



**WIDER
HORIZONS**

HOUSING OPTIONS



***Meeting Our
Changing
Needs as
We Age***

May 2022



www.widerhorizonsvillage.org

(206) 650-3586

Seattle, WA



***HOME IS WHEREVER YOU FEEL
SAFE, COZY, AND COMFORTABLE
AS YOU AGE!***

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ACKNOWLEDGMENTS

Wider Horizons is proud of the work of the Housing Options Task Force, whose members (listed below) come from diverse professional backgrounds including health research, social work, journalism, health administration, and education. These members devoted much time and effort to compiling the important information contained in this Handbook.

The Task Force was convened when we realized that some of our members were no longer able to live safely without making changes to their homes or their living situations. It is our hope that this Handbook will provide both the background and the impetus for each member of our aging community to find safe and secure living arrangements in their current home or elsewhere in a new home.

This Handbook was prepared by Denise Lishner, Chair of the Task Force, with the generous help of Task Force Members:

- Deirdre Cochran
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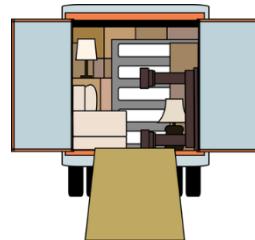
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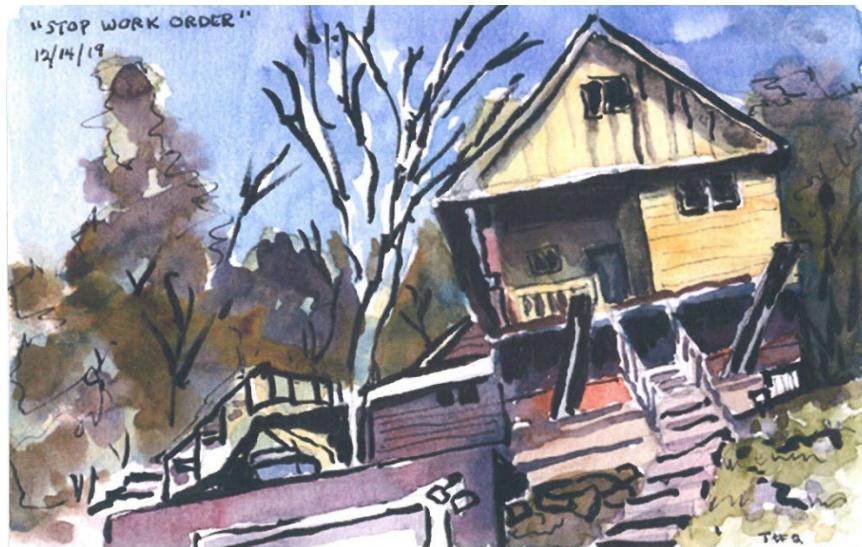
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INTRODUCTION

Many things change as we age. While change can be difficult, it can also be exhilarating and reveal new opportunities.

Critical aspects of our lives that may require change are where and how we live. The home we lived in for decades may be a place of great comfort and familiarity, but it may no longer be viable in its present configuration when our physical capacities decline, or we require more care. What happens when:

- ⊕ You can no longer climb steep steps to an upstairs bedroom?
- ⊕ You lose a partner or feel isolated living alone?
- ⊕ You tend to slip and fall?
- ⊕ You realize it's just too hard to maintain your home and garden?
- ⊕ Your vision is failing?
- ⊕ Your long-time neighbors move away?
- ⊕ Your children live at a distance from you?
- ⊕ You find it way too difficult to climb up your front steps?



Original Drawing by Kate Barber

You have two options:

1. Stay where you are with adaptations that make your home safe and manageable, or
2. Move to a different housing situation that meets your evolving needs.

Many people feel content where they are and may be reluctant to talk about future unknowns. Acknowledging loss of stamina, vision, hearing, and other strengths is fraught with sadness. But if you plan and prepare for what lies ahead, there are many options to consider, as you will discover in this Handbook. If you wait for a crisis and need to move quickly, you will have fewer opportunities to choose a place to live that also addresses your needs and desires!

The purpose of this Handbook is twofold: 1) to describe ways you can remain in your own home more safely and comfortably as you age, and 2) to help you explore the continuum of housing options with and without services, should you require a move.

We explain the benefits and drawbacks of these options to help you decide what you need, with relevant experiences shared by *Wider Horizons* members.

We encourage you to think ahead and get the information you need about various alternative living and care arrangements. Preparing for changes described in this Handbook can make your transition smoother, safer, and even more joyful. That preparation may allow you to see *home* as the place that best meets your needs.



***Wider Horizons* Member Deirdre Cochran's houseboat, adapted to meet her needs**
Original Drawing by Kate Barber

SECTION I: STAY IN YOUR CURRENT HOME

Aging in place is the ability to live in one's home and community safely, independently, and comfortably. But what *home* is can change over time, and it need not be the same place in the same circumstances as the home you have lived in for decades. Most people want choices about how and where they age in place and how they access amenities and services.

According to the National Institutes of Health, only 4.5% of older adults live in nursing homes and 2% in assisted living facilities. Most older adults (93.5%) live in the community in single or multi-family homes, condos, and apartments. An AARP study (2011) showed that 87% of people over the age of 65 in the United States plan to remain in their homes rather than move to a care facility. Aging in place enhances feelings of attachment, familiarity, and security, while encouraging connection to social support and preserving a sense of autonomy and independence (Wiles, 2012).

Having people remain in their own homes also avoids the more costly alternatives of institutional care (The World Health Organization, 2007). A comparison of assisted living versus home care found that care in the home costs substantially less, though this can vary by one's state, whether one buys or rents their home, and the need for additional services (Boyd, 2020).

However, every year one of four older adults falls, and falls are the leading cause of both fatal and non-fatal injuries. For this and other reasons, such as poor vision or limited mobility, most people cannot remain in their own homes as their capacities change without making some important modifications.

But how do you decide whether to make adaptations and stay in your home or move to a place with other amenities or care options? In his comprehensive 2021 book titled *Right Place Right Time*, Ryan Frederick claims that, along with purpose, social connection, physical well-being, and financial well-being, place has a substantial impact on one's health and well-being. The author's assessment tool, called a personal healthy aging dashboard, measures where you stand on these five dimensions to evaluate whether you are in the right place. The assessment tool helps to answer the questions: How am I feeling about my circumstances and does this necessitate a change in my life?

This section explores many ways in which older people can stay in their own homes longer and more safely by adapting themselves and by implementing functional adaptations to fit their specific needs over time.

Stay Fit

In terms of stacking your personal deck so you can stay in your own home as long as possible (if that's what you want), all the material in the following pages is extremely helpful. But perhaps more important than anything else is investing in yourself to be as fit and strong as you can be. That investment will go a long way to prolonging relative independence.



Edna Daigre Fitness Class in Seattle, WA

Physical movement, including exercise, gets you the biggest bang for your investment, hands down. In his 2020 book *Successful Aging*, neurologist Daniel Levitin writes that “the single most important correlate of vibrant mental and physical health is physical activity.” It has benefits for cognitive health but, at least as important, the right kind of exercise makes daily living safer and more enjoyable. Below are four types of exercise and, the more of them you can do, the better. If you have chronic conditions or have experienced an injury, do check with your primary care doctor before undertaking vigorous exercise.

 **Aerobic exercise:** This helps your heart (but also your brain and muscles) stay healthy. You can get this from walking, swimming, running, and dancing; in classes where you move briskly; indoors on a treadmill or climbing stairs; and outdoors on city sidewalks, in a park, or in the wilderness. And although indoor environments may feel safer to

some people, the outdoor ones accomplish even more. Exploring a forest, especially one you haven't been in before, has loads of cognitive and other benefits!

- ➊ **Strength building:** After age 30, you begin to lose as much as 3% to 5% of your muscle mass per decade. But you can start at any time to improve your strength. This can be challenging to do on your own and, if you can afford it, consider joining a gym or working with a personal trainer.

Studies including Russo, 2009 have shown that strength and balance training can prevent both falls and fractures that lead to broken hips, collarbones, legs, arms, or wrists. And that's how you can be compelled to leave your home—often permanently—at older ages!

- ➋ **Balance:** There are programs built entirely around improving balance, which, for several reasons, declines over time and may contribute to falling. And there are simple balance exercises you can do at home.

- ➌ **Flexibility:** A source of discomfort for many older people comes from joints that are increasingly inflexible. That's why stretching, including stretching with resistance or weights, is so helpful. It can also be an antidote to muscle and joint pain and is preferable to pain-relieving drugs in many cases. Swimming is particularly good for maintaining muscle and joint flexibility.

Each of these types of movement interacts with the others: When you stand on one foot, you are strengthening hip and thigh muscles and improving balance. Any form of aerobic exercise is particularly good for your leg muscles. Choose the types of exercise that feel best to you. And you don't have to do hours a week of exercise. Even 10 or 20 minutes a day of movement can bring great results!



