Neighbors Helping Neighbors: Co-housing Options for Older Adults to Age in Place

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Neighbors Helping Neighbors: Co-housing Options for Older Adults to Age in Place

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
Abstract

This study explored a housing model called co-housing, giving attention to its potential to help older adults successfully age in place. The focus of this research primarily focused on housing and the obstacles that prevent older adults from remaining in their own home as they age. The population of older adults in the United States will continue to increase and older adults are often faced with a shortage of available options. The co-housing model consists of individual homes or apartments located around a shared outdoor space. Members within the community share responsibility for everyday activities and upkeep to property, reducing the overall cost of living. A qualitative exploratory research design was used to gather relevant data. Interviews were conducted with professionals working with this population and with individuals who have direct knowledge of co-housing. Themes were identified and included: the cost of current housing options, financial obligations, and the availability of and access to community supports. Co-housing was described as having the potential to address and overcome many of the obstacles to aging in place. Co-housing members supporting and trading services among each other was described as decreasing the need to hire outside agencies and the potential to save money overall. This type of housing model will not meet all levels of needs or cares but could be an alternative for some. At this time this model is limited in locations throughout the United States.
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Co-Housing for Older Adults to Age in Place

Co-housing Options for Older Adults

The number of Americans age sixty-five and older is projected to more than double from the year 2016 to 2060 (Mather, 2016). The Population Reference Bureau report, “Aging in the United States,” has concluded the 2016 census for people sixty-five and older to be 46 million, projecting that by 2060 it will be over 98 million. This generation is often referred to as the “Baby Boomers.” The “boom” of births between 1946 and 1964 is attributed to the troops returning home from deployment in World War II. According to the 2016 census, baby boomers were between the ages 52 and 70 years old (Mather, 2016). The average age for life expectancy has increased, due to modern technology and the advancements in medicine. The life expectancy in 2013 was 79 years old, up from 68 in 1950 (Mather, 2016). With the growing number of baby boomers and the life expectancy increasing, there are projected housing challenges surrounding this population.

The focus of this research was on housing and the individual’s ability to age in place. The booming generation is projected to increase nursing home occupancy to about 2.3 million in 2030 (Mather, 2016). People are taking more steps and are becoming more aware of the concept, “aging in place”. “Aging in place” has many different meanings but primarily the focus is to remain living in the community and out of an institution setting. Aging in place can occur in the person’s home or with family members and having access to care as they age (Aging in Place, 2017). The Minnesota Board on Aging released their 2016 annual report reflecting Senior LinkAge Line® calls from across the state. The report identifies that in 2016 Senior LinkAge Line took 272,435 calls, of which 47% were inquiring about care transitions such as moving to an institution or obtaining resources to remain living at home (MN Aging, 2017). Senior LinkAge Line® is a statewide service of the Minnesota Board on Aging providing phone-based
information and assistance (MN Aging, 2017). In 2011, Minnesota established a law that anyone considering a move to registered housing with services setting is required to obtain a verification code from Senior LinkAge Line® (MN Aging, 2017). The code represents that people were offered an opportunity to speak to someone about options to remain living at home before making the move. Facilities that fall under the Housing with Services Contract are required to get this code from consumers before the lease is signed to ensure people are informed of all their options (MN Aging, 2017). When the consumer calls Senior LinkAge Line® for this code, they are offered counseling on resources in their area should they want to explore options to remain living at home. This could be by accessing services like home health care, home delivered meal programs, life alert, and financial counseling. This is just one of the many opportunities that the older adult community has available for education on how to remain living in their own homes. A Wilder Research (2017) report was released, reviewing 137 total respondents who called the Senior LinkAge Line®; 41 consumers called on behalf of themselves and 96 called on behalf of the consumer. People have options if they want to remain living at home and trying to find the right fit can be a challenge (MN Aging, 2017).

**Challenges**

With aging in place comes challenges. People, on average, are having fewer children and have less access to community support. People can hire community supports when available. Options include home care for bathing, grooming, meals, medication set up, and nursing to assist them in their homes. These supports can become costly and make it unaffordable to remain living at home safely (Minnesota Board on Aging, 2017). When supports are needed it can be difficult to find staff to support the older adult in their home. A Wilder Study (2017) found that seniors considered the move to supportive housing due to the availability of twenty-four-hour
monitoring and assistance. The cost of moving to facilities with services is increasing with base rent starting at around $2,000 to $4,000 per month without services (Care Options Network, 2017).

**Co-housing**

One option that is not institutionalized and has recently emerged is called co-housing or collaborative housing. Co-housing is a form of residential housing designed around community support while allowing older adults to remain in their own homes (AARP, 2010). The design started in Denmark in the early 1970’s and is becoming more widely recognized (AARP, 2010). The concept to co-housing is one in which the individual lives in their own home with access to neighborhood supports like socialization, cooking, cleaning, and transportation. Co-housing units have contracts with the home owners or renters that defines how they will contribute to the community environment. Housing can be built with the concept of affordability and to achieve the aging in place concept. The design of single family homes is found to be more aging in place friendly and easier to modify than other housing models (Safran-Norton, 2010). More homes are built with options to modify for safety as the person ages, such as one-story homes with amenities on the main level. Single family homes were found to be less costly to build, resulting in being easier to obtain due to cost for people with low to moderate incomes (Safran-Norton, 2010). These communities can prolong living independently for older adults due to the community supports as well. Most seniors find that housing located closer to public amenities were ideal. Locations near public transport, hospitals, or public shopping centers made living independently easier and more accessible within the community (Barrett, 2013).

