, while preserving its value.

The single most valued asset owned by many individuals is their house.³² Due to the inflation in housing values, which in many cases outstripping the consumer price index increase, many older persons find themselves with a fair amount of housing equity.³³ Unfortunately, for most older persons the house contributes to net worth, but does not create a higher standard of living than it did when it was worth less. This results in “house-poor” elderly who have a valuable house but a low income. Many older homeowners face the question of how to convert the equity in the value of the house into disposable income while still maintaining an acceptable quality of housing. One solution has been the use of reverse mortgages, whereby the older homeowner borrows against the value of the house with no payback due until sale of the house or death of the borrower.³⁴

30. *See, e.g.*, 42 U.S.C. § 1401 (1994); 12 U.S.C. § 1701q (1994).

31. In 1992, for those between 45 and 54, mean net worth was \$304,500; for those between 55 and 64, mean net worth was \$371,000; and for those between 65 and 74, mean net worth was \$369,800. *See* U.S. BUREAU OF THE CENSUS, STATISTICAL ABSTRACT OF THE UNITED STATES: 1995 486 (115th ed. 1995).

32. *See* COX, *supra* note 22, at 292.

33. *See id.* at 296.

34. *See* 12 U.S.C. § 1715z-20 (1994).

Pension plans are another source of the relative high net worth of older persons. Upon retirement, many pension plan participants receive, or have the option to receive, a lump sum distribution from their pension plan.³⁵ While it might be more advantageous for them to roll over the lump sum into an individual retirement account, many older persons take distribution of some or all of the potential lump sum in order to have access to a sizeable amount of capital. Many older retirees use this capital to purchase better housing. Even persons who are content with their current houses buy second homes, often seeking a more comfortable environment for the winter.

Finally, inheritances will increasingly be a source of financial support for older individuals. Because of the increase in the average life expectancy, the age of those inheriting is growing older. For example, the average life expectancy of an American woman is over eighty if she survives the first five or ten years of existence.³⁶ That means that her children probably will not inherit from her until they are in their fifties or sixties. For example, consider Laura, married to Michael, who died in 1990 at the age of seventy-five when Laura was also seventy-five. If she survives until age ninety, having inherited all of her husband's estate, her children will themselves be fairly old before they receive an inheritance. Suppose she dies at age ninety with a relatively modest estate valued at \$400,000, and is survived by her three children, Ned, age sixty-eight; Evelyn, age sixty-five; and Charles, age sixty-three. Each will inherit approximately \$130,000.

As this example demonstrates, it will be increasingly common for individuals to receive a substantial inheritance either shortly before they retire or even after retirement. An inheritance at an older age can radically change what type of housing the retiree can afford even if the size of the inheritance is not great. Conversely, there will be individuals who will be disappointed in an expectation of an inheritance because their parents, prior to their deaths, will have exhausted their estate, perhaps in paying for long-term care in

35. Lump sums can be paid upon an employee's death, upon separation from service, or upon reaching 59.5 years of age. *See* I.R.C. § 402(e)(4)(D) (1994).

36. In 1990, the average life expectancy of an American woman was 78.8. It was projected to be 80.4 in 2000, 81 in 2005 and 81.3 in 2010. *See* STATISTICAL HANDBOOK, *supra* note 21, at 13.

a nursing home.

D. Death of a Spouse

Perhaps the single most significant event in a older person's life who has been married or has had a life partner is the death of that spouse or life partner.³⁷ The older the individual, the more likely that the spouse will have died, so that for those age eighty-five or older, almost seventy percent are widows or widowers.³⁸ The death of a spouse has many reverberations for the survivor, all of which affect the housing choices of the survivor.

Certainly one person usually needs less space than two. Many surviving spouses find themselves lonely, rambling around in a large house, which might have been somewhat large even for two, but certainly is too large for one. Even if the expenses of the house do not seem inordinate, the burden of keeping up a larger house may overwhelm the survivor, particularly as the survivor continues to age and becomes less capable of dealing with the requirements of maintenance and repairs.

The death of a spouse may provide the survivor with the freedom to move. For example, the couple may have stayed in the family house for years even though the surviving spouse may have preferred to move to a warmer climate or to a more stimulating or safer community. Alternatively, a surviving spouse may have longed to move into a condominium or a small apartment rather than continue to maintain a house and yard. When an appropriate interval has passed after the death of the spouse (at least one year), the surviving spouse should be encouraged to analyze whether the living conditions which were appropriate for two remain desirable for one.