Make Adaptations to Your Home

Make your home safer. One approach that can enable you to remain in your home as you age and begin to experience more physical challenges is to enhance the safety of that home. You can do this by yourself and make a home safety checklist, but some people benefit from the services of an occupational therapist (OT), who can conduct a home safety check and make recommended adaptations.

But even before you make home adaptations, start by being mindful about how your limits may change as you age, and respect those limitations. If feeling unsteady when you need to change a lightbulb, this may mean using a sturdy stepladder or asking someone else to do this for you. Or it might mean taking your time as you move around inside or outside your house – especially on stairs or slippery sidewalks.

Among the many recommendations to optimize physical safety and avoid potential hazards at home are:

General:

- Hire someone to do home maintenance and cleaning.
- Remove obstacles to prevent slipping or falling.
- Eliminate throw rugs, doormats, and runners unless they have nonslip material beneath them.
- Add night lights in the bedroom, halls, and bathroom.
- Place electric cords along walls and tack them down to avoid tripping.
- Make room for mobility aids such as wheelchairs or walkers.
- Use bed railings, walkers, and other devices to improve stability.
- Add rubber tips to the bottom of canes or walkers.
- Practice getting up from a fall and see a physical therapist if this is hard for you.



- Consider Alexa, Apple Watch, or other alert assistance.
- Keep your cell phone by your side or place phones in every room in case you need to call for help.
- Wear comfortable and supportive shoes with nonslip soles.
- Get hearing and vision checkups regularly and update eyeglass prescriptions.
- Know the effects of medications you use, especially if they make you dizzy.
- Keep hydrated, drink fluids often, and limit the amount of alcohol you drink.
- Use delivery services for groceries and drugstore items.
- Schedule a daily phone check with a family member or friend.

In the bedroom:

- Keep in mind that the proper height for a bed is 21 inches, the same as a standard seat height.
- Have a comfortable mattress that is conducive to sleeping well.
- Get rid of footboards or anything that sticks up that you might bump into.
- Wear secure slippers rather than walking in your socks.
- Install night lights in the bedroom, hall, and bathroom to guide your way when you get up in the middle of the night.
- Add railings for better support and stability.
- Make sure there is no clutter on the floors that could trip you.
- Keep a phone and flashlight by your bedside.



In the kitchen:

- Make sure cabinets, knobs, and switches are accessible.

- Consider swapping out fittings that are difficult to use, such as cupboard openers and drawer pulls.
- Place things you use often within reach on lower shelves—or ask others to help you get them.
- Change to lightweight plates, bowls, and pots and pans, easier to lift and wash.
- Install an automatic shutoff for the stove as a fire safety precaution.
- Wipe up spills right away to prevent slipping.

In the bathroom:

- Install a raised toilet and/or a grab bar near it but remember that if you don't use your own muscles to get up from the toilet and chairs, they will deteriorate.
- Consider a bidet with a night light; it will save on toilet paper, isn't abrasive on the skin, and does a better job of cleaning.
- A photograph showing a woman in a purple towel standing in a shower. She is holding onto a white grab bar mounted on the wall. The shower floor has a purple non-slip mat.
- Install grab bars in showers, both to get into the shower if it is in a tub, and within the tub/shower itself.
- Use a shower chair if needed so you can sit down some of the time.
- Consider installing a hand sprayer in lieu of or in addition to your showerhead but consult an OT to make sure you get a good one that fits.
- Use nonskid mats or adhesive strips in your shower or bathtub, as well as nonslip bath rugs.
- Set your water thermostat to 120 degrees max to avoid burns or have a plumber install an anti-scald device.

Making stairs safe:

- Make sure all stairways and steps (inside and outside) have sturdy banisters or railings on both sides of the steps.
- Make sure rugs and floor surfaces are not slippery.
- Use traction treads on steps.
- Keep stairways well lit, particularly those outside and going down to the basement.
- Make sure stairs do not have clutter.
- If stairs are not carpeted, paint a highly visible color on the edge of each step.

- ⊕ Use a low nap carpet, not one that is fluffy.
- ⊕ De-ice outside stairs before you use them in the winter.



By making these adaptations even before you think they are needed, you can avoid unnecessary injuries and falls.

Make architectural and design improvements. Poorly designed homes reduce quality of life and cause difficulty in navigating safely and comfortably. There are many simple design changes that can help. Small residential design changes can have potentially life-saving effects and prevent falls and injuries.

We've already covered some home improvements that may not rise to the level of redesign or remodeling. Should you choose to make more ambitious changes, consider the following:

- ⊕ Install cupboards and drawers with magnetic/automatic closures. This way cupboards and drawers are less likely to be open, so you won't bump your head or other body parts on them.
- ⊕ Swap out old doorknobs and install levered door handles.
- ⊕ If you have high-pile carpeting, consider recarpeting with low, smooth pile carpet, on which wheels for walkers and wheelchairs will move more easily.
- ⊕ Reduce the number of pieces of furniture in a room, giving you fewer things to bump into.
- ⊕ Make a place in the kitchen where you can easily sit to do food prep.

- Move your bedroom to the first floor.
- Turn a second-floor bedroom into a suite that could accommodate guests, a housemate, or a caregiver.
- Install a step-in shower.
- Make all entrances handicapped accessible or as level as possible. This might include installing better lighting, sturdier railings, and/or adding a ramp.



- Install an electronic keypad for entry—you can give the code out to those you trust.
- Install elevators or chairlifts if needed.



Other improvements are increasingly used to incorporate wellness into the design of the home: installing air filtration systems and thermostats (a lower temperature helps in

getting a good night's sleep!); using window treatments that maximize light; and creating stair-free environments or reducing the number and design of steps (Frederick, 2021).

Downsize and declutter. Many of the options described in this Handbook involve downsizing. If you intend to remain in your current home, removing obstacles and clutter makes falls less likely. If you decide to move to a smaller space from a larger residence, you will probably have to deal with a lifetime accumulation of furniture, artwork, memorabilia, knickknacks, and other cherished material possessions. How do you part with these when your living space is too cluttered for safe navigation of your home or if you decide to move to another place that is much smaller?

There can be many benefits to hiring a professional downsizer. *Wider Horizons* has one local recommendation, and you can also find one through the National Association of Senior and Specialty Move Managers. In her 2014 book *The Life-Changing Magic of Tidying Up*, Marie Kondo gives tips for tackling what can be an overwhelming process. These include keeping objects that give you joy, sorting objects by category rather than by room, and eliciting input from others.

If you decide to downsize by yourself, first identify useless and unwanted items. Next, decide who might want certain items; consider relatives, friends, nonprofits, schools, or the Dump. If you tackle one room at a time, it might feel less overwhelming.



There are many apps that can help you organize your move, inventory your possessions, calculate moving costs, and more. And here are some of the questions you'll need to answer:

- ❖ What is your schedule and budget?

- ❖ What will you sell either online or through a local paper, consignment, garage, or estate sale?
- ❖ Who would help you move items, pack and ship them, or donate them to others?
- ❖ Do you want a professional or someone from a local auction house to come and pay you for your household items?

Giving away possessions can be emotionally challenging, but it can also lead to a sense of liberation when you lighten the burden of bulky antiques, trinkets, faded letters, and old work or financial papers that often sit in boxes in basements for decades! And scanning or taking photos of prized possessions you give away can still evoke warm memories.

I had talked about decluttering for years but might not ever have accomplished it if I had not had a tight deadline of less than two months to be out of our family home of 40 years. While decluttering is tedious and at times exhausting, it also is a gift of memories, laughter, perhaps a few tears, and gratitude for all the experiences and relationships captured by physical objects. And then when we let go of those objects, we often feel lighter and have more space for new experiences and relationships. I so enjoy having fewer "things" in my life that take up time. And when I do occasionally miss a family antique or travel memento, I look at pictures of them and reflect on the memories.

Nancy Hooyman, Wider Horizons member

Use assistive technology. Advances in technology have made it easier for seniors to retain an appropriate amount of independence. Smart speakers connected to smartphones and tablets can remind seniors when to take medicines or keep appointments, and can operate the home's lights, appliances, doors, and windows.

A Fitbit or voice assistant using a smart speaker can help with medication reminders, grocery lists, and much more. A video doorbell system allows you to monitor who is at your door.

The Amazon Alexa devices will call any phone number, including 911. If you have an Alexa device in several rooms and you fall but are still conscious, or are too ill to use your phone, you can use this feature.

Wearing an Apple watch coupled with the Lively app allows pre-approved family and friends to check in on you. It also allows you to call for help and can even call for help itself when it senses a sudden drop or fall. In addition to being worn, personal emergency response systems can be embedded in living spaces and programmed to detect changes such as falls that require action. At some point there will likely be more ability to speak out to control climate and lights to substantially take the edge off limitations.



A 2022 New York Times article listed the top smart home devices designed to help the elderly age in place to accommodate “common frailties of age,” such as failing vision, decreased mobility, and increased risk of falls. An expert panel examined items that contained these features: remote control, smart home functions, wireless connectivity, safety, simple operation, and unobtrusive design.