As people age and the cost of living increases, supportive housing has become often unaffordable. Older adults often have less family support and studies have found that people do
not want to live with their children as they age (Varley, & Blasco, 2003). Housing has become a challenge for people to locate and/or afford. Older adults are moving into facilities, spending down their assets and requiring government funding after their own resources are depleted (MN Board on Aging, 2017). Co-housing units could be a feasible option as the population of elderly increases. If there were more co-housing units available, would this population consider this an option?
Literature Review

Current Housing

During the Great Depression, the United States Housing Act of 1937 or “Wagner-Steagall Act” was passed to address the needs of thousands of people who lost their homes (United States Housing Act, n.d.). The purpose was to provide financial assistance to states and local governments to assist in housing for low income individuals and families (United States Housing Act, n.d.). Over the last several decades housing models have changed. Housing models have expanded on square footage to include additional bedrooms, bathrooms, and three stall garages. Over time the homes have gotten bigger and so have the price tags to build and purchase. When reviewing affordable housing options for middle to lower income individuals there are limited options. Local governments are strategizing in terms of ways to meet the current affordable housing demand (Mcfadden & Lucio, 2014). Affordable housing is defined as thirty percent of one’s gross monthly income (Programs of HUD, 2016). Affordable housing can include houses or apartments. Housing models that the government has designed to meet some of the demand have taken the form of: housing vouchers, low-income tax credits, and mixed income public housing developments (Programs of HUD, 2016). According to HUD, single individuals were not able to participate in public housing options until the Housing Act of 1956. The development models from 1986 to 2012 have decreased by ten percent due to the amount of money needed for upkeep and of the lack of tax breaks provided (Mcfadden & Lucio, 2014). In a study conducted in 2010, Capital Needs in Public Housing Programs from HUD indicated that the nation’s public housing units needed $26 billion for major repairs. The U.S. Census Bureau in 2011 reported that eight million renter households are burdened with paying more than fifty
percent of their income towards monthly rent and eleven million renter households are living in poverty (McFadden & Lucio, 2014).

In 2012, seniors age sixty-two and older were the second largest group of individuals living in public housing after female headed households with children (McFadden & Lucio, 2014). Many of these older adults have limited access to resources and are in the greatest need for assistance (McFadden & Lucio, 2014). One out of three individuals in public housing were older adults according to the U.S. Department of Housing and Urban Development in 2012. Subsidized housing has become a necessity to prevent premature long-term care placement for older adults (McFadden & Lucio, 2014). The concept of aging in place was not part of these early developments and access to resources have become limited (McFadden & Lucio, 2014). Many of the pre-existing buildings have government funding for a limited number of years. Most of these contracts expire after forty years (McFadden & Lucio, 2014). These properties were developed to offer short-term assistance and after the government contracts expired, the rent can be raised to market-based rent, forcing the individual or family to relocate (HUD, 2012).

Currently there is a high demand for affordable housing and many of these units have waiting lists over several years. Some of these waiting lists have been closed due to the extensive waiting period (Housing Link, 2017). Many times people are forced to relocate away from preferred areas and/or social networks making aging in place more challenging. In 2002, the Section 202 facilities could use government funding within Assisted Living buildings to assist with covering some of rent (McFadden & Lucio, 2014). At that time these properties were more accessible to older adults with limited income but since have dwindled due to the high demand. These units can be limited per building; for example only selected units are used for subsidies (Care Options
Network, 2017). The government programs still exist but, are only designed to assist with monthly rent costs; they do not cover any services within the home (HUD, 2012).

**Medicaid**

The annual national median cost in 2017 for home care services is about $49,192; this number is based on forty-four hours per week over a fifty-two week period (Genworth, 2017). When individuals are not able to afford the cost for services in their home, they apply for Medicaid or Medical Assistance. Medicaid provides health coverage to millions of low-income individuals (Medicaid, 2017). Medicaid is funded by federal and state dollars. Medicaid funding can assist with health care, home care services, services provided at an assisted living facility, or long-term care costs. The Department of Human Services reported that in July of 2017, over sixty-nine million people in the United States were on Medicaid assistance. In Minnesota the programs for services under Medicaid for individuals over sixty-five are referred to as Elderly Waiver and Alternative Care Waiver (DHS, 2016). Many older adults do not have the private funds to cover services for an extended period of time. Services that are required in the home setting, institutional or communal, are often funded through Government funds like Medicaid. Medicaid has become the primary payer source to support people with these care services. In 2014, the total funded for these services through Federal and State Medicaid was $116 billion (Medicaid, 2017). Budget cuts on the national level threaten to cut funding to these programs which could limit funding and access to services for older adults.

**Aging in Place**

Typically, the cost involved to relocate to a facility is much higher than the costs to remain at home and bring in home care services (Genworth, 2017). Aging in place is by far the
preferred long-term housing arrangement among older adults in the United States (AARP, 2010). As people age, their sense of home and importance of their individual space becomes more important to most. One’s home has symbolic meaning and can represent a sense of pride and independence (Rezeanu, 2014). The cost of relocating to senior communities is increasing and is projected to rise over time. Older adults are more likely to have their homes paid off and the cost of upkeep is generally less expensive than renting or relocating. Other considerations include income, health, age, housing satisfaction, and the availability of helping networks (AARP, 2010).

Glass (2013) conducted a longitudinal study to determine how these factors influenced the decision of older adults to either stay in their home or move to supported housing, with two other options of moving in with family members or relocating closer to families. The study revealed “boomers” are more likely to be divorced and that they had fewer children than the generations before them. A publication in 2005 indicated that unmarried women living in institutions were found to have, on average, fewer children than their peers remaining in the community (Burr, Mutchler, & Warren, 2005). The study showed that women living in the community had on average 2.4 children and those institutionalized had 1.8 children (Burr, Mutchler, & Warren, 2005). With fewer children older adults may not have the option to move in with their family making the move to supportive housing more appealing. Their children are typically still in the workforce and/or have younger children still at home making it more difficult to support their aging parent (Haragus, 2014). This generation, children supporting their aging parent and supporting younger children while remaining in the workforce, is often referred to as the “Sandwich Generation” by the Minnesota Board on Aging (2017). Seniors can feel more like a burden on their family when living with them (MN Aging, 2017). When looking at cultural differences in aging and supports, primary data reveals that Caucasians often need the
most outside supports when aging. Cultural differences vary greatly and because previous studies illustrate the problem of aging in place, it is important to explore other living arrangements for older adults. One study conducted in Mexico reviewed elderly parents co-living with their children and the benefits it had. The study revealed that elderly women could provide in-home child care to the younger generations to support the household budget (Varley, & Blasco, 2003). By adding support in home for domestic and household duties it allowed for more financial stability for the members in the home. One co-housing development in Minnesota has a central location on site for child care and it is a shared responsibility among members (Co-housing, 2017). The Generations and Gender Survey from 2007 revealed that two-thirds of the people surveyed felt that caring for the elderly was their responsibility (Generation and Gender, 2007). Co-housing has been suggested to meet all levels of needs and supports for older adults, while they are able to remain in their own home (Glass, 2013).

