ENABLING DESIGN The Missing Framework for Longevity Planning

By Esther Greenhouse

Home design is a hidden threat to the success of longevity planning. The design of housing unnecessarily contributes to age-related decline, resulting in preventable long-term care needs and costs. Professionals can apply the Enabling Design framework as a key resource to successful and complete longevity planning.

UNDERSTANDING A HIDDEN THREAT TO LONGEVITY PLANNING

Financial services and long-term care insurance professionals have many options available to them when it comes to helping their clients plan for their longevity. Avoiding asset spend-down, preserving an inheritance, and having the resources to pay for care to avoid being "a burden" to loved ones are all common and understandable goals. Long-term care insurance, hybrid LTC/life insurance policies, annuities, investment and other products provide a sense of security and are vehicles that can increase your client's ability to maintain their financial independence as they age.

Traditional tools make a positive impact. However, there is a seldom addressed and misunderstood variable that is artificially increasing frailty and dependency, which increases caregiving needs and costs, threatens successful longevity planning and reduces the quality of life.

HOUSING DESIGN: THE MISUNDERSTOOD THREAT

Over 90% of older adults are attempting to age in place, typically by default and without a plan or preparation. However, the ability to *successfully* age in place is negatively impacted by our housing stock (and many senior living facilities) which was not designed to support independence and the disabilities that frequently accompany the aging process.

Only 1% of the U.S. housing stock has the key features to enable successful aging in place. source: HARVARD JOINT CENTER ON HOUSING¹

These home modifications include:

- Zero-step entry
- Single-floor living
- Wide halls and doorways to accommodate a walker, a wheelchair, or caregiver assistance
- Electrical controls located for limited reach
- Lever-style handles on faucets and doors
- Grab bars in bathrooms
- Entryway ramps

Added to this, the following tends to be true:

- 1. Few people can afford home modifications.
- 2. Home modifications are often treated as nursing home-type interventions and are shunned by consumers and/or only implemented when deemed medically necessary.
- 3. Any modifications made are typically patchwork, only implemented after a person's abilities have diminished.

The design of our housing contributes unnecessarily to age-related decline because we fail to design for longevity.



These photos were taken at a reputable senior living facility. Note how water could easily pool in the shower, increasing the risk of a fall; and the lack of grab bars and support around the sink at right.

Sadly, this is even an issue in senior living and longterm care facilities. The Americans with Disabilities Act Standards for Accessible Design do not apply to single family residential housing where over 90% of older adults reside. Where the standards are applicable, they tend to be minimum standards for accessibility

rather than design for independent living.

Because we don't design for the range of needs, abilities, behaviors and across a person's lifespan, the places we inhabit can create frailty as we age. This can lead to eviction by design where an individual is forced to leave their home because it was not designed to meet their changing needs.

For example, many homes have a combination shower/ tub unit or at least a shower. Without a renovation, stepping in and out of the tub or shower will be challenging without help from a caregiver. The person will either attempt to bathe independently and fall, or limit how often they bathe causing avoidable negative physical and psychological impacts. The design of the home can interfere with normal functioning and hamper the ability of an individual to perform their activities of daily living (ADLs) and instrumental ADLs (IADLs).

A SUBTLE SHIFT CAN MAKE A BIG DIFFERENCE

Typical home design leads to greater limitations, the need for additional caregiving, less independence, higher long-term care costs, and a greater demand on government services. The good news is that it doesn't have to be this way. If we slightly shift the way we design, we can help people retain their physical and financial independence and thrive as they age.

THE SOLUTION: ENABLING DESIGN

This three-pillar framework can help reduce preventable physical and financial decline with age.



PILLAR ONE UNDERSTANDING PERSON/ENVIRONMENT FIT

When an environment is designed considering a person's needs and abilities, the person can function at their highest level of independence.

The greater the gap between their abilities and what the environment demands, the more the person is subjected to environmental press, a form of stress that pushes them to an artificially lower level of functioning. This diminished functioning forces people to become more dependent upon others for assistance. (From the Environmental Docility Hypothesis, Lawton, 1973)



PILLAR TWO RECOGNIZING THE STATUS QUO OF DESIGN IS FLAWED

The design of our housing and neighborhoods is ideal for people with high sensory, cognitive, and

physical abilities and the height of an average adult male. Everyone else must adapt. The farther a person is from the design norm, the more their abilities are likely to be reduced.