Some of these devices are home security cameras to monitor who is coming and going, smart lighting for entrances and hallways, and smart plugs with timers so that space heaters and fans go on and off at designated times of days. Robotic vacuums and mops can help you keep floors clean with minimal effort. You can even purchase a robot for companionship, safety, or entertainment. The newest robots roam the house and ensure safety in multiple ways.

Technology can help connect you to care providers, as well. Telehealth visits and remote patient monitoring can both replace live home health visits and trigger in-person visits. Many elderly patients recovering from Covid-19 benefited from increased rehabilitation services via telehealth. This also protects from infection by visitors and home health care workers. Responding to Covid-19 has greatly increased the number of home health organizations using telehealth capabilities. Telehealth is also a great resource for seniors living in rural areas distant from clinics and hospitals.

Even though technology has the potential to help you feel secure in your home for longer, not everyone has easy access to efficient and inexpensive internet services, especially in rural and underserved communities. Additionally, many elderly people are unaccustomed to using technology. Becoming more comfortable with simple and reliable technology can make it easier to remain in your own home as you age.



Share Your Home with Others

Live with relatives, friends, or other housemates. Another approach to making it easier and safer to remain in your own home as you age is to share it with others. Several *Wider Horizons* members have shared their homes for years and have many good insights. Home sharing provides continued social interaction; the safety, security, and convenience of not living alone; financial income; and assistance with some household tasks. It can also help you remain part of a familiar neighborhood and community.



***Wider Horizons* member Denise Lishner for
many years has shared her home with
visiting Chinese scholars and their families**

Home sharing, at least in the City of Seattle, does not require adhering to municipal rental requirements. You need to check the rules and regulations for your own municipality or other area.

Many home sharers find renters through university or school programs or organizations that are designed to help recruitment and matching, including churches, housing agencies, and websites such as Silvernest.com.

In addition to receiving monthly rent there are some tax advantages to home sharing as the home is recognized as a business. Common expenses, utilities, and taxes can be prorated accordingly. But you will need to count the rent you receive as income. It is best to consult an accountant to determine what expenses can be written off against income.

If you are thinking of sharing your home, decide what you want and don't want in a housemate. Think about your likes, such as cleanliness, friendliness, privacy, and communication, as well as the things you may not like, such as barking dogs, loud music, messiness, and overflowing garbage containers.

Make sure to clarify which parts of your home are shared and which are private. For example, your tenant might have their own bedroom but need to share the bathroom; would most likely have access to the kitchen but would perhaps have limited use of certain dishes or utensils; and may or may not use the living room.

When interviewing prospective renters, many home sharers say they trust their feelings and intuition about who might be a good fit, after checking background records and references. A six-month lease or letter of agreement allows a period of adjustment with the option of either party deciding it's not working out as hoped. Others prefer a one-year lease to ensure continuity in their household.

Some home sharers reduce rent for some household help (see next section) while some would rather hire outside help and keep the relationship and expectations simpler. Some home sharers cook and eat together, and some do not; the balance between privacy and community can vary with different individuals. Do you want your tenant to have a small footprint in the house or do you want a lively companion?

One experienced home sharer advised being ready for things you don't want, such as people leaving their dishes in the sink or forgetting to take out the garbage when it is full. Define your expectations upfront and focus on constructive communication.



Once you have decided what you want in a home sharing situation, be sure to interview prospective tenants to cover all the important factors so you can screen out those you

know would be incompatible and find someone who shares your vision of a good experience. For example, you can ask how often they cook, what hours they keep, whether they keep the kitchen clean (everyone will probably answer that they do!), what kind of music they listen to, and if they like gardening. And be sure to include questions about financial stability, including employment and a previous landlord reference.



One couple in *Wider Horizons* rented the upstairs of their house to their adult grandchildren in a partnership that benefited all of them. The older couple who owned the home was happy to provide childcare when the young adults went to work, while the adult children offered safety, security, and help with heavy duty chores. There was also a mutual financial advantage because the young family was unable to buy a house at this point in their lives. It is important in this situation to clarify boundaries and carefully plan the space arrangements. Because emotional demands can be challenging, clear expectations are critical. And older adults may develop health needs that cannot be met by family members.

You can find a sample rental ad and lease agreement at the end of this guide, in Attachments 1 and 2.

Trade rent reduction for services/companionship. This option is like home sharing in how you find, vet, and interview a potential tenant and provide private living space and access to common space. However, it is different in that your tenant agrees through written contract to perform specific services and/or companionship in exchange for private living space and/or access to prescribed common space in your home.

This could be a good option for you if you think you would appreciate and benefit from:

- help doing small home maintenance and/or cleaning tasks.
- added security and peace of mind while living alone.
- new energy in your home, occasional company, or potential companionship.

- help getting groceries inside or rides to appointments.
- even more full-time help such as a personal assistant or live-in caregiver, which would require compensation for extended services in addition to rent.

Of course, you also need to offer:

- private living space including a bedroom and a private or shared bathroom in good shape and available for full-time use.
- access to common space and services such as kitchen, living room, and wi-fi access.

A written agreement should be reached that specifies:



- clear expectations of all services to be rendered by the tenant as well as an anticipated weekly range of time needed to perform the services to make clear the value of services and the value of the space.
- use of private living space and access to common areas by your tenant, including, but not limited to, quiet time, guests, use of refrigerator, etc.
- a date to revisit agreement terms to see how things are working and updating the terms if changes need to be made.

Considerations:

- What constitutes the right tenant for you?
- Is available space ready to move into and furnished with the essentials if needed?
- Is the tenant able to offer companionship and physically able to provide services? Do they have a valid in-state driver's license and up-to-date insurance?
- If the tenant doesn't have their own car, you will probably want to put the person on your auto insurance and will need to take that additional cost into account.
- Is the tenant financially stable? Use the same criteria you would use for a renter.

Add an Accessory Dwelling Unit

Adding an accessory dwelling unit (ADU) to your property can serve many purposes and is quite cost effective as the land is not an additional cost. Having a separate dwelling on your property avoids the conflicts or annoyances that may occur in a living together arrangement. Whether you live in the existing home or in the ADU, there are many advantages of having someone, usually a younger person or family member, close by while maintaining privacy. The proximity enables some security and mobility in case transportation is needed. This allows you to remain in familiar surroundings and retain autonomy and dignity.

ADUs and DADUs (detached ADUs) are self-contained living units that entail permanent changes on a single-family residential property. These are usually 600 to 1,000 square feet in size. Five types of ADUs are 1) basement, 2) second story, 3) garage conversion, 4) detached with separate foundation, and 5) a unit attached to the existing home with a separate foundation. DADUs for aging adults are often one-story studios that utilize universal designs such as lofts, wide doorways, and absence of stairs. They are typically energy efficient and low cost to build and maintain.



***Wider Horizons members Eleanor and Scott Dills
added a detached accessory dwelling unit to their property***

While these smaller homes have existed in America for hundreds of years, building rules have evolved and differ from town to town. Some municipalities are encouraging their development to address increasing population and the need for more housing units.

ADUs are usually unobtrusive and acceptable to neighbors. These are often a good investment in terms of resale value and financing is often obtained via a renovation home equity loan. Many pre-existing plans exist for both stick-built and modular built ADUs and

DADUs. Research could begin with your local building department as well as contractors specializing in this type of dwelling.

Hire Help or a Caregiver

Some people choose to remain at home even when their health or mobility decline or they become frailer. About one-third of older adults who remain in the community eventually have substantial need for assistance with daily living activities, but many lack adequate help or the resources to hire someone.



What happens when you're not able to care for yourself and your home the way you want to, or you need more or different help after a surgery or illness and have not identified how it will be provided? It's advisable to plan for home care well before it is needed by analyzing options and associated costs ahead of time. Consultation is available through *Wider Horizons* or from professional care managers. You can also reference the 2019 *Wider Horizons* pamphlet, *When You Need Help in Your Home*.

First, determine whether you need and want:

- help for a limited period or regular help on a permanent basis.
- help because of a permanent or temporary medical condition.
- assistance with household tasks.
- help every day or several times a week.
- help during the day or at night as well.
- help that may occur unpredictably, as is often the case for a week or more after surgery (often known as stand-by assistance).

- 24-hour or live-in help.
- help with a few selected tasks (bill-paying, mail sorting, meal preparation).

Then, decide whether you prefer to:

- rely on unpaid or volunteer assistance.
- hire a relative, friend, or neighbor to help you.
- locate and hire an independent professional caregiver (note that the assistance of an agency will add a significant surcharge).
- arrange for a caregiver through a licensed home care agency (for-profit or nonprofit).
- use a combination of these.

Next, choose whether you need help:

- on a regular basis such as day and night, once a day, in the morning and at bedtime, several times a week, weekly, or less than weekly.
- on an ongoing basis that may increase over time.
- temporarily post-surgery.

Below are some of the tasks with which you may require assistance. Before you arrange to hire someone, think through whether you will need help with:

- preparing meals/cooking; eating.
- bathing; dressing; toileting.
- walking.
- transferring from chair to walker, walker to bed, etc.
- shopping; bill paying, banking, or other errands.
- taking medications as prescribed.
- getting to a doctor or other appointments.
- following your physical or occupational or speech therapy program.
- caring for pets.
- doing housework.