**Co-Housing**

Co-housing communities in the United States started developing in the late 1990’s and early 2000’s (Co-housing, 2017). There are some limitations with research due to the limited time these communities have been in existence. This housing concept is more popular on the East and West Coast States. In Minnesota, there are now two co-housing communities and two more have been designed (Co-housing, 2017). This living arrangement could be an option for the aging community if there were more co-housing developments available (Co-Housing, 2017). Most of these co-housing developments have options to buy or to rent the units on site. In some communities, people will rent out their bedrooms if not in use. The community support aspect keeps the cost of hiring necessary services down and allows for more socialization between members (Co-housing, 2017). Barrett (2013) concluded in his study that elders’ unique housing
needs and the health of older adults are directly related to their overall personal safety. If they sensed high crime in their neighborhood, regardless of the actual crime levels, they were more likely to suffer decreased physical mobility. Given the importance of personal safety to elders, co-housing could be helpful for elders making decisions about housing; AARP (2010) revealed that co-housing fosters a sense of safety and security, by allowing for more people to develop a personal relationship with community members.

Most co-housing developments are constructed with between 15 to 35 homes all located around a central shared living space; this is ideal for preserving close social ties and keeping people more active in their communities (AARP, 2010). The shared spaces are designed for social gatherings like meals, parties, gatherings, daycare, meeting spaces, or other events (Co-housing, 2017). Most co-housing units have some sort of homeowners’ association to maintain most of property concerns. Each co-housing development is unique and can adapt their own set of principles for their co-environment (Glass, 2013). The land can be jointly owned and decisions are often handled using a conscience vote (AARP, 2010). This can lead to financial issues if the tenant is renting. There have been reports that additional funding can be requested for repairs to the shared spaces and not all members are in agreeance (Glass, 2013). When tenants are renting and are under government subsidies the renter may not have additional funds to contribute (Glass, 2013). This has been addressed as a concern when people are looking at co-housing as an option (AARP, 2010). Some developments are owned and managed by the property manager to try and eliminate this risk (Co-Housing, 2017).

Most of the co-housing developments are intergenerational and are open to all ages, religions, and ethnicities (AARP, 2010). Co-housing has a small number of developments in the United States that are designed for people age 50 and older. Due to the design of the homes and
living spaces, it better allows for the option of aging in place (Co-Housing, 2017). These communities are looking at the support and living amongst their peers. Older adults can benefit from social and economic opportunities to gather together, trade services, transportation, and to look after each other. Living among their peers can provide additional benefits like safety and security. Seniors can live independently with co-housing support longer than those remaining in traditional single-family communities (AARP, 2010).
Conceptual Framework

The theory of aging in place was formulated by Graham D. Rowles and focuses more on the later part of one’s life. G. Rowles is a professor at the Graduate Center for Gerontology and has researched the field of environmental gerontology (College of Public Heath, 2016). The theory is offered with the goal of older adults being able to live in their own home or neighborhood and to adapt to changing needs and conditions (Iecovich, 2016; Fange et al., 2012).

Data were collected from other researchers and research papers to support G. Rowles’ theory. As efforts to better understand the needs and aspects of aging in place, data were gathered by disciplines in sociology, psychology occupational therapy, nursing, architecture public planning and social work. The perspective of aging in place reviews the need for social relationship within the home environment, the need for feeling connected, social exclusion and inclusion, and the impact of the neighborhood. It was highlighted that older adults often feel strangeness, social exclusion, and very little social ties to their communities but had a strong drive to stay active, to have meaningful social interactions with others, and contribute to society.

The goal is for the older adult to remain at home as long as possible with some level of independence (Iecovich, 2016; Fange et al., 2012). “Place” takes on many different terms like home or apartment but is the physical location the person considers “home” (Iecovich, 2016; Fange et al., 2012). Aging in place is often about how the home can be more functional and less risky for the older adult. The idea is that as the person ages they become frailer and at risk for serious injury or illness. If the appropriate supports can be brought into the home, individuals can increase the amount of time they can live independently (Iecovich, 2016; Fange et al., 2012). This theory reveals how one’s home and independence is supported by caregivers, formal and
informal, or layers of caregivers. Social supports can include but are not limited to family members, friends, neighbors, religious congregations, or service agencies. As the person ages in place their attachment to community becomes more important (Iecovich, 2016; Fange et al., 2012). Current barriers to aging in place were limited access to services such as transportation.

When an individual is unable to age in place and is needing to relocate, it entails loss of social relationships, and changes in daily routines and lifestyles, leaving behind personal possessions, self-identity, and independence. Once this loss is experienced the individual is at a higher risk of emotional stress, depression, loneliness, adjustment difficulties, functional deterioration, and debilitated well-being.

It is also economically burdensome on individuals in a low socioeconomic status when dependent on tax-funded programs like Medicaid. These programs are depleting due to the gap in income earners paying taxes that fund these programs and non-working individuals drawing Social Security benefits. There is a misconception that Medicare will fund care in facilities and this is not the case. Medicare is only a short-term benefit in the cases of individuals needing to rehabilitate for short-term skilled nursing care. The default is that government programs will cover costs once the individual runs out of their own money. The age of these individuals moving is getting younger and with the mindset that they can afford these facilities, or that government programs will support them in the long run. The amount of money paid out to keep people in facilities will continue to grow and will be at risk of decreasing. There is a need for more affordable options for individuals to remain in their communities and to receive the services they need.
Methods

Research Design

The purpose of this study was to evaluate, from several relevant stakeholders, the needs of Midwestern older adults and if co-housing could be a viable option for Minnesotans when aging in place. The literature discussed ways co-housing could assist with services that may be lacking in the community at this time. Further research is needed to determine what services and obstacles the current aging population faces and how it may look moving forward if not addressed. This study used a qualitative, exploratory research design to interview professionals working with this population and/or individuals that have direct knowledge of co-housing to gather a variety of relevant perspectives.