PILLAR THREE DEVELOPING A STRATEGY

Looking through the lens of the first two pillars, we consider the client's resources (financial, family, community) and evaluate their

expected and known (when possible) future needs. While the examples of home improvements have broad applications relevant to all older adults, some individuals have known risks or health conditions that likely need accommodations in the future. For everyone 50 and older (when measurable age-related changes start to occur) we can create strategies to prepare for this, minimize problems, and facilitate physical and financial independence with age.

CASE STUDY: MY MOM

How we addressed my long-term mother's care needs serves as a great case study for demonstrating the value of the Enabling Design framework. Our primary goal was to delay or prevent her move to a senior care facility. Our secondary goal was to prevent her from outliving her money. We achieved both of these goals as well as preserved an inheritance.

When my mother was 80 and living well independently, we applied the Enabling Design framework. We looked at available services and senior living and care options. We decided that I would be her primary caregiver and moved her nearby. We made sure her home had features that would enable her independence before she had a significant change to her abilities. We included simple but impactful features like wider doorways, zero-step entries, non-skid flooring, glarefree lighting, and put everything she needed on one floor. These features were part of a holistic approach to the design of the home to create an enabling environment. The home features worked well for her needs when she moved in, and until she moved out at age 92. The design minimized her need for assistance and made the provision of in-home care easier and more efficient. Because the home was intentionally designed for needs across her lifespan and ability span, it also worked well for future residents. It did not look like a nursing home.

One surprising and often overlooked design feature had a big impact on my mom's quality of life, care expenses, and caregiving needs: a bidet toilet seat. This less than \$1,000 investment gave her independence and dignity. Because she used it to clean herself regularly, she could have one less shower per week. Additionally, at a cost of approximately \$100 for an aide shift, she was saving \$100 weekly by reducing the total number of aide visits. Over the course of the seven years that she was unable to shower independently, this one feature saved her approximately \$35,000 in reduced caregiving costs.

Overall, our design enhancements helped delay her move by seven years to an assisted living facility and saved an estimated \$500,000 to \$1.5 million in longterm care expenses. Had she not had dementia, she may have avoided spending the last nine months of her life in a facility at the cost of \$80,000.

WHAT CAN YOU DO?

Financial investments and long-term care insurance policies may cover the cost of home modifications but to be truly effective this must be done as a *preventative* measure. Clients can purchase or create homes that holistically encourage independence. You can help them achieve this by providing relevant services and products encompassing the Enabling Design framework. Financial resources may cover the cost of home health care or facility care, but when our nation is facing a rapidly growing direct care worker shortage, who will provide the care? Home design that enables independence has the potential to reduce the amount of care needed and makes the provision of care easier and more efficient.

The overall strategy:

- **Create a paradigm shift.** See the problem in its entirety and accurately.
- Learn. What are normal age-related changes, what are not, and how do design features contribute to decline or enable independence?
- **Apply.** Revise and develop services, products, and materials that reflect and address the threat and help your clients be proactive in minimizing preventable frailty.

In summary, the benefits of the Enabling Design framework include:

- Minimizing asset spend down to reduce the likelihood of outliving one's money.
- Reducing preventable long-term care insurance claims.
- Minimizing the need for caregiving from relatives or scarce paid caregivers.
- Minimizing generational asset migration.
- Leaving an inheritance.
- Improving quality of life.

By applying the Enabling Design framework for Longevity Planning to complement your current offerings, you can provide a complete solution to the problems your clients face.



ESTHER GREENHOUSE, MS, CAPS

Esther is a Longevity Strategist and CEO of Silver to Gold Strategic Consulting, which partners with corporations on longevity planning. Ms. Greenhouse consulted on the design of the nation's first elder-focused emergency room, served as the strategic director for one of the first Age-Friendly Centers For Excellence, served on the NYS Master Plan on Aging, and co-created AARP International's Equity by Design initiative for the creation of Enabling and Equitable Housing and Multigenerational Communities.

For more information on how you can help your clients minimize preventable physical and financial decline, please visit <u>SilverToGoldStrategies.com</u>.

1 Harvard JCHS, "Projections and Implications for Housing a Growing Population: Older Households, 2015-2035", p. 9).