You'll want the best person to help you, so consider experience, skills, personality, and values. Set clear expectations and put them in writing. Once care is underway, provide and encourage feedback so both of you are satisfied.

Finally, you will need to ensure that you create the space needed for both the caregiver's accommodations and the physical equipment you will be using.

The Pace Program

The Program of All-Inclusive Care for the Elderly (PACE) is an innovative Medicare/Medicaid program that helps program participants avoid long-term care by providing frail low-income individuals aged 55 and older comprehensive medical and social services coordinated and provided by an interdisciplinary team of professionals in a community-based center and in their homes.



A *New York Times* article, "Meet the Underdog of Senior Care," 3/12/2022, reported that this program aims to let people with very limited incomes age in place. A PACE program operated by Lutheran Senior Life in New Jersey saved a woman experiencing multiple disabilities from entering a nursing home by monitoring her health, scheduling and taking her to medical appointments, sending an aide to her home to do household chores and shopping, providing her with a portable oxygen unit, arranging surgery and other procedures, providing homecare and other services, all for free because she is a Medicaid beneficiary who qualifies for PACE.

This is possible because the state and federal government save money. Costs are 15% lower than what Medicaid would have to pay to care for low-income seniors. Furthermore, PACE has been shown to reduce hospitalizations, emergency room visits and nursing home stays. The national program currently serves about 60,000 people in 30 states, far less than the number of people who are eligible for this program. While this model is favored by geriatric specialists, it has been difficult to persuade legislators to

expand program enrollment or authorize new programs and the enrollment process is slow. The program is not very well known but interest and enrollment have been picking up since COVID because reluctance to be in a nursing home has intensified.

Join a Virtual Village

One thing that people worry about as they age in their own homes is social isolation. Another is who will take care of them if they feel unwell or need a ride to a doctor's visit or grocery store. Yet another concern is lack of a sense of community in their neighborhood.



A Wider Horizons village social event

In his 2021 book, Frederick wrote that it is important to enhance purpose, create strong social connections, boost physical health, improve financial well-being, and find new opportunities while staying in your own home.

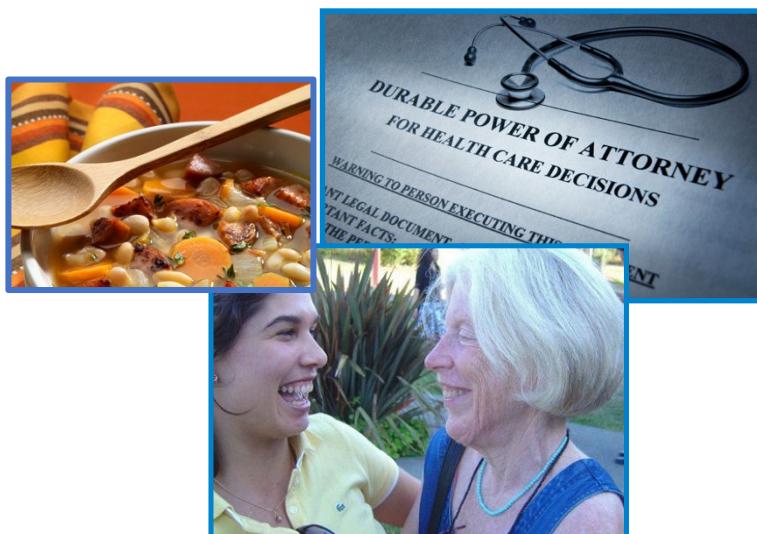
One option for doing just that is to join a virtual village. This movement began in Boston more than 20 years ago and now 300 villages exist in the United States. These community-based non-profit organizations all have a similar purpose but differ significantly in their design. Many choose to join a national organization, *The Village to Village Network* for technical assistance and networking.

We are fortunate to have our own thriving village. *Wider Horizons* started seven years ago and serves primarily the central area of Seattle. We proceeded to grow from 50 to more than 100 members, with a surge in membership during the pandemic.

We focused on building a diverse community of lively and civic-minded individuals. We share interests, relationships, and support when someone asks for it. Since COVID-19 entered our world, we have been successful in combating isolation through regular Zoom meetings and conversations, our monthly phone tree, Monday Morning Memo, and our newsletter. And we're currently planning for more face-to-face activities as the pandemic fades.

Our face-to-face gatherings have included a memoir group, knitting group, movement class, book, bridge, scrabble playing, coffee hour and happy hours, play reading group, a *Democracy in Action* group, as well as shared meals in homes and restaurants. This list only touches the surface of the many ways in which we create a dynamic community together. We relish the variety of programs and events that we sponsor through our collective contributions. Ideas for new offerings often spring from our members themselves. Our informal motto is that “If you can imagine it, it can happen.”

Providing supportive services to our members is another critical focus in our village. Members help each other in a variety of ways, with coordination from our executive director. This includes providing meals when a member is sick or recovering from a surgery or hospitalization, offering rides to members who have a visit with a physician, helping members complete healthcare power of attorney and other forms, and calling members on a regular basis to see if they need anything or just to have a warm chat. We also have volunteers to help with yard work, technology, organizing paperwork, and home repairs.



SECTION II: MOVE TO AN INDEPENDENT HOUSING OPTION

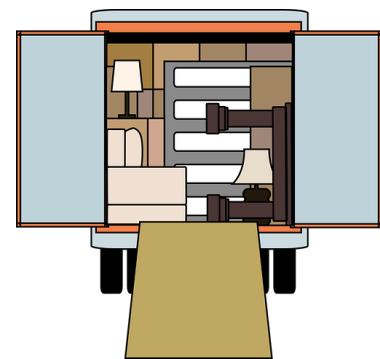
Apartment or Condo

Some seniors decide that they no longer need or wish to care for a large home. Moving to a smaller place involves a fair amount of planning, organizing, and decision making both before and during the process. It also brings a sense of sadness and loss to leave behind a home of many years.

First, will you sell your house? Be aware that a 1997 act exempted from taxation any capital gains on the sale of a personal residence up to \$500,000 for married couples filing jointly and \$250,000 for single individuals. This exemption applies only to residences that taxpayers have occupied for at least two of the past five years. It can be claimed only once every two years.

You may instead choose to rent your house after moving out, earning an income that rises or falls with the housing market. In both cases, who would your agents be? Will you stay in your city and neighborhood or move farther away to be closer to your children, grandchildren, or close friends? Will you rent an apartment or buy a condominium to avoid maintaining a large home and associated responsibilities? If you have a pet, how will that influence your decision?

There are advantages and disadvantages when considering whether to move to an apartment or condo. Both may have amenities such as a fitness center, pool, party gathering place, parking garage, and access to services. The proximity of neighbors can increase safety and provide a sense of community.



Apartments entail less maintenance than condos, assuming the landlord is reliable with upkeep. This saves time, money, and stress and enables one to prioritize interests other than cleaning, yard work and repairs. It also allows for more flexibility should you decide to move to another residence with more services in the future. Apartments involve monthly rent that may rise over time and leases that need to be renewed but avoid large

down payments and longer-term investment. However, an apartment will not reap the financial rewards (or risks) of real estate investment over time.

Unlike apartments that are rented, condos are purchased. Owners are responsible for property taxes and their own insurance. Additional resources are required for monthly dues which cover building maintenance, utilities, and reserves. Expect structured agreements that spell out the relationship between condo owners and property management companies and homeowners associations. Condo costs may also rise because of higher building costs including occasional special assessments for major improvements or damage and restoration. A condominium board sets up rules and regulates condo affairs. As with any board, there is the potential for dissension among members. Condos can be sold when one decides to move, at prices subject to the existing real estate market.

You may choose to buy into a condo because you like your neighbors in the complex, but at some future time some may choose to move, and others will buy in. It is important to consider this, because condo living involves a lot of interaction and collaborative decision making. It is also wise to investigate the effectiveness of the condo's board, and its professional management company, budgets, and historical board minutes to get a sense of how the association operates.

With either an apartment or condo, you will likely need to adjust to living in a much smaller place than before.

Charles and I were living on the Patuxent River in rural Maryland. We had the house renovated so we could "age in place." But as we continued to add on years, we decided that plan was not viable. Both daughters are professionals, married with children, but living on opposite coasts.

The most difficult aspect of decision making was which daughter, which coast. When we finally settled on Seattle, our East Coast daughter was in complete agreement. In 2013 we sold the rural riverside house and bought a Seattle city condo with a view of Lake Union. Quite the change from watching oyster and crab boats on the Patuxent to seaplanes using the Lake Union as an airport.

There was a bonus to this relocation decision. In 2013, Emily's family welcomed another son, Alex. The decision to move to Seattle allowed us to thoroughly enjoy and engage with this new grandson! And now Lydia and husband plan to move to Seattle.

Sandra and Charles Wheeler, Wider Horizons members

Living with Relatives

Like Sandra, aging parents often decide they want to be closer geographically to their adult children. Reasons for this are wanting the warm feelings and comforts of a close-knit family, spending more time with grandchildren, and having the sense of security that comes when you are near younger family members.