The death of a spouse can be an enormous loss and cause deep bereavement for the survivor. Individuals react to that loss in quite different ways. Some find it overwhelmingly depressing to remain in the same house or apartment so they seek out new housing to avoid the painful memories of the past. Others find the loss of a spouse

37. For purposes of this discussion, the individual will be called a spouse with recognition that in many cases the individual may not be married either because they have not chosen to be married or because they are prohibited from marrying because it is a same-sex relationship. Nevertheless, the term spouse will be used as a generic term for a life partner.

38. See STATISTICAL HANDBOOK, *supra* note 21, at 56.

overwhelming, but are comforted by remaining in the same house which holds warm memories of the deceased. In many cases, however, the financial and practical considerations overwhelm the emotional decision and new housing is, in fact, required.

The death of a spouse almost always means a loss of income for the survivor. Social Security, for example, ceases upon the recipient's death. A surviving spouse who was previously receiving an amount equal to fifty percent of the deceased spouse's Social Security income, or took a larger amount under his or her own work record, will be eligible for an amount equal to one hundred percent of what the deceased spouse was receiving.³⁹ However, he or she will still suffer a loss of income as the total Social Security will decline. For example, Stanley and Sandra have been married for a number of years. When they are both age seventy, Stanley dies. Stanley had been receiving \$13,000 a year in Social Security and Sandra, based upon her own work record, was receiving \$11,000 in Social Security.⁴⁰ Upon Stanley's death, however, Sandra would renounce her own \$11,000 a year in Social Security in order to claim one hundred percent of Stanley's Social Security or \$13,000 a year.⁴¹ Nevertheless, Sandra would suffer a loss of \$11,000 a year in Social Security income because of Stanley's death.

Individuals receiving annuities from private pension plans generally do not suffer a loss of income since almost all annuities are two-life annuities, meaning that the annuities are calculated to pay a constant amount until the death of the second annuitant.⁴² The death of the first spouse therefore provides no loss of income; the annuity continues to be paid as before.

The death of a spouse can be costly because the expenses of the final illness can be significant. Even with Medicare, the spouse will have to pay some out-of-pocket expenses for medical care, plus the cost of the funeral.⁴³ If the deceased spouse suffered from a chronic illness, the costs of the long-term care prior to death will also have

39. See 42 U.S.C. § 402(e)(2)(A) (1994).

40. Her own work record exceeded the amount that she would have received by claiming a spousal share equal to 50% of Stanley's social security.

41. See generally 42 U.S.C. § 402(k)(3)(B) (1994).

42. See generally I.R.C. § 417 (1994).

43. Medicare beneficiaries have co-payment obligations, in particular for hospital care. Unless the couple had a Medigap policy to cover the co-payments, the surviving spouse will have to pay the costs.

seriously depleted the financial resources of the couple. If the couple relied upon Medicaid to help pay the expenses of the deceased spouse, most of the assets of the couple were used to pay the medical expenses and long-term care costs of the deceased spouse. As a result, the survivors often find that they have substantially fewer assets for their support than they had planned upon. Faced with diminished financial resources, the surviving spouses may have to reevaluate their housing and seek less expensive housing.

E. Family and Locational Considerations

Family considerations, such as children, often dictate where older persons want to live and the kind of housing in which they wish to live in. A majority of older persons live within fifty miles of their children,⁴⁴ while many other older persons live near a sibling or other relative. In any case, before moving to be near a child or relative, the older person should consider the possibility that the child or relative might leave the area because of a new job or a personal reason, such as the breakup of a marriage. Still, for an older persons who are willing to take the chance that they may have to move yet again, living near a child or a relative can be very desirable, providing, as it does, a source of support both emotional and more tangible, such as help with household chores or running errands.

Some housing arrangements selected by the older persons are influenced by expected visits from children or grandchildren. Many older persons keep a larger house than they need because they hope to encourage visits by the children and grandchildren. Others will continue to own vacation houses because it encourages family get-togethers. In either case, the financial burden on the older homeowner can be significant. Rather than owning a house large enough to house relatives or owning a vacation house, older persons should consider renting, on a short term, housing for their children or grandchildren. By relying on rental property or using motels, the older person can free up capital and live in more appropriate housing: smaller, less costly, and less maintenance-intensive. Financially, it may be much cheaper for the parents to pay the costs of a

44. In 1984, 66% of older people lived within 30 minutes of one of their children. See THORSON, *supra* note 16, at 86.

motel for a week rather than own a house which has enough extra bedrooms to accommodate the relatives. Many condominiums and age-restricted residences also have guest rooms which can be rented for a period of time. A cruise ship is another alternative that allows the grandparents to bear the costs without the burdens of ownership.