Population and Sample

The study sample consisted of individuals working within organizations that provide direct supports to the aging population, primarily in the southeastern part of Minnesota. These individuals included social workers and other professionals who hold a Bachelor’s degree in a human service-related field. The interviewees consisted of three males and four females employed by community organizations and/or directly connected to a co-housing community. The majority of participants have some formal training with advocacy and experience working directly with the older adult population. Using purposive sampling, I selected participants who work, in some capacity, with older adults in relation to housing with the goal of gaining greater insight on assisting older adults in setting up services to remain in their current environment. I interviewed both: people with professional experience broadly in relation to older adults and housing, and some people who have direct knowledge of, or work experience with co-housing.
Protection of Human Participants

To ensure protection of human participants, an informed consent form was developed and explained to each of the interviewees prior to the interview. This study was voluntary, and the participants could terminate their participation at any time, up to two weeks after the interview. To ensure confidentiality, the participants’ names were not linked to their interview and any particularly identifying data were not used. The informed consent was developed from a template provided by The University of St. Thomas Institutional Review Board and was approved by committee members before the start of this study. All participants were allowed time to review the informed consent (Appendix B) and ask questions before the start of the interview. A copy was provided to each participant for their own records. All data was stored on the researcher’s personal laptop computer and required a password to access it. The data were backed up using a flash drive that remained in a locked filing cabinet and only accessible to the researcher. All consent forms will be destroyed after three years of completion date.

Data Collection

A qualitative research design was used to collect data from participants through interviews. Interview questions (Appendix A) were developed, reviewed by the University of St. Thomas IRB and the review committee before being used in data collection. The interviews were conducted in a semi-structured format at a location of the participant’s choosing. Interview questions were designed with the focus being on questions related to aging in place and the current and/or future possibility of a model like co-housing. I provided a definition of co-housing and aging in place to the participants before the interview, to be clear and to establish a shared understanding of this concept to ensure accurate data was collected. These questions were designed to allow for open and honest feedback from the participants and to allow for further
discussion when needed. The questions were designed to be open-ended, using an objective and a non-bias approach.

**Data Analysis**

This study allowed open coding to interpret the data collected through interviews. Coding is defined as the label assigned to a category or themes within the data. Coding is used to translate the words or concepts into categories and create themes within the conversation (Grinnell et al., 2016). When using coding there was first level coding; identifying meanings and creating categories, and second level coding; interpreting what the first level categories mean (Grinnell et al., 2016). To review for validity, the coder used a “talk to text” program on Google Drive to type the interviews into a word document to be read and coded. It allowed for validity and for the ability to have a visual to review. The researcher reviewed the transcripts for concepts surrounding three broad categories. These included: affordable housing (with specific attention to co-housing as one particularly promising model), access to services, and options for financial support. I compared and contrasted responses between interviewees who have direct knowledge of or familiarity with co-housing and those who do not. I anticipated both groups of interviewees would provide valuable perspectives.
Results

Broadly, participants spoke to their understanding of co-housing or experience working with older adults in community or intuitional settings. They reviewed options to assist aging in place as well as the obstacles they often face. Participants provided feedback on their experiences professional and personally, looking at the financial implications associated with aging and the ability or inability to age in place.

Cost of Housing

In this study, all participants spoke to an understanding of aging in place and provided personal and professional insight in this area, when discussing options for individuals to remain in their own homes and age in place. Multiple interviewees reviewed the costs to maintain one’s home and added expenses that coincide with owning a home: maintenance of one’s home and general upkeep like yard work, snow removal, cleaning gutters, and fixing/replacing items when something breaks were main topics related to costs. When an older adult has limited resources, it can be challenging to keep up with maintenance costs. As the person ages, their mobility may be compromised, resulting in the need to hire outside resources to support these types of needs, driving the cost higher. Older homes tend to cost more money over time due to general “wear and tear.” One participant reviewed the need for individuals to “live within their means” due to some of the added costs to maintaining their homes. When windows need to be replaced it can cost more in utility bills over time.

One participant explained that homes are not built with the concept to age in place. There need to be modifications or remodeling for the individual to be successful. Another person pointed out that the majority of individuals they work with “desperately want to remain in their
own homes but stairs are difficult.” For their clients, stairs are often the biggest obstacle in aging in place, especially when there is no main floor bathroom or laundry. The cost or option to remodel typically is not within their budgets.

Renting can be less expensive over time than owning their own home, depending on the geographical area. One participant noted that in rural areas the cost of living is generally less than in metropolitan areas. If an individual is looking at “downsizing” and wanting to sell their home and locate to an affordable unit, they may be looking 20-30 miles outside of the city. This can be due to availability or cost of rent. If they are looking for subsidized units, there typically is a one-two year waiting list. One participant explained that in their area it is “at least six months to one year.”

**Lower Costs Associated with Co-Housing**

Participants within co-housing developments reviewed cost of housing within their communities. The participants explained that the cost to buy into their communities would be compatible to market rent/rate to purchase. It was explained by three of the participants that because of the newer construction they are taking measures to be “energy-efficient.” Individuals with newer units could save money over time due to the design and energy efficient amenities. With new construction, the units are designed with aging in place amenities as well. Bathrooms are/can be handicap accessible, stair cases are wider if there needs to be a lift at some point, zero entry accessibility, and wider doorways are also utilized. Newer units tend to be on a smaller scale compared to traditional units on the market because there is a common house that is shared by the community members. The common house has extra bedrooms and visiting areas for when there are guests that come to visit. This can assist with keeping the cost of building and utilities down. Three participants explained that the units are small but there is ample room because of
the shared spaces and common house. Two of the participants explained that some of the units in co-housing do not have a laundry rooms. They use the shared laundry room in the common house to save on space. One individual used the added room for a larger closet. The interviewee noted that the size of the units and the cost being market value can be a deterrent for some people.

It was pointed out by individuals working with older adults that these clients are often on fixed incomes. “Usually the individual or couples only income is Social Security and maybe a small pension.” This may not support market rate costs for those individuals interested in this type of living. One participant pointed out that most of their clients are looking to down size and sell off their properties. If the individual sold their current home at market value they could buy into a co-housing community. Two interviewees working in cohousing communities stated that they had some subsidized units and houses that could be affordable to people with lower income. One community was awarded grants and gifted money to assist with down payments or rent if the individual or family qualified for the assistance. Two participants viewed co-housing as an option to age in place more for middle to upper income individuals.

**Poverty as an Obstacle to Aging in Place**

One participant described “poverty” as a dominant “obstacle” to individuals aging in place. Without sufficient financial resources, the individual is left applying for government assistance. One participant pointed to the idea that Baby Boomers have been put in a difficult situation. She explained that her clients have not been able to save very much due to assisting with their children’s college tuition and helping their elderly parents. She also pointed out that “poverty would be the number one societal issue that older adults are facing.” Poverty kept coming up in a variety of ways when interviewing participants. Four participants referred to
government funding being the main financial support for older adults aging in place. Three of the four stated that they were fearful that the government sources are a risk of being “maxed out” or even closing at some point because of the cost of supporting older adults with services and housing. One individual recalled that in her previous work setting, she witnessed one program that “met its cap for funding that year and people were going without government funding; their programing was stopped leaving them without support.” She pointed out that program was mainly for individuals who were under sixty-five years old and there was not enough support for older adults to fund home care services or related housing options. Participants reviewed the risk of tax payer funded programming and where that money is spent. The main examples respondents spoke to included institutional housing settings like assisted livings and group homes.