Increasingly, older parents are moving in with their adult children (Kiger, 2018). Fourteen percent of older adults who live in someone else's home are the parents of the head of household, up from 7% in 1995. As discussed earlier, the opposite trend is when adult children move in with their parents, a pattern that is also common.

Part of the reason for this arrangement is economic. It can be easier and less expensive for an aging parent to live with adult children than to move into assisted living or have in-home care. However, most older parents would do so only if they could no longer live on their own.

Concerns that arise when an aging parent moves in with adult children include maintaining respect for the parent's independence, setting boundaries, modifying the floor plan for accessibility, communicating expectations, specifying rules and financial responsibilities, knowing when to hire a caregiver, and dealing with tensions that arise.



Wider Horizons Members Bob and Julie Anderson and extended family with whom they live a good part of the year

Some important considerations about moving in with adult children are:

- what kind of care or assistance you will need?
- how much of that assistance will be provided by your adult children as opposed to a paid caregiver?
- how well your family members get along.
- whether the home is safe and accessible.
- whether you will contribute financially.
- how the rest of the family feels about this plan.
- whether you have a social network in the area.

It's important to make an informed decision before taking this step. For this arrangement to work well, all adult children ideally need to be on board.

As a recent widow, my “aging apartment” experience in New York was disappointing. More searching didn’t improve matters. I found condos/apartments in Seattle “wanting.” My son had moved to a 1921 brick house on Capitol Hill with an above-ground first floor with the same footprint as the rest of the house. He also knew a talented designer. I was intrigued (as a journalist, I had profiled architects and builders for a magazine). I had also renovated 2 houses on Long Island. This is not for the faint of heart, an impatient personality, or a very tight budget. Two years later, I have a legally rentable, contemporary, 2-bedroom apartment with a separate garden entrance, alley car parking, and one of the largest bathrooms in Seattle. A staircase to the 2nd floor was installed and the electricity brought up to code. Results: impressive added value to the original home and a very happy current tenant!

Chris Morris, Wider Horizons member

Active Aging Community

If you value convenience, ease of living, or a social network that comes with your housing, you may want to move to a 55-plus retirement community while you are still healthy and active. This may depend, in part, on the social relationships you have established in your present neighborhood. Particularly if your neighborhood has changed and you don't know as many of the current residents, you can give yourself some years in a new location to build relationships while enjoying these other advantages:

- **Saying goodbye to home maintenance.** If you've done a lot of home maintenance over the years, having it taken off your hands is akin to lifting a great burden. Who wants to mow lawns and fix gutters? As one savvy *Wider Horizons* member said, "There are psychological advantages to giving up home and yard upkeep—you just feel free to do the things you want to do."
- **Being free to come and go as you please.** When you move to a community, you have the freedom to travel, whether that means visiting relatives or seeing sights on your bucket list. You can have a home base in the community and take off for adventure whenever you want.
- **Possibly reaping financial benefits.** By moving to a community earlier, you'll get more out of an entrance fee, if there is one.
- **Finding social opportunities that are built in.** You don't have to travel far to socialize, and others will organize some of the activities. You will come to appreciate this more over time.



- **Hopefully finding more ways to stay healthy.** While there is no definitive research to support this, it is commonly believed that people who live in retirement communities stay healthier longer and perhaps live longer. That's for a combination of reasons: low stress, availability of healthy dining choices, life enrichment activities, educational programs, and many fitness opportunities. It's easier to maintain a fitness routine in an environment where exercise is encouraged with easily accessible workout facilities and fitness classes.

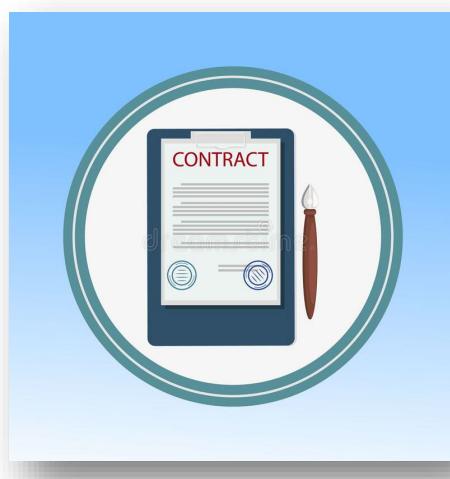
However, independent living facilities do not provide the services that assisted living and life care communities offer, so there is a chance that you may need to move again later.

Share a Co-owned Home

Collaborative housing is when people live in community and share areas and basic services. Several types of arrangements fall under this rubric. Sharing a co-owned home differs from shared housing in that the tenants buy into a home together. Sharing a co-owned living space, whether large or small, requires each person to be conscious: mindful of themselves, considerate of others, and flexible to change if any arrangement is to be successful. And while it may be a great idea, there are pitfalls even if all parties are equally responsible and financially prepared. There is often personal and legal groundwork that needs to be done for the adventure of living with others to be successful.

Whether you are contemplating moving into a shared living space with other relatives, a group of friends, or even unknown others, understand that relationships between people who live in close quarters are different than those among people living alone in a neighborhood and thus require different tools. And, as always, communication plays a key role.

Luckily, as seniors who are a part of our Village, we already understand that community is important and even vital as we find ourselves living longer in our rapidly changing world. With the support of one another, we are better able to adapt to change. Moving into any kind of shared living arrangement involves a commitment to fostering that understanding. It is also critical to make sure the people buying into a home have a shared vision of living together, and are compatible in terms of values, personalities, and rules.



When purchasing a home with others, you will choose either joint ownership or tenancy in common. Joint ownership generally means that each co-tenant has an equal right to possess or use the entire property and that the rent or maintenance costs of the property

are shared equally among the co-tenants according to their ownership interest. Ownership interest of each co-tenant is determined by the separate space within the property which they alone inhabit and/or store their personal property. The ownership interest each co-tenant possesses also changes as the value of the entire property changes. With tenancy in common, ownership is not divided equally and is rather determined by each person's investment in the property.

It's best if you establish a co-ownership agreement prior to embarking on sharing a co-owned home. You should also consult with a real estate lawyer who is familiar with this kind of arrangement. Some, but certainly not all, of the issues you need to consider are:

- Who will purchase the house, as in who pays the money and who takes title?
- By what legal arrangement or structure will individual owners take title?
- How will the down payment be divided among co-owners?
- How will the mortgage payments be divided among co-owners?
- What happens if one person is unable to make mortgage payments?
- How will other homeownership costs such as taxes, insurance, utilities, maintenance be divided, and what happens if someone can't pay?



- Who gets to use what part(s) of the house?
- What are each owner's responsibilities for upkeep, maintenance, and cleaning? What about subletting and/or guests?
- What if one owner wants to sell and move out?
- What if all or some of the owners decide to end the arrangement? Who has the right to buy the other out? How will costs and profits be divided if the house is sold?
- What happens if one owner dies?

❖ How will the owners resolve disputes?

These are major decisions that each prospective co-owner will want to think over and discuss in advance of making any final legal commitments. As friendly as things may be at the outset, worst-case scenarios must be considered.

Modular Homes on a Co-owned Lot

At this point, the buzz on modular (prefab) homes is primarily about tiny homes. As yet, tiny homes are far from commonplace, but a movement is growing in response to the need and demand for affordable, flexible, and sustainable housing throughout the United States, Canada, Europe, and Australia. Tiny home communities—or several homes on a co-owned lot with access to utilities and common areas—are beginning to emerge. This kind of community is even more rare in our area; a large parcel of land to accommodate multiple tiny homes would be challenging to find and expensive.



Tiny homes are generally designated as under 600 square feet, but the average size of a tiny home in the United States is 225 feet, compared with 1,900 square feet for a typical home (Porch.com, 2021). Because of their size, they are far less expensive than a full-size home. A tiny home that is intended to be a retirement home can be designed as a single-level home with senior-friendly accommodations such as low cupboards and countertops, and some are designed for those with physical disabilities. If you choose to live in a tiny space, the lower costs and upkeep are pluses, but you would need to adjust to living in a very small space, with very limited storage.

Because the structure of a tiny home is traditionally built upon a steel trailer, the city of Seattle currently treats tiny homes as RVs, so they are not permitted within the city limits unless within a designated mobile home community that allows them. Most mobile home communities are privately owned and do not, as a rule, accept tiny houses yet.

Cooperative Housing

Cooperative housing is like condo ownership except that, rather than owning your unit, you own shares in the corporation (usually nonprofit) that owns the entire building and property. You would have a lease on your unit that lasts as long as you own the shares. You live in your own unit and share the common areas. Monthly dues pay for common expenses for the property and its upkeep, plus reserves. A volunteer board is elected by the owners/shareholders. During the purchase process, the co-op board in most instances is required to interview and approve prospective purchasers. In addition, the board assumes responsibilities for managing the bylaws and rules of the co-op (which are initially agreed to by owners/shareholders).



Co-op housing is generally more affordable than condos because they function at cost basis; however, resale value is consistent with market value if the structure of the corporation is set up to accommodate that growth or decline.