Older persons who are considering relocating often do so because they want warmer weather that will allow them to enjoy golf or swimming, or because they want to live somewhere that offers social and recreational opportunities. Moving in search of recreational and social opportunities presents two alternatives. The first is to seek out a housing arrangement that directly provides recreational and social opportunities. For example, people who move to retirement cities such as Sun City in Arizona can expect a wealth of social organizational opportunities and recreation right within the city.⁴⁵ Even individuals who move into a condominium for older citizens can expect to find a library, a game room, or even a workshop within the building. The residents of age-restricted condominiums or apartments often organize numerous clubs that reflect the interests of the residents.

The alternative is to move into housing not designed specifically for the older person, but which is located in an area that offers the desired recreational and social facilities. For example, millions of older persons who have moved to Florida live in regular communities with the knowledge that there will be golf and tennis available within the community even though it is not necessarily designed for older persons. Increasingly, older persons are moving to university communities, even places such as State College in Pennsylvania or Cambridge, Massachusetts, which are not known for the weather.⁴⁶ They do so because the college atmosphere offers stimulation in terms of classes that can be taken, lectures, musical presentations and the like. Because college towns are thought to be desirable places to live as a retiree, privately-built housing designed for older residents is increasingly being created in these towns.⁴⁷

45. See AIKEN, *supra* note 8, at 317-18.

46. See Tom Gibb, *State College-Retirement Mecca Transplanted Retirees Up 42% in 1980-90, Tend to Be Well-Heeled, Well-Educated*, PITTSBURGH POST-GAZETTE, July 7, 1996, at B1.

47. See *id.*

II. PLANNING FOR HOUSING NEEDS

Individuals should begin to plan for their later-life housing needs long before retirement, preferably while they are still in their fifties. After their children are grown, many individuals decide that they need to reorient their housing to something more appropriate, less family-oriented, and more adapted to the needs of an older couple or older individual. If considering either buying a new house or finding a new apartment or condominium, individuals in their fifties should consider whether they will want to relocate again after retirement, or whether the housing pattern they select at this age will be appropriate for their retirement years. What is appropriate housing at age sixty-five may not be appropriate housing at age eighty. The question is whether the older person is willing to relocate years after they have entered "old age." For most people the answer is yes. They realize that a house appropriate at age sixty-five (perhaps the house with room for gardening) may not prove so desirable at age eighty when they no longer want the burden of a lawn and garden. Because it is difficult at age sixty-five to select housing that will meet all of one's needs for the next twenty-five or thirty years, older individuals must realize that their initial retirement housing may not be appropriate for their later years. Some persons are perfectly happy to move frequently, and therefore would not be dismayed with the thought that the pattern they select at age fifty-five might be inappropriate after they retire at age sixty-five. Others would prefer to make a choice when they are age fifty-five that will continue to be appropriate when they turn age sixty-five and retire.

The most significant impact on pre-retirement and post-retirement housing is the individual's financial circumstances. Individuals who relocate in their mid-fifties are often at the peak of their earnings. Those who relocate after retirement often face reduced financial circumstances. Individuals who relocate in their fifties may be doing so based upon a recent inheritance, life-time savings not likely to be replaced, and the expectation of relatively high earnings. In short, they are at their financial peak. They should consider that, although their capital will remain intact upon retirement, their consumable income will decline. They probably will be unable to replace or add to their savings (capital) after retirement, and should ask whether they will be able to continue to afford the kind of hous-

ing that they are considering in their mid-fifties. Of course, as long as they are willing to relocate after retirement, they may choose to purchase or rent housing that might not be appropriate for their post-retirement years.

However, even if finances do not require new housing after retirement, the inevitable path of aging may dictate new housing arrangements. Younger individuals often look upon retirement as a homogenous age period; that is, everyone over the age of sixty-five is about the same. This is inaccurate. Gerontologists like to classify old age into three periods: the period from age sixty-five to seventy-five sometimes called the "young old"; the period from age seventy-five to eighty-five sometimes called the "old"; and the period post age eighty-five, sometimes referred to as the "old old."⁴⁸ The division of old age into three periods highlights the reality that old age can conceivably extend for thirty years, from age sixty-five to ninety-five. Over that potential thirty-year plus span, the wants and needs of the older individual will change. More specifically, their housing needs will change.