It was also mentioned that individuals with very low income and even low to moderate income levels are eligible for government assistance but that people who are just above the income or asset guidelines often “fall through the cracks” and miss out on basic supports. One participant explained that when this happens with her clients, the client or family members will consult on how to legally transfer money or property in order to receive the government programs. She has extensive training on the programs and services offered through the government. She will work with family members, spouses and individuals to fill out paperwork needed to apply. Most of the government programs covered throughout the interviews are only in place to cover the supports that individuals would receive with home health care. Two participants touched on medical insurance and explained that is related to their clients not able to afford to pay for their health care premiums when they are trying to “make ends meet.”
“It is hard to plan for tomorrow when you are worried about today. It’s either pay for your health insurance and premiums or you pay to put food on the table for yourself and family. Medicare does not pay for these types of on-going services and it’s a huge misconception with clients.”

One participant reviewed how when people have higher incomes, they tend to hold higher degrees of education. These individuals have more opportunity to put money away to save for their futures and they tend to have access to resources or how to find them.

When older adults are looking at aging in place it was clear that affordability and access to community resources were the top issues presented by all interviewees.

“How can a client access and pay for home health care when they are not able to afford their housing expenses? They would like to remain living in their own homes and bring in care to assist them to remain independent. When they can’t care for themselves or pay their bills they are forced to move to assisted livings or nursing homes.”

When someone is looking for home care and they are not able to pay for the cost out of pocket they often think that it’s time to move and most of the time their family agrees but the cost to bring in services is by far cheaper. Assisted livings are in the thousands per month and home care can range in the one hundreds, most of the time.”

Home care services and needs of clients were reviewed and the top needed services identified by those interviewed were meals, medication management, yard maintenance (mowing and snow removal), and home maker services. Home maker services involved vacuuming, light housekeeping, and transportation. The cost can vary depending on region, types of services, and how often services are required. When looking at services coming into a client’s home the costs
are less expensive than the full move to an institutional setting. The issues that were discussed other than high costs and being able to afford the care were related to finding an agency to cover their needs due to staffing concerns. If the individual lives in a rural setting, the distance needed to travel is a barrier as well. Staffing concerns involved issues like the lack of qualified individuals trained for this type of work. This field of work can be quite strenuous, physically and emotionally demanding on the employee.

"Why would someone do this type of work when they could go to work for a grocery store making more money and having to complete less labor-intensive duties? These employees are entry level workers and making the same amount of money flipping burgers. It takes a special type of person to work in this field."

When an older adult is in need of some homemaker services they can be left with unreliable staff or needing to “piece meal” the services together using two or more agencies. Three participants reviewed how stressful that can be on an older adult. Using one agency for transportation and meals, and another for cleaning and bathing. This can also be confusing for the older adult. Transportation costs can be expensive for an older adult as well, “$130 round trip to the doctor if it’s out of town.” The only program to cover the cost to the doctor would be Medical Assistance. Most of the time to save on the cost the individual is needing to take the bus or pay for the ride out of their own pocket. That cost can add up. “One client I have owns her own vehicle and pays monthly on the loan and insurance, but she is too nervous to drive anymore so she takes the bus.”

Two individuals interviewed had a Chore program within their agencies that could assist with some of the household tasks at a reduced rate or even at no cost if the older adult financially qualified. The issue with Chore programs were, they are mainly staffed by volunteers. Much like the issue with finding staff, the same was true with finding and keeping volunteers.
“People just don’t have the time to devote to volunteering, the program is great and there is a high need for it but without volunteers we just can’t service the clients. They are too busy with their own lives and the lack of volunteerism will only continue to get worse with the next generations.” One participant projected that these programs will eventually end as time goes on due to lack of support and funding.

Without the support from outside agencies there is a high need for family support to care for their loved ones. One participant stated that it mainly falls to the spouse or their children when services are needed. “People just don’t want to spend their hard earned money on home care services and are expecting their families to care for them.” This can often lead to caregiver burn out or tension within the family structure. One participant explained that “times are changing and children do not want to support their aging parents because they are raising their own kids and working full time.” Another reviewed that the majority of her clients have children who do not live close by. They have moved due to their careers or own personal interests. When an older adult is needing to rely on their families for support it can be challenging in some cases but in others it can be very successful. One co-housing resident shared that she is able to care for her parents. Her father passed away but her mother is still very active even in her eighties.

**Co-Housing as a Promising Alternative**

In the co-housing setting the participants identified that the care of the community and support that they or others receive is very helpful. It can save on the finances over time because they do not need to “hire out for services or supports.” The community members support one another and “trade goods and services.”
“I think this type of living situation works because we are willing to share our resources and our time. When I am at work I know there are people looking in on mom. She dropped her art table the other day and our downstairs neighbor came up to check on her because she heard the loud noise and thought she fell.”

As the community supports each other the need to hire out for services decreases. The community members can share rides to the doctor or grocery store and house sit when on vacation. One participant explains that as a single parent it was important to her to have community supports. When she needed daycare because her child was sick, she could rely on her neighbor so she didn’t need to miss work. This was shared multiple times in the interviews,

“We have gotten away from that type of culture, neighbors helping neighbors. We are living in this world looking out for only ourselves and our family.”

The outdoor responsibilities, like snow removal and lawn mowing are shared in co-housing. One participant explains that there are committees that share the workload to decrease the stress of it being on one person.

“When you come home from working an eight hour day and are tired, the last thing you want to do is go out and shovel. We have young adults that live in the community that share that responsibility. The elderly couple may not be able to physically do that anymore but they can contribute in other ways around the community.”

As a community they get to know each other and learn what their strengths and weaknesses are for support as a whole, “I can’t do this but I can do that.” As the work is shared it can decrease the amount of money spent on hiring supportive services. That saved money can be spent in
other ways like maintenance to the home. When an older adult has access to support it increased
the amount of time they can remain living safely in their own homes.