If you're considering purchasing a co-op housing unit, understand that there are many things that differ from owning your own home or any other piece of real estate. Before you sign on, be sure you have done your homework on:

- the structure of the co-op (market equity, limited equity, leasing).
- a lending partner that works with co-op housing loans.

- rules of the co-op association (option to rent out your unit long term, pet policy, resale).
- whether there is a well-functioning board (talk to other owners).
- the finances of the co-op association (income tax benefits passed through; reserves/maintenance costs; pre-existing mortgage on building/property taxes; and any upcoming major repairs on the horizon).

A group of 6 women in Wider Horizons recently considered jointly buying a historic Capitol Hill mansion with elegant common spaces, a commercial kitchen, multiple bedrooms with private bathrooms, a separate cottage, and a third-floor private apartment. We were serious enough to visit the mansion and talk with the owner at least three times and to hold meetings about: how we could set up a co-op; configure the spaces; the house rules; and the type of manager or caregivers we would hire.

Then the complex realities hit us: we would need to install an elevator; we would have to apportion costs according to the square feet in our unit; allot reserves for the inevitable repairs required in an older home; and, most importantly, decide what would happen if one of the co-owners decided to move out or died. Ultimately the prospect, while appealing in so many ways, seemed too daunting. But it was a great experiment just to consider the option of buying into a home with other members.

Denise Lishner, Wider Horizons member



Formal Co-housing

Charles Durrett, who introduced the concept of co-housing in the United States, writes that “co-housers are simply consciously creating community that used to occur naturally.” Much of what constitutes the intentional goals and mission of our *Wider Horizons* community could also be applied to co-housing communities. Goals are promoting and building relationships among members through the adventure of shared caring experiences based upon independently chosen participation. Co-housing refers to housing communities in which physical spaces allow neighbors to easily interact with each other just outside their private homes, with commons areas including a kitchen, dining space, and gardens. Co-housing fosters connection, security, and community support.

There are currently few co-housing communities in Seattle looking for new members, though this can change as more are formed. Given that the process of bringing a new co-housing project to fruition often entails a long, bumpy process, it seems there is a low likelihood that many of our members, who are largely seniors, could take on the endeavor of creating a new co-housing community within Seattle.

One of our *Wider Horizons* members, Maggie Pheasant, explored a co-housing community, Haystack Heights, in Spokane. She chose co-housing in general for its community-building aspect and the one in Spokane for its lower-than-Seattle cost.



Haystack Heights, Spokane co-housing

There are several hundred co-housing communities in the United States. Through them, one can visit a co-housing community and find out more. They have online events and

lots of information. If you are interested in learning more, there are several good sources cited in our References, including information specific to Western Washington about existing co-housing communities.

Intergenerational housing is a particular form of co-housing that aims to mix older and younger people, so seniors are not segregated from other generations. It is increasingly

People at Haystack are intentional about community, and every day brings opportunities for easy, casual interaction with others. If someone wants a meal with others, they sign up to sponsor it on the community's local intranet and ask people to sign up to set up, clean up, or do other jobs. If not enough people sign up, dinner is canceled.

I'm one of the oldest members in this intergenerational community. There are several families, and the youngest child is 6 months old! Most of the singles are women.

The hardest thing about moving is that I miss my long-term friends from my 60 years in Seattle and I'm aware of how long it takes to make new good friends.

I've been surprised by the spontaneous generosity I've experienced from other residents; for example, I don't have a car, but younger people with a pickup truck helped me move a piece of furniture. A negative surprise is the Spokane climate: broiling in summer and long, icy winters.

But the biggest benefit is that I can now live in a place I never have to leave! We have two doctors who live here and, if I need more help, I can hire a caregiver jointly with another person.

Maggie Pheasant, Wider Horizons member

seen as healthier psychologically and physically. Seniors thrive from interacting with young people and children and feel safe living with younger family members, while working parents can benefit from childcare provided by retired older individuals.

If you are considering joining a co-housing community, make sure it has senior-friendly design features such as those described earlier (single-level home, accommodations for people with limited mobility, easy to grab handrails, etc.) so that the homes can serve users with different ages, needs, and ability levels. Design adaptations make intergenerational housing feasible for all involved.

SECTION III:

MOVE TO A HOME WITH SERVICES

Some people choose to move to a place that provides a range of progressive care services as they age to ensure they will be cared for if their health care needs increase. This section describes several different types of facilities that offer assistance, but that vary greatly in their prices, levels of care, quantity and quality of services, amenities, eligibility requirements, and many other dimensions.

When is it time to consider one of these facilities? Here's what to assess:

- Safety—your risk of falls, feeling of personal security when outside your home, and the proximity of neighbors who will intervene if you are injured or in danger.
- Physical capacity—your ability to physically manage (or get help to manage) your meals, shopping, transportation, personal care, housework, etc.
- Making and implementing decisions—your ability to manage (or get help to manage) financial tasks, paid helpers, insurance renewals, home maintenance, etc.
- Health—your ability to monitor your health, take action if needed, and manage (or get help to manage) your medications and medical appointments; your current access to healthful meals, safe and enjoyable physical activity, engaging mental activity, and other environmental factors that affect health.
- Social connection—your ability to access the type and frequency of interactions that give you a sense of wellbeing.



Life Plan Community

A life plan or continuing care retirement community (CCRC) provides in one location or campus a continuum of housing and care services, ranging from independent to assisted living and sometimes skilled nursing facility (SNF) care and/or memory support. Typically, CCRCs charge an entrance fee and monthly fees. They vary widely in quality and structure, in how residents are transitioned between levels of care, and in contract models. If you want to move to a place that provides the most comprehensive range of services and minimizes the need to move again for a higher level of care, you might want to consider this model.

When is a life plan community the right choice for you?

Advice from *Wider Horizons* members who live in a CCRC:

Get on waiting list(s) while you are still able to make the selection decision yourself. I think it's time to get on them as soon as you start wondering if it's time. The wait could be 2 years or more.

Move in while you still have the energy and mobility to fully engage in the life of the community.

Key benefits

- Long-term residency and access to a community is guaranteed.
- Residents can get to know staff long before they need to move into the assisted living (AL) level.
- Couples with different levels of care can live near each other.
- Individuals who don't have family to help may derive a greater sense of security from knowing they will likely need to move only once to receive care.
- There may be a broad range of available services at each level of care. Some medical services can be accessed while living in an independent living apartment.
- CCRCs typically offer a broad range of social, cultural, and educational activities to keep people active and engaged.

Benefits cited by two CCRC residents who are affiliated with *Wider Horizons*:

I appreciate the feeling of community and mutual support. I appreciate that residents are authentically represented in decisions that affect us. I am comfortable that whatever medical needs I develop will be met. As a community we support each other in the transition from independence to needing more care.

I enjoy the diverse backgrounds of the people here. I'm glad I can rent a guest apartment for my relatives when they visit.

Potential concerns

- Fees can be high. Some contracts require a substantial upfront investment, while guaranteeing that your medical needs will be covered or available at discounted costs. Other contracts have only month-by-month payment; they provide additional medical services at current market prices, and don't guarantee that all your medical needs can be met without moving to a SNF. Other contracts combine features of these two models. It's important to have a lawyer familiar with CCRCs review the contract before signing.
- CCRC administration, not the resident, makes the decision whether to move the person from an independent apartment to an AL apartment.

Challenges or concerns expressed by *Wider Horizons* members who moved into a CCRC:

It isn't clear to me how I will receive long-term skilled nursing care if I need it.

I have an overall concern for the financial stability of the CCRC service delivery model in the years to come when fewer people have defined retirement benefits from corporate employers, and CCRC staff recruitment continues to be constrained by limited salary budgets.

To find your ideal community, start thinking early before your circumstances change, talk with your family or support network, visit multiple facilities, ask questions, get on waiting lists, begin downsizing, and organize your legal papers. You can begin to learn about these communities through initial phone calls or email exchange. Once you have identified

those of interest, it's time to schedule visits. In Attachment 3, we have provided a list of questions you should consider asking during your visits.

Consider:

- Using an eldercare lawyer to evaluate the contract terms, and how a CCRC may integrate with any long-term care insurance policy you have. *Wider Horizons* has some recommendations based on the experience of our members.
- Hiring a care manager to facilitate the decision process and/or to oversee your transition to the CCRC. *Wider Horizons* can refer you to this type of professional.



Horizon House is a Seattle CCRC that sponsored the development of *Wider Horizons*

Additional suggestions by current CCRC residents:

Review your personal and family medical history to anticipate what type of care you are likely to need in the coming years.

Do a self-inventory to identify what matters most to you in daily life. Ask your kids, spouse, and close friends what they think matters most for you.

If the community provides on-site skilled nursing services, they are regulated and monitored by DSHS; you can check their DSHS quality ratings.

Assisted Living

When you or your spouse have reached a point of needing quite a bit of assistance, or, for whatever reason, have decided to move to a higher level of residential care, you may want to consider an Assisted Living Facility (ALF). These are residential centers that provide common spaces and a variety of support services and assistance. ALFs strive for a residential feel and typically do not have long, hospital-like corridors with nursing stations, residents trailing IV poles, or PA systems paging people. Many have quite charming décor and amenities.

