

Housing and Seniors

Housing Affordability & Condition

America's population is aging due to improvements in medical science and technology. The number of individuals aged 75 and over is expected to reach 44.2 million by 2040 (Joint Center for Housing Studies, 2014). Declines in household incomes with age and the increasing number of senior households makes affordable senior housing a major concern. "...37 percent of households aged 80 and over have at least moderate [housing-cost] burdens, including 20 percent with severe burdens" (Joint Center for Housing Studies, 2014). In James City County, 30% of households are cost burdened, paying 30% of their income or more for housing. Seniors aged 65 and over make up approximately 35% of all households in James City County and about 1,474 of those seniors spend 35% or more on housing (U.S. Census Bureau, 2014).

Since most seniors are living on fixed incomes, they often don't have extra income for emergency home repairs or high energy bills. Older adults with reduced incomes tend to have a lower demand for housing quality and vital household repairs (Howden-Chapman, Signal, & Crane, 1999). Seniors may also go without repairs because they are physically unable to perform the repairs themselves. Leaving issues such as a leaking roof or cracked foundation unrepaired has escalating consequences for the home and its occupants (Howden-Chapman et al., 1999).

Seniors living in substandard housing are at a higher risk of trips and falls. In 2010, 2.3 million older Americans were treated in health facilities for nonfatal falls (Joint Center for Housing Studies, 2014). Falling can reduce mobility and lower confidence for seniors, preventing them from remaining independent. Slippery area rugs, transition strips, and steps can all be dangerous tripping hazards for seniors. The best way to prevent falling is by installing grab bars and railings in the home, as well as improving lighting (Joint Center for Housing Studies, 2014).

Elderly adults are also more susceptible to health issues resulting from poor indoor air conditions than children and younger adults. Dampness and cold are among the most hazardous housing conditions for seniors because damp homes are more difficult to heat. Similarly, cool homes are more susceptible to dampness (Howden-Chapman et al., 1999). Some seniors attempt to save money on energy bills by engaging in "voluntary hypothermia," in which they maintain a lower than comfortable temperature in their homes during the winter. This kind of behavior can result in serious health risks (Howden-Chapman et al., 1999).

Housing quality is also linked to mental and emotional health. Seniors living in higher quality housing tend to live more independently in their community, promoting confidence and higher self-esteem. They also feel more attached to their home and in turn, have better overall psychological well-being (Evans, Kantrowitz, & Eshelman, 2002).

Aging in Place & Community-Related Impacts

Mental and emotional health in older adults is also strongly connected to the neighborhood effect and the location of their home (Howden-Chapman et al., 1999). Seniors are more likely to feel stronger ties to their location and their neighbors than younger cohorts. Seniors value the trust and goodwill that develops in a community over time, which is why most seniors prefer to age-in-place. Moving to a new community can be a stressful and undesirable experience (Howden-Chapman et al., 1999). However, aging in place can be a challenge, especially as seniors begin to experience mobility issues and sensory impairments. Home modifications and retrofits can make

Housing and Seniors

aging in place feasible by easing or eliminating activities that become difficult with age. Retrofits such as adding a bedroom to the first floor and grab bars in bathrooms can make homes more accessible for seniors and allow them to stay in their homes longer.

Neighborhood characteristics such as parks and recreation resources, social support, and other community assets positively impact the mental health and well-being of its residents; however, seniors who live in disadvantaged neighborhoods that lack these essential qualities suffer from hypertension (high blood pressure) more often than those living in middle- and high-income neighborhoods. A University of Alabama at Birmingham study found that seniors living in mid- to highly-disadvantaged neighborhoods were 60%-80% more likely to have or get hypertension (Buys et al., 2015).

Senior Villages are an attractive option for those wishing to age in place or find community-related assets in a new place. Senior Villages allow seniors to have their own homes and to easily access essential services like shopping, and medical and social services. These nonprofit Villages are member-organized and supported by small member fees, which pay for a managing director and one other full-time or part-time staffer. Volunteers typically provide 20%-30% of the services requested by members of Senior Villages (Fontaine, 2013). The number of seniors who will need accessible and affordable housing close to health care services is rising in America. Unfortunately, the gap between supply and demand of this type of housing is growing.

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