As the older adult ages they are able to stay connected with others within the community.
Members are of all ages and that decreases the risk for isolation. As an older adult ages, it
becomes more difficult to get around the house as well as going out, especially in the winter
time. The community meal was mentioned to be very important within the co-housing setting.
This meal brings people together and assists with connecting members to their community. For
older adults that are not working, they can contribute to meal prep and gives the other members
who are still working a break. “Mom loves to help with the community meal; she is usually the
one holding the babies so their parents can get a break and eat their food. She really looks
forward to going.” One participant explained that it can keep the older adult “feeling younger
and more vibrant.” This can also be explained by “giving them a sense of purpose.” One
participant explained that his parents are living in a senior only apartment complex and they only
utilized the meal service: “they go down and get their meal and eat but do not converse with their
neighbors.” Regarding co-housing:

“It’s a place to live but the main attraction is the community aspect and having a
cooperative community and feeling connected to our neighbors. Many people live in isolation
and in the own homes or having little contact with their neighbors.”

One issue that was found when reviewing the data was that when an individual has a
progressive disease like cancer or dementia it can put too much responsibility on the caregiver or
community. When the older adult has memory loss or cognitive impairment, their safety can be
compromised. Caregivers are at a higher risk of burnout and may need to move out in order to
get their needs met. When the community can no longer support the care and the individual is not able to contribute it can create too high of dependency.

“My father was diagnosed with cancer and lived with me. My mom and I were main caregivers but he required more care and so we brought in hospice care. He was able to remain with us until the end with hospice support too.”

One exception to this was that two participants reviewed that they had clients or knew of older adults who were diagnosed with a progressive illness and took their own lives. Both participants shared that it was mainly because the older adult did not want to become a burden on their loved ones or caregivers. One of the participants explained that this may happen more than we know about and it could become a “norm.”

When asking about how to better support individuals who want to age in place it was clear that education was high on that list. Four of the participants explained that the more professionals understand the concept and services with aging in place the better they can educate their client. When supports are available older adults need to know how to access them. There are agencies available to provide education to older adults like Minnesota Board on Aging and Senior LinkAge Line. The more the person knows the better they can care for themselves. Three of the participants review funding sources with their clients to help them to save money. If they can utilize programs like Medical Assistance, energy assistance, rental assistance, food shelves, or chore programs and save some money that money can be saved for a later date or on other services that are needed.

“If they have a car in the garage they are not driving anymore, they can sell it and use that pot of money to pay for bus fare. I bring those ideas in and present them in a way that makes
sense. We look at their insurance and make sure that they are on the right medical plan and that the Medicare part D plan is working with their medication. If they can save that money and use it elsewhere."

One participant reviewed an idea that would assist with long term care placement once an individual would need that level of care. It would be like a Medicare or Social Security program. It would be deducted from their paycheck like the other programs and in a pot of money that could be used later in life.

“The reality is, when we leave this decision up to the individual to plan for their care later in life they often do not take on that responsibility or think about it. They think about the cost of living right now like paying their mortgage, helping their children through college, or their medical premiums.”

With the cost of long term care now and the projection of increased cost, most people will not be able to support themselves for longer periods of time.

When looking at this model to fit within the southeastern region of the state, all participants agreed that it would be a good fit. The co-housing model would fit because,

“Midwesterners are very private and if they can visit with their neighbors when they wanted to it would work. Money talks more than anything else. Baby boomers are going to have a higher expectations and really challenge the future of every type of living.”

People in the Midwest have a different view of living than those on the Coasts, living on a smaller scale and remaining closed off from the community as a whole. “There’s a certain type of person on the Coast and very different than Midwesterners; we like our space.” Many participants interviewed think that in the near future, assisted livings will be “out of date” for the
upcoming generations. One participant stated that in order to make this model work, city planning and zoning departments would need to be addressed. “At this time we can’t build mother-in-law suites for our parents to live in the backyard if we wanted to.” This model would not suit all needs but would be one more option for older adults in addition to what is already available.

**Conclusion**

Co-housing was described as having the potential to address and overcome many of the obstacles that older adults are facing. With the challenge of affordable housing, access to home care services, minimized family or caregivers supports, and cost of care increasing, co-housing could support many of these areas. It would be best utilized before a person is needing personal cares or higher levels of support from their community members. When a person is looking at downsizing and can sell off their home, that money could be used to buy into a co-housing community. The community members could trade services to reduce the overall cost of living and decrease the need to hire out for services. It would not be a great fit for an older adult to move to co-housing just to utilize the community supports without first establishing their relationship within the community. It does require the individual to buy into the community values and support their neighbors as well. If the older adult could not contribute supports to the community, they would be at a higher risk to over-utilize the other members. The members are looking at a “give and take theory.” This type of living is not for everyone and they would need to work with the other members when they making decisions like “where to plant a tree in the share space.” If the individual has a difficult time with that concept, co-housing may not be a viable option. This model would look at the community as a whole and how it functions. Each
member is looking out for each other to “have a better life.” This could be among the other many viable options for individuals looking to age in place.
Discussion

Overall, participants reviewed options for older adults to age in place as well as the major obstacles that coincide. The literature review reviewed some of the most relevant societal issues and benefits to older adults aging in place. The majority of older adults prefer to age in their own homes but most often require supports and services at some point, usually later in life. This is particularly true as people are living longer and the cost of living is increasing. This has created a financial concern for older adults and society as a whole. Many older adults are forced to relocate into costly supportive housing or rely on family members and/or community supports to be successful. The co-housing model had been suggested to meet varying levels of needs and support for older adults, while supporting them in being able to remain in their own home. Co-housing is a newer model of housing that involves the members contributing to the community and other members for success. This model allows for independent living and shared spaces for community participation.

In this particular study, the qualitative analysis produced several supporting themes in relation to the questions asked about housing and services for older adults. Participants, who work with older adults and individuals who have direct connections with co-housing settings, reviewed their concepts of aging in place and how these concepts can support one another and how they do not. The main themes that emerged were: cost of housing, access to home care services, and the individual’s economic status.

The current cost of housing is increasing and with this, options for individuals to purchase homes are decreasing. The square footage of these homes has increased along with the price tag. Participants pointed out that the cost of living increasing presents challenges for older adult to remain in their community. Many older adults are looking to down-size but are limited
in options. Consistent with the literature, the respondents in this study noted that newer constructed co-housing communities looked at keeping the size of the unit smaller in order to remain “affordable,” but with that comes the options to use the community rooms in the common house (shared community building). When the units are smaller the price tag is as well. The literature and the interviewees pointed out that baby boomers are going to be looking at cost of living but also the amenities that coincide. Those interviewed noted that when the individual is looking at remaining in their own homes, many times there need to be modifications or major remodels like moving a bathroom or laundry room to the main level. Respondents noted that stairs are often the hardest obstacle for older adults to successfully age in place. When there needs to be remodeling, usually the older adult is on a fixed income and cannot always afford the renovations needed.