Individuals age sixty-five to seventy-five are sometimes referred to as the young old. Attaching the term "young" helps emphasize that although they are old, many of the problems that are associated with old age, such as chronic illness, frailty, and the loss of mental capacity generally, do not apply to most individuals in this age group. Many of these individuals are recently retired and in good health, and they often have fairly reasonable retirement incomes because their source of income has not yet been eroded by inflation. These are the individuals who are often portrayed as examples of why older persons are over-endowed with income and government benefits, the so-called "greedy geezer."⁴⁹ Certainly, when seen on the street, in shopping malls, or at restaurants, they seem to be doing fine. They look healthy, are in good spirits, and appear to have plenty of disposable income. In fact, older persons age sixty-five to seventy-five are generally in good health and are better off financially than persons age seventy-five or older.⁵⁰

48. "There are significant differences among the 'young old' (ages 65 to 74), the 'old-old' (ages 75 to 84) and the 'oldest old' (over 85)." HOOYMAN & KIYAK, *supra* note 11, at 5.

49. See generally Peter G. Peterson, *Will America Grow Up Before It Grows Old?*, ATLANTIC MONTHLY, May 1, 1996, at 55.

50. See CHRISTINE R. VICTOR, *OLD AGE IN MODERN SOCIETY: A TEXTBOOK OF SOCIAL*

Of course, there are individuals age sixty-five to seventy-five who are in bad health. Members of minority groups are more likely to experience poor health at a younger age than the white majority.⁵¹ But it must be recalled that the average life expectancy of someone who reaches age sixty-five is fifteen years or so for males and almost twenty years for females.⁵² To put it another way, half of the individuals who reach age sixty-five will still be alive fifteen to twenty years later. To achieve that kind of life expectancy means that most persons reach age seventy-five in reasonably good health.

The housing needs of this age group primarily depend upon their personal choices rather than being mandated by health or physical concerns. Many in this age group do not change their housing.⁵³ They find that whatever was desirable prior to retirement is just as appropriate thereafter. Others do relocate upon retirement, but do so not because of necessity, but from choice. They may, for example, choose to move to a warmer climate, or they may choose to divide their time between a summer and a winter home. Others move from a large house to a smaller house or even to a condominium because they do not want the burden of maintenance, because they choose to travel, or because they simply have other things with which they would prefer to occupy their time. Some move to live closer to children or grandchildren.

Individuals past age seventy-five often find that their housing no longer meets their needs. The possibility or actuality of poor health and increasing frailty, and the concern about physical safety grow significantly after age seventy-five. Individuals want a smaller housing unit, one without stairs, with good security, and with low maintenance. Their financial situation may also be eroding if inflation has reduced the value of their pension plan and medical expenses have reduced their disposable income. They may also face increasing medical or long-term care costs and so have fewer dollars to spend on housing. Individuals in this age group may find themselves reducing the cost of their housing in order to meet other ex-

GERONTOLOGY 48 (2d ed. 1994).

51. See THORSON, *supra* note 16, at 311.

52. The average life expectancy for a male who reaches 65 is an additional 15.2 years and for a female, it is an additional 19.0 years. See STATISTICAL HANDBOOK, *supra* note 21, at 12.

53. For those between 65–69, 570 out of 10,123 moved in 1990–91, and for those between 70–74, 348 out of 8114 moved in 1990–91. See *id.* at 35.

penses or to ensure for themselves a safe and physically comfortable environment. As physical strength wanes, and eyesight and hearing diminish, individuals become more concerned for their personal safety. They worry more about being assaulted either on the street or in the home and they worry more about accidents in the home. The retirement home in exurbia, which once seemed so private, may be seen as isolated and vulnerable. The city condominium that was selected because it was near culture and entertainment, may be seen as a target for criminals that gives rise to daily exposure to possible street crime. The small apartment that once permitted the older couple the financial wherewithal to constantly travel, may become cramped as physical infirmity makes traveling a chore rather than a delight.