Bear in mind, however, that unless you have significant financial resources, or family members willing to chip in to pay for your care, your choices of ALFs will be quite limited.



ALFs typically serve seniors who live with chronic diseases or frailty and need low to moderate levels of assistance with activities of daily living. This might include dressing, eating, bathing, toileting, transferring and medication management. Most residents are in their 80s and live there for about three to four years on average. According to a directory on Caring.com, we have more than 50 ALFs in Seattle alone, with more opening all the time.

All ALF residents have access to dining services and housekeeping as well as transportation and social and educational events. The AL apartment itself is usually either an efficiency or a one-bedroom apartment with a fully accessible bathroom. Units typically have only a microwave and fridge and no stove or oven. All are prepared to offer medication management and an array of a la carte services to help with activities of daily living.

Assisted living is even an option post-hospital stay if you are recovering from something very serious but don't need skilled nursing care. Or it can be an option if you've become frail and out of shape because you were isolated at home. Experts sometimes suggest you go to an ALF for a "buff-up." Think of it as you would think of a resort hotel but with physical therapy instead of a masseuse!

Before you begin your search, consider consulting with one of several local skilled professionals who can help you sort through ALF options. Paying their fee is way more efficient than trying to visit many facilities yourself, and if you need this type of care, you may lack the energy to do so. *Wider Horizons* can refer you to an expert in this area.

If you're just reflecting on your options, here are some considerations:

- Most people in ALFs live there because they or their spouse have serious disabilities so there is a considerable amount of sadness accompanying such a big decision and accepting the fact that more care is needed.
- ALFs are typically rental options and are more expensive monthly than a CCRC, but you don't have to buy in, so the lifetime cost is likely to be lower. If your assets are tied up in a house, and you don't choose to sell it, you may need to consider how you will pay the considerable monthly fee.
- The more assistance you need, the more you will pay for add-on services.
- If your conditions worsen, you may not be able to stay. Some ALFs are quite comprehensive, others less so.
- If you need 24-hour standby assistance in your home, that is likely to be more expensive than living in an ALF. If you can get by with less care at home, that may be the better option.



When is an ALF the right choice for you?

- Do you need help with housekeeping, meal preparation, and such activities of daily living as bathing, dressing, and remembering to take medications? Assisted living is primarily designed for seniors requiring this level of assistance.
- Are you otherwise able to live comfortably in your own small apartment? Can you feed yourself, use a toilet or manage incontinence garments? Are you mobile enough, with a cane, walker, or wheelchair, to go to and from the dining room and to participate in activities and outings?
- If not, you may need more help and supervision than most assisted living residences provide. An ALF isn't appropriate if you need daily health monitoring or regular skilled nursing care such as wound dressing. In such cases, care at home if you can afford it or in an adult family home may be the right option.

Adult Family Homes

An adult family home (AFH) may be a good option for those needing housing and care, including assistance with activities of daily living. However, this choice is usually made by family or others concerned about the person who needs care.



In part, this is because many AFHs offer specialized care to individuals with dementia and mental illness; a person with physical disabilities but high-level cognitive functioning may find fewer possibilities for socializing than they would in an assisted living residence.

AFHs are residential homes licensed to care for a maximum of six adults. They are run by a single person, a family, or business partners. They typically provide room, board,

laundry, and supervision to ensure safety and care of the resident, as well as intermittent nursing care, assistance with administration of medicines, and varying levels of help with activities of daily living.

There are good professional resources to help you find a place that fits your needs. This is an area where a specialist in AFH placement is a good investment. *Wider Horizons* can recommend experts who offer advice about local AFHs. You can also set up visits to a list of homes to ensure that they match your needs and financial situation.

Important areas to assess when looking at an AFH include:

- **Costs and finances**—basic rate for room, board, and services; what services are included in that rate; what is the cost of other services; what is the policy for accepting Medicaid, etc.
- **Administration and staff**—length of time current administration has been in place; staffing ratios; rate of staff turnover; frequency of nursing care; respect shown by staff for the residents.
- **Services and activities**—type of personal care provided; transportation services; regularly planned activities; ability to have a pet.
- **Surroundings and physical setting**—location; proximity to relatives; on a bus line; ease of floor plans; accommodation for wheelchairs; cleanliness; free use of common areas.
- **Food**—meals and snacks are nutritious and served in appropriate portion; dietary restrictions or preferences are accommodated.
- **Other residents**—evidence of socializing; residents seem happy with the facility; how roommate concerns are addressed.

Skilled Nursing Facilities

A skilled nursing facility (SNF) is an in-patient rehabilitation and medical treatment center staffed with and providing the medically necessary services of licensed nurses, physical and occupational therapists, speech pathologists, and audiologists.

Going to a skilled nursing facility is rarely a choice you can make on your own if you want the costs to be covered. Typically, an individual is sent to one after a brief hospital stay because of a fall, post operation rehab, or other necessity. The SNF one is sent to may be

affiliated with one's health insurance network. Because of these factors, our treatment of SNFs will be brief.



Skilled nursing facilities give patients round-the-clock assistance with health care and activities of daily living. Services include post-hospital and post-surgical care (like wound care), incontinence care, restorative rehabilitation, medication administration, and medical equipment. There are numerous federal regulations regarding what skilled nursing facilities can and cannot do.

SNFs provide inpatient care outside of a hospital but are staffed with nurses, social workers, health aides, and other health professionals, some of whom may be on-call (as are physicians). Your own health care system may "round" or visit you if you are in a SNF.

An assessment is made at intake followed by a care plan delineating what services are needed, what type of health care professional will provide them, length of time needed, equipment and supplies needed, and type of diet required.

Skilled nursing facility vs. nursing home. Typically, a skilled nursing facility is a temporary residence for patients undergoing medically necessary rehabilitation treatment. A nursing home, on the other hand, is more often a permanent residence for people in need of custodial care 24/7. If you have long term care insurance, it may pay for inpatient custodial care.

SECTION IV: MEMORY CARE

Memory care is a service rather than a facility. It can be provided in various settings and is often associated with an assisted living facility. It is designed to provide a safe, structured environment with set routines to lower stress for people with Alzheimer's or dementia. It has the side benefit of providing relief to family caregivers.

Employees provide meals and help residents with personal care tasks, just as with other patients in an assisted living facility, but they are also specially trained to address the unique issues that often arise for individuals with dementia or Alzheimer's. They check in with residents more frequently and provide extra structure and support to help them navigate their day, for example, getting to meals and activities.

Because people with dementia are prone to wander (6 in 10 do so, according to the Alzheimer's Association), memory care facilities have alarmed doors, elevators that require a code, and enclosed outdoor spaces to keep residents on site. Many offer tracking bracelets that give residents the freedom to explore but still allow staff to monitor their location.



Activities are designed to improve cognitive function and engage residents at different stages of the disease.

Selecting a facility. There are a number of memory care facilities in our area, and a directory can be found on Caring.com.

A family member or person closely associated with an individual needing a memory facility should explore the choices in the area. Once they have narrowed down the choices, it is important to visit each residence on the list several times, including at least

one unannounced visit in the evening, when staffing is thinner. Here are some factors to consider during the search.

Costs. Not surprisingly, the higher level of care and supervision in a memory care unit comes at a price. Costs vary state to state and are affected by the level of care provided. Also ask if the facility accepts Medicaid. If not, your loved one may have to move when he or she runs out of money.

Layout and physical environment. Is the facility clean and pleasant? Does it have circular hallways, so residents don't get frustrated by dead ends? Are rooms and doors clearly labeled (with words and pictures) to help residents find their way around? Is there an enclosed outdoor area with walking paths? Do residents seem happy?

Staff. The Covid-19 pandemic has left many long-term care facilities nationwide extremely short-staffed. Ask about shortages at communities you visit and keep an eye on how staff members interact with residents: Are their needs met quickly? Is there a nurse who works in the building? What kind of dementia-specific training do employees receive?

Ask how they manage a person who becomes aggressive, suggests Laura Gitlin et al, [Better Living with Dementia](#). They shouldn't be relying on antipsychotic medications.

Food and activities. Does the facility offer activities that would keep your loved one engaged? What strategies does the staff use to encourage residents to eat? Experts recommend having at least one meal and participating in an activity at any residence you're considering.

Availability of continuing care. Some assisted living memory care units can't provide complex medical care. Find out what health conditions or behaviors might require your loved one to leave or to be moved to a more expensive level of care within the facility.

SUMMARY

Most of us wish we could remain in our current home forever, with its familiarity and comforts, sweet memories of many life experiences, the sounds of children laughing, romping around of pets, and hosting of dinners with good friends—all the riches the years bring. But the years also bring changes calling us to make adaptations to our living arrangements. With wisdom and knowledge, we will then be able to live securely and get whatever care we may need.