Respondents spoke to how new construction in co-housing communities is looking at building with the concept of aging in place. When reviewing the options to buy into these co-housing communities, it was reported by those interviewed that the units can be offered within market rate. Both those interviewed and the literature pointed to how there are very few options for government funds to assist people to buy these units but some co-housing communities have some private assistance programs to assist with down payments and financing (Co-Housing, 2017). This study’s findings are consistent with the literature suggesting that this type of housing model would mostly be directed toward middle to upper income individuals. When there are fewer government supported housing options, co-housing may not fit within the price point needed unless the older adult has equity from selling their home.

Baby boomers face more financial strain than the generations before due to often having younger children and aging parents. They have not necessarily been able to save as much money
and without sufficient funds their options for housing are more limited. With the amount of taxpayers’ funds going into Medicaid to support aging individuals the risk of this program ending is worrisome. Without the support of Medicaid, such supportive options may not be an option for older adults. The number of individuals reaching the poverty level in the United States continues to increase and the supports for people are decreasing. It is often less expensive to bring in-home care services and remain living at home rather than to relocate to supportive housing.

Having access to home care services and in-home support was reported by those interviewed to be a high priority for older adults when looking at aging in place. Without access to home care it is very difficult to successfully remain at home. Many older adults rely on care from their loved ones but often times their family members live a distance away. Without the support from family or friends, older adults depends on home health care agencies. The cost of bringing in-home care services is often costly but is often less expensive than moving to a housing with services setting. This research, consistent with the literature, found that families in the United States tend to be more spread out than the generation before them and this is often more strenuous on the caregiver due to caring for both their aging parent and their children. Hiring in home care can be limited due to the cost of services and the availability of the workforce within these agencies. When looking at supporting the aging adult in their home, interviewees spoke to how they (families in the form of adult children) often times are piecing services together. Home care services that were highest on the list for supports identified by interviewees included: meals, medication management and yard maintenance.

Those interviewed for this study noted the extent to which co-housing’s model depends on the community for success. Community members were described as looking for support from the neighborhood and people in the community. Co-housing members might “trade” services like
transportation, meals and/or yard maintenance. Participants from co-housing communities explained that residents are an integrated part of the community. Those interviewed noted that this model “isn’t for everyone” (quotes mine). This came out, for instance, when one person spoke to how adults with more significant cognitive impairment may not be well served by this model, where needs are too great for the community to serve. Those interviewed in this study described how memory loss or a progressive, debilitating disease can limit the success or longevity within the co-housing relationship. When a member is no longer able to contribute they may need to consider a more supportive environment like assisted living or nursing home.

In the co-housing model, co-residents were described as relying on each other for supports and help within the community. The co-housing settings often self-structure, and have committees and teams of people who are in charge of completing tasks that the community members need done. For example, when a parent is at work during the day, having to come home to cook can put stress on the household. When in the co-housing setting that same parent is working all day and comes home, they have the option to attend the community meal that was prepared by other members that are not working. Other older adults who are retired can do the cooking and in exchange the older kids within the community can mow the yards and shovel in the winter time. The cost tends to be lower due to “trading” services with one another. For older adults who can no longer complete tasks around the house, they can rely on other members that are able-bodied. The older adults still get that sense of contributing to the community by helping in other ways they are able to. The community meal was reviewed as a very important time for the co-housing community. It was described as a way that community members are able to visit and connect with the other members. Older adults tend to look forward to this meal as a way to
socialize and stay connected. So often, especially during the winter months, older adults are more isolated from their communities.

One central “surprise” finding from my study is the extent to which older adults are at a higher risk of isolation and depression during winter months. When they are not able to safely leave their homes due to ice and snowy conditions, they have less outside contact. Getting to a doctor’s appointment can be more challenging for an older adult living on their own without support from family or neighbors. In co-housing settings, transportation is often shared and they utilize carpooling to get around. Hiring a transportation company can be costly and in co-housing that money can be saved or directed elsewhere. This is valuable and in some ways regionally-specific, applying especially to regions of the country where weather and climate may exert unique social pressures and where a model like co-housing might be especially promising. Overall, co-housing was positively perceived by those interviewed as a model that could work for a significant number of older adults to successfully age in place. As noted in the Results section, community members can save money over time by not hiring out for as many needed services.

In North American societies, people often still want to live in their own space and have their independence. Co-housing was described among those interviewed as a model that allows people to still connect to their community members and stay active. Staying connected gives the older adult a sense of purpose and joy knowing that they have a connection. They can go out for the community meal and hold the babies so the parents can eat their food. This setting is not for everyone but would be one more alternative to look at when older adults are considering their options.
Participants interviewed for this research were able to provide in-depth knowledge based on their own professional experience and their experience working with older adults. The participants interviewed who lived within co-housing communities explained that it was their goal to age in place. Strengths to this research include the interviewees had direct contact with older adults and able to provide insight on the obstacles they face. Participants were very knowledgeable on this topic and able to share without risk to the clients they serve. Participants were free to vocalize their concerns and observations while remaining anonymous. By keeping their identities confidential, more honest and truthful information was collected. Limitations to this research would be that there is very little data on the co-housing model and because it is a newer model older adults have spent less time within these communities. In order to grasp the full long term potential successes and issues that surround co-housing for older adults, more research is required. Further research on this topic is suggested because of the limited number of co-housing sites in the United States. This model, though fairly established in Northern Europe, is still relatively new to and a “pilot” within the United States. Suggestions for future studies include ideas such as: looking further into co-housing for aging adults by using a case study design and interviewing members within a co-housing community. Future researchers could also take a closer look at the nature of cost savings in general within existing co-housing communities and how could this model assist with individuals in lower to middle economic classes. Future studies could explore questions such as: What would be the advantages and/or disadvantages to this model if building continued in the Midwestern part of the United States? This research focused on multigenerational co-housing communities. This raises questions such as: what are the advantages and/or disadvantages to senior-only or age-specific co-housing communities?
With the number of Baby Boomers aging and the life expectancy increasing there is a greater need to review options for them to age in place. The significant cost of health care and lack of community supports put this population at risk to be placed in an institution. This will continue to cost taxpayers millions of dollars each year. Some of the key programs in place at this time are at risk of ending, leaving this population even more vulnerable. Without support this could lead to homelessness and caregiver burnout. There needs to be other options for older adults to successfully age in place. Co-housing could be a potential option for individuals but this model is not yet available in all parts of the county. Without further growth and/or knowledge on this type of housing, this will not be an option for older adults to age in place. This model will not work for everyone or may not fit their needs but at this time in many parts Minnesota this is not yet an option for anyone. Co-housing could be one more option on the list for older adults to age in place.
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Appendix A: Consent Form