Beyond age eighty-five almost everyone has to be concerned with the physical ability to live independently and the appropriateness of their housing for an older, frailer person. Those past age eighty-five tend to be single; less often part of a couple.⁵⁴ Given their longer life expectancy, women comprise the majority of those age eighty-five or older, and most are single or widowed.⁵⁵ For these women, safety and a sense of community is often paramount. They often relocate into apartments or condominiums that offer a secure environment with companionship, while also freeing them from burdens of house maintenance and repair. Perhaps the most salient issue for those eighty-five and over is whether they will need assistance in their daily life activities such as housecleaning and cooking, or even to the extent of needing assistance in dressing or bathing. Those of advanced years must consider whether they ought to move into housing which offers daily personal care assistance either daily or on an as-needed basis. Even those who are in good health over age eighty-five must consider the possibility of someday needing assistance and must plan accordingly. As a result of these special needs for the very old, many who purchase a "retirement" house when they are in their late sixties find that in their eighties they need to move again, this time into congregate housing or an assisted living facility.

Although those over age eighty-five are more likely to have

54. See *supra* note 37 and accompanying text; *supra* note 21, at 56.

55. Of those 85 and older, there are 39 men per 100 women, and 90% of women over 85 are either single or widowed. See STATISTICAL HANDBOOK, *supra* note 21, at 56.

health concerns, at any age an individual can become frail, either because of a general decline in health, an acute medical problem, or a chronic medical condition. For these individuals, housing decisions are a critical component of the quality of life. Older persons who have special medical needs will have to decide whether those needs can best be met in their current home or whether they ought to move to an assisted-living facility or a nursing home. In short, health concerns define housing needs, but they do not dictate the solution. There are many ways of providing assistance to a frail or ailing older person. The individual must consider the range of possibilities to decide which makes the most sense in light of physical and mental capabilities, finance resources, and personal taste.

All older individuals, even those in good health, need to consider what housing will be appropriate should they become sick or less physically capable of caring for themselves. Obviously a house without stairs is desirable, but there is also the problem of whether the housing is located where there are appropriate health support services. Generally speaking, the larger the community, the more likely there will be appropriate services available, although, even in smaller communities, there may be specialized services available, possibly at a lower price. Prior to relocating to a smaller or isolated community, careful inquiry should be made of the availability and quality of emergency medical treatment, hospitals, geriatric care, assisted care within the home, and nursing home care.

Older persons do not usually need to be cautioned about the importance of a secure, safe environment. They are very aware that nothing can erode the quality of life more dramatically than fear. Security, of course, is a two-fold problem. First, is the security of the neighborhood: can one walk down to the corner store at least during daylight without fear? But there is also the issue of security of the building. The older the individual becomes, the more important it is to feel that the living unit is safe. Here again, what might seem safe for one at age sixty-five may seem less secure for the same individual at age eighty-five. Second, there is also the problem of the neighborhood changing over time. Older persons should take the long view about security issues and feel comfortable that what they purchase today will still be in a secure, safe area ten years hence.

While on the surface transportation seems quite different than housing, the two are closely related. Most Americans assume transportation is easily solved by driving, and that therefore, wherever

they live is only a question of how far they have to drive and are willing to drive for services. While this may be true for younger Americans, as individuals age they must consider the possibility that driving will become burdensome, dangerous, or impossible. Problems with vision, mental capacity and reflexes all make driving more problematic as individuals grow older, and so it is important to select housing that minimizes the dependency upon driving, particularly for individuals who are beyond age eighty. Here again, the solution may be to admit that what is appropriate housing between ages sixty-five and eighty may not be appropriate thereafter.

Unfortunately, much American housing is predicated upon the homeowner being able to drive. Suburbs are notorious for being car-dependent; woe unto the homeowner who cannot drive. What seemed a comfortable, friendly neighborhood turns into an isolated environment bereft of goods and services, hostile to elderly pedestrians. Rural America is also unkind to the nondriver and can create real hardships for isolated elderly homeowners. In a city, there may be buses or other public transportation, and the delivery of goods such as groceries and laundry is possible. In rural settings, however, it is very difficult, if not impossible, to have necessary support brought to the door, and there may be no public transportation. Certainly, the problems that arise for a nondriver play a major role in forcing older persons to move into more urban settings which provide services either on-site or at least within easy walking distance.

III. CONCLUSION

Housing is a critical component in the quality of life for older persons. Along with income security and good health, it ranks as one of the key determinants of happiness. While there are no universal answers as to what is "good" housing, an awareness of the housing needs of older persons is the first step in the selection of appropriate housing.