We have described a continuum of housing alternatives so you can make a clearer and more informed choice about the best and most appropriate living situation as time goes by. We understand that everyone has different needs and preferences and have offered a housing opportunities menu that contains many options you might not have considered. Because the future is unpredictable, it's critical to carefully contemplate what you may want as you look ahead, even if you feel fine where you are now.

To summarize the types of housing options we have described in this Handbook, some will decide to continue living in their current home with a feeling of remaining independent, but take the precautions recommended so that home becomes safer (through installing safety devices, reconfiguring space, use of smart technology, sharing the home with others, or hiring a caregiver should the need arise).

Others may gravitate to a range of collaborative housing models, which while relatively rare, are increasingly prevalent. These may be very appealing for the community aspects which collaborative living brings—the harmonious blend of living in a private space but sharing common areas and activities with companions.

Should you need the assurance of amenities and care services over the long term, assisted living and life plan communities may be the type of residence that brings easy connection with others and peace of mind. This is a great comfort to those who are concerned about future or present illnesses or disabilities requiring a higher level of care. This may also appeal to individuals without adult children or relatives who live close by.

We hope this Handbook describes the many choices available well enough so you can envision the possibilities that seem right for you. We encourage you to evaluate your needs and desires, health status, and financial resources, and probe the wisdom of others who have made a move. Learn about your options through research, visits, and consultation. *Wider Horizons* is a great resource in making these important decisions and letting you know about the very best housing that is available to you.

By understanding and exploring the wide range of housing options to choose from, wherever you decide to live in the later stages of life, there is a greater chance you will feel at home.



Place plays a significant yet often unacknowledged role in health and happiness.

ATTACHMENTS

Attachment 1: Sample Share House Notice

GORGEOUS SEATTLE HOUSE TO SHARE NEAR UNIVERSITY/ BUSLINES

Lovely room available in a beautiful, sunlit house in the lovely residential Montlake neighborhood, by the Arboretum, bus lines, and 10 minutes from the UW. The home has many windows, oriental carpets, 4 bedrooms, exquisite artwork, French doors to a patio, 2 bathrooms, a fireplace, w/d, fully equipped kitchen, internet, and a lush garden. It is neat, quiet, and clean.

The charming upstairs bedroom has a queen bed, desk, chairs, and private sundeck looking at the garden. The monthly rent is \$ for the room including utilities, WIFI and housecleaning.

I am a retired professor at the UW Dept of X. There is no smoking and no additional pets. Ideal for quiet and responsible grad student, post doc or visiting scholar. Room is available December 2018 with a 1-year lease preferred.



Wider Horizons Member Denise Lishner's home, shared with visiting scholars

Attachment 2: Sample Shared Housing Lease

On this date of December 1, 2015, _____ agrees to rent the upstairs bedroom and provide use of the house, to Dr. X. This agreement will commence January 1, 2016, and end on December 31, 2017, unless otherwise extended by mutual consent.

The monthly price to rent the room and share the house is \$800.00 US funds including all utilities (water, garbage, electricity, heating, cable, and internet costs). This amount is due the first day of each month. Since utility prices are high, limitation of showers to 10 minutes and laundry once a week would be appreciated. The residential premises are authorized for the exclusive use of the above-mentioned individual.

A security deposit of first and last month's rent is due by December 15. This security deposit may be used by the homeowner for any damages or costs incurred from the tenant's noncompliance with the terms of this agreement. This amount will be returned in full if no damages or non-compliance such as early termination of the lease occurs, on the day that the tenant(s) moves out.

The tenant agrees to abide by the terms of the rental including keeping the house neat and clean and safe, limiting noise levels, and agreeing to lock the doors and set the burglar alarm when no one is in the house. In addition, the tenant agrees to live in the house with the owner's dog and one additional housemate.

This lease agreement is entered into and made effective between

x, house owner _____

x, tenant _____

On this date: _____

Attachment 3: Questions to ask when visiting CCRCs:

Organizational factors

- ▢ Is this CCRC a for-profit or nonprofit entity?
- ▢ Is it part of a larger organization?
- ▢ What is the history of this CCRC? How often has there been a change in ownership or management?
- ▢ What's the rate of staff turnover?
- ▢ Have any complaints been filed with BBB or the accrediting agencies?
- ▢ What's the % breakout among residents between independent living, AL, skilled nursing, and memory care?
- ▢ What is the occupancy rate? (Look for 85% or higher unless it's a new development.)
- ▢ What percent of the staff is certified in nursing, social work, physical/occupational therapy, etc.?
- ▢ What is the staffing level (# of staff per resident) for each level of care? How does this ratio (# and certification) vary during the night, weekends, and holidays? (Consider 1:6 as an optimal ratio of nursing aides for AL residents.)
- ▢ Is it possible to enter at the assisted living level of care? This may be appropriate if one member of a couple needs that level of care.
- ▢ What criteria does the CCRC use to determine that a resident may (or must) transfer from independent to assisted living?
- ▢ If the CCRC doesn't have a skilled nursing unit, do they provide some level of nursing care inside your apartment? Or collaborate with a home health agency that you would hire?
- ▢ How long would your residence be held for you during your stay in an outside facility?
- ▢ What is this CCRC's process for monitoring, documenting, and improving the satisfaction of residents with the facility over time? Ask to see quality of care and resident satisfaction reports and any improvement action plans.
- ▢ To what extent do residents participate in making decisions about programs, amenities, etc.? Is that important to you?
- ▢ Is there an organized family council? How does the CCRC solicit and respond to feedback? Does an Ombudsman handle resident or family complaints?

- How does the CCRC encourage staff retention and continuity? Does staff receive health benefits? Do they appear happy?
- Are financial disclosure documents available to review before becoming a resident? Does the CCRC regularly inform residents of its financial status?
- Under what circumstances could the CCRC terminate your agreement?

The “fit” with your needs, interests, and values

- What is the approximate distribution among residents between age groups, men and women, married couples, and singles? Does that matter to you?
- Do you see residents at various levels of care engaging in activities that appeal to you? (For example, cultural events, social activities, recreational options, exercise facility and classes, learning opportunities, transportation to outside events, etc.) Is there opportunity to continue participating in activities that interest you (e.g., library books, gardening)?
- Do you like the location? (Do you want walkable or easy transportation access to the outdoors, stores, recreation, theatres, etc.? Do you prefer “peace and quiet” or a stimulating neighborhood? Do you want to be near your family?)
- What is the “culture” of the community? Observe interactions between residents and between residents and staff. Does this seem to be a place where people enjoy and support one another?
- Visit more than once at different times of the day and week. Ask to attend a program or activity. Pay attention to how you feel while there.
- Ask to join residents in a dining room dinner. Can they have guests for meals? Must they take a specific meal each day, or is the meal plan flexible? Must they sit at an assigned place? Consider how often you prefer eating with others and this CCRC’s expectations?
- Are the residents diverse or homogeneous in their educational levels and/or political inclinations? Does this matter to you?
- Do residents in assisted living use the common areas?
- Is the noise level comfortable? Are there quiet places for families to visit?
- Is there a swift response to call lights in the assisted living unit?
- What kinds of activities and amenities are provided for residents with dementia?
- How is depression assessed and treated?
- Are there overnight accommodations for guests? What are the costs?
- What is the policy regarding pets?

- Is the CCRC affiliated with a religious denomination? Does that matter to you?

The application processes

- Is a deposit required to get on the waiting list for a vacancy? If so, is it refundable if you decide to take your name off the waiting list?
- How long might you be on the waiting list before a vacancy is available in the independent living section? In assisted living?
- If you don't accept a vacancy that is offered, will your place in line be changed?

Financial commitments

- What types of contracts are available? Has the level of services and amenities been reduced over time?
- Is there an entrance fee? Is it refundable under specific circumstances? If so, what are the criteria for a refund?
- Is there a discount in the entrance fee/or the monthly fee for a couple?
- What is the difference in monthly fee for each level of care (independent living, assisted living, skilled nursing, and memory care)?
- At each level of care, which services are included in the monthly fee, and which services can be added for an additional fee?
- In "independent living," are any assisted living services available to residents before they move into assisted living?
- Does the contract allow the facility to increase your fees (other than when moving to a higher level of care)? Does it allow the administration to change the quantity or quality of services and amenities? Under what circumstances?
- What is the community's history of price increases?
- Once you select a specific contract option, can you switch to another later? Under what circumstances?
- Can you move to a more or less expensive residence?
- Does the contract qualify you for a tax deduction for medical expenses?
- Will you be required to maintain any type of insurance? If so what and why? Does the CCRC accept payments through long-term care insurance? Do staff coordinate with Medicare for payment of covered home healthcare services?
- If a resident dies, must the estate continue paying the monthly service fee until the residence is reoccupied? What are the conditions for refunding these fees?

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NOTES

NOTES

***Wider Horizons* Statement of Purpose:**

By sharing our knowledge, experience, and talents, *Wider Horizons* is cultivating a caring community where social connections, stimulating activities, and mutual support enable us to feel a sense of security and belonging and live more fully—the hallmarks of aging well.

For more information go to our website:

www.widerhorizonsvillage.org

or call 206 650-3586



Olympics as seen from the Dabob Bay cabin of member Janet Tufts



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