Consent Form

You are invited to participate in a research study about housing for older adults and the individual's ability to age in place. You were selected as a possible participant because of your formal training with advocacy and experience working directly with older adults or knowledge on co-housing. You are eligible to participate in this study because of your understanding of services and housing options for older adults. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Kasey Meyer, LSW and advisor, David Roseborough, Ph.D. at St. Catherine University- University of St. Thomas School of Social Work. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this study is to evaluate, from several relevant stakeholders, the needs of Midwestern older adults and if co-housing could be a viable option for Minnesotans when aging in place. The literature discussed ways co-housing could assist with services that may be lacking in the community at this time. Further research is needed to determine what services and supports the current aging population faces and how it may look in moving forward if not addressed. This study will use a qualitative exploratory research design to interview professionals working with this population to gather a variety of relevant perspectives.

Procedures
If you agree to participate in this study, I will ask you to participate in a single, in-person interview that would be audio-taped, asking about your impressions of aging in place and of co-housing. The interviews will be conducted in a semi-structured format at a location of your choosing. Interview questions were designed with a focus on questions related to aging in place and the current and/or future possibility of a model like co-housing. I will provide a definition of co-housing before the interview, to be clear and to establish a shared understanding of this concept. The goal is to interview between 7-10 individuals and the interview will be about 40-60 minutes.

Risks and Benefits of Being in the Study

The study has minimal risks: possible violation of privacy and loss of confidentiality. In order to honor your privacy, I will not name you or any potentially identifying information in the final paper or public presentation of my findings. While I may use quotes from the interview, I would not connect them with you. Your participation in this study is voluntary. You are free to skip any questions you'd like to and can contact me up to two weeks after the interview in order to ask that a part or all of your interview not be used.

Privacy

Your privacy will be protected while you participate in this study. All data will be stored on the researcher's personal laptop computer and will require a password to access it. The data will be backed up using a flash drive that will remain in locked filing cabinet and only be accessible to the researcher. This flash drive will be in my trunk when traveling. Once the research is completed, all documents will be deleted from computer files and the paper transcripts will be shredded. The anticipated completion date is May of 2018.

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include: digital voice recording and a written transcript of each interview. All electronic data will be stored on the researcher's personal laptop computer and will require a password to access it. The digital data will be backed up using a flash drive that will remain in locked filing cabinet and only be accessible to the researcher. All signed consent forms will be kept for a minimum of three years upon
completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

**Voluntary Nature of the Study**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with me, your employer, St. Catherine University or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used. You can withdraw by contacting the researcher and giving either a verbal or written request to withdraw.

**Contacts and Questions**

My name is Kasey Meyer, LSW. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me, or David Roseborough. You may also contact the University of St. Thomas Institutional Review Board.

**Statement of Consent**

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

**You will be given a copy of this form to keep for your records.**

______________________________  __________________
Signature of Study Participant   Date
Print Name of Study Participant

Signature of Researcher  Date
Appendix B: Interview Questions

Kasey Meyer, LSW

Interview Questions

Co-Housing for Older Adults

Date __________________________

Organization ______________________________________________________

Current Title or Role ________________________________________________

Degree, if applicable ________________________________________________

Years in current position _____________________________________________

Years in the Social Service field _______________________________________

Definitions: Cohousing is an intentional community of private homes clustered around shared space. Shared spaces typically feature a common house, which may include a large kitchen and dining area, laundry, and recreational spaces. Shared outdoor space may include parking, walkways, open space, and gardens. Neighbors also share resources like tools and lawnmowers. Households have independent incomes and private lives, but neighbors collaboratively plan and manage community activities and shared spaces. The legal structure is typically an HOA, Condo Association, or Housing Cooperative. Community activities feature regularly-scheduled shared meals, meetings, and workdays. Neighbors gather for parties, games, movies, or other events. (Co-housing.org)

Aging in place has many different meanings but primarily the focus is to remain living in the community and out of institutions. The theory is for older adults to be able to live in their own home or neighborhood and to adapt to changing needs and conditions. Aging in place can be in the person’s home or with family members and having access to care as they age.

Key:

#.) Directed towards professionals working with older adults
A.) Co-Housing directed questions
*Ideas, or prompts for conversation

Questions:

1. In your experience, what are some of the most pressing societal issues that impact older adults in relation to housing and options?
   a. How does co-housing help or not help with these issues?
      * Availability, affordability, accessibility, etc………..

2. Are you familiar with the idea of “aging in place?” With this in mind, or with this definition, what are some of the primary obstacles to aging in place and why?
a. Can you think of any ways or have you heard of ways that co-housing supports older adults while aging in place? If so, how?

3. What influences people to consider moving to assisted living or nursing homes?
   a. In co-housing settings?

4. How has the cost of living affected older adults in the community settings and in facilities in your area?
   a. How does this apply to co-housing, if it does?

5. When looking at financial considerations, how are the majority of individuals aging in place supported?
   a. How are Co-housing services/supports paid for?
      * For instance, by PP, Medicare, Long-term care insurance, or Medicaid

6. What measures have been taken to support people with aging in place?
   a. How about within Co-housing units?, if applicable

7. What could professionals do or know that would better assist older adults to remain in their homes?
   a. How about co-housing members, if applicable

8. What does the next decade look like for older adults in the absence of additional options for aging in place?

9. Are you familiar with the term “co-housing?” If so, do you view these arrangements as viable solutions in this area? Why or why not?
   a. How would you define it?
      i. Challenges or ways this model might be promising here?
      ii. Any unique challenges here?

10. Lastly, are there other options you’re familiar with that we haven’t discussed that might hold promise, or be worth considering?

Is there anything I haven’t thought to ask that you’d like to add?

Thank you for your time.