

Chapter 1 : Older Adult Housing | EAH Housing

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Please search to see local options: Find Senior Living Near You: Find Senior Living in your area: Senior Lifestyles Articles If you are new to all the lingo for senior living and senior care options, just click on the image above to see a graphic representation of all the different types of senior care options. Could your parents or grandparents ever imagine how many senior living options there would be today, all easily searched for with a click of a mouse? With so many choices, you will undoubtedly need help along the way from the experts, and we are here to help you! Perhaps the biggest decision you have to make is where to retire. Senior living communities dot all 50 States and Washington D. Other considerations are your health, financial status, and lifestyle preferences. If you need help with certain activities of daily living consider an assisted living facility. Not everyone can afford the costs of a private facility. For these instances, we created our extensive HUD-sponsored senior housing guide for low income seniors. Below are articles about lifestyles for seniors. Where should I retire? This question has as many different answers as there are people asking. In , that first round of Baby Boomersâ€”those Americans born between and â€”turns From now until , 10, Baby Boomers each day will hit retirement age. Millions will beginâ€” How To Select an Independent Living Community â€” To see a list of Independent living facilities, enter your desired area zip, city, or full address and then click on the independent living button at the top to see only independent living facilities in your area. We know this can be a stressful period in your life so â€” Active Senior Living And Active Retirement Living â€” You now have the time to do what you always wanted to do. What was that again? Hiking the Appalachian Trail? Volunteering at the Humane Society? Working part-time at a ski resort? Retiring Abroad â€” Imagine walking on a Panamanian beach every day; tasting fresh pasta in your Italian neighborhood Trattoria; strolling ancient Spanish cobbled streets on your way to the market. Can senior living get any better than this? Congregational Senior Living â€” To see a list of congregational Living options, enter your desired location in the search bar and then select on independent living. Retiring is stressful enough. There are active senior communities, age-restricted e. The tax benefits of home ownership are there but without the hassle of home upkeep. Now a person turns 65 every 10 seconds. By , the number of persons 65 and older will reach Definitions of Senior Care Legal Types of Residences â€” The following definitions are used on this site to distinguish between different levels of care. Many states have unique requirements that do not work well with a nationwide directory. For this reason, each listing has a legalâ€” Was this Helpful?

Chapter 2 : Older Adults | Healthy People

*Lifestyles and Housing of Older Adults: The Florida Experience (Aka: Journal of Housing for the Elderly, Vol 5, No 1) [Leon A Pastalan, Marie E Cowart] on racedaydvl.com *FREE* shipping on qualifying offers.*

This is an Open Access article which permits unrestricted noncommercial use, provided the original work is properly cited. This article has been cited by other articles in PMC. This term denotes the absence of significant disease and disabilities, maintenance of high levels of physical and cognitive function, and preservation of social and productive activities. Preservation of an active lifestyle is considered an effective means through which everyday competence can be attained. The ECQ includes 17 items, covering housekeeping, leisure activities, sports, daily routines, manual skills, subjective well-being, and general linguistic usage. The ECQ was administered to a population of healthy subjects aged 60–91 years, who were divided into groups on the basis of their physical activity. These groups were community-dwelling subjects, those living independently and having a sedentary lifestyle, those living independently but characterized by a general lifestyle without any noteworthy physical activity, and those living independently and exercising regularly. Age, gender, and education levels were balanced between the groups. Using the ECQ, we could identify and distinguish different everyday competence levels between the groups tested: Subjects characterized by an active lifestyle outperformed all other groups. Subjects characterized by a general lifestyle showed higher everyday competence than those with a sedentary lifestyle or subjects who needed care. Furthermore, the ECQ data showed a significant positive correlation between individual physical activity and everyday competence. The ECQ is a novel tool for the questionnaire-based evaluation of everyday competence among healthy subjects. By including leisure activities, it considers the changed living conditions of modern-day older adults. These changes are characterized by an increasing probability of reaching old and very old age. These increased dysfunctions emphasize the need to understand better the mechanisms of the human aging process on the one hand and to develop strategies to maintain health and functional independence on the other hand. Many investigations refer to instrumental activities of daily living IADL, eg, handling finances, taking medication, using the phone, shopping, preparing meals, housekeeping, and navigating large distances outdoors. Another method to measure functional abilities in older adults and to gather reliable data about everyday behavior is direct observation. Finally, self and collateral reports allow for a quick assessment of functional abilities in older adults. The main limitation of this method is the often reduced ability of older adults to recall details of their everyday life accurately. Motivation for developing the ECQ In the past few years, we have investigated sensorimotor abilities in older adults to study age-related degradation in sensorimotor performance. Further, we developed interventional measures to ameliorate age-related decline in sensorimotor performance and cognition. Studies on use-dependent plasticity imply that maintaining performance requires regular practice and use. To obtain standardized information about the interdependencies between individual lifestyles and conditions of everyday life promptly on the one hand, and levels of sensorimotor performance on the other, we developed a questionnaire that covers housekeeping, leisure activities, sports, daily routines, manual skills, subjective well-being, and general linguistic usage. Methods Subjects The study is based on data collected from subjects males 55, females Subjects were recruited from a subject registry, newspaper advertisements, and older adult housing sites. The mean age of the subjects was All subjects were neurologically healthy. Medication with central nervous effects in the present or reported history was a criterion for exclusion. Subjects with an unclear anamnesis or medical history underwent an examination by a clinical neurologist to ensure neurological health. This regulation did not apply to Group 4 nursing care, where subjects reached only All the subjects gave their written informed consent before participating in the study. All the percentages presented in the text or tables are with reference to the complete cohort of subjects. The subgroup arrangements of the cohort are presented in Table 1, and Table 2 lists the education levels of all the subjects. Table 1 Housing and living conditions. Subjects were divided into four groups representing different lifestyles in terms of independence, social contacts, and physical activity Group.

Chapter 3 : Housing Options for Seniors - racedaydvl.com

Lifestyles & Fashion Â«*Get Rid Of Blackheads - The Natural Way* Â«*Fashion* Â«*Lifestyles & Fashion*.

The approach of the present study was to review demographic and lifestyle trends for the elderly. The issues that were reviewed were chosen to cover the areas that influence the size and significance of the elderly sector of the population. These issues included historical trends in life expectancy, birth rates, education, and urbanization. Life style factors such as house and automobile ownership, shopping patterns, and incomes were also reviewed. The purpose of the review was to use a historical perspective to identify the significance of this consumer segment, and to consider implications for consumer research. Those over the age of 65 already account for ten percent of the population of Canada and 13 percent of the voting population. Marketers, who have traditionally concentrated on the youth sector over the last twenty years, are now directing their efforts towards the growing elderly community. This paper reports on the lifestyles of the elderly. Variables which seem critical to consumer behavior are selected for analysis. The population of the elderly is growing at a much faster pace than other age segments and section I specifies historical as well as future trends in both population and living patterns. Section 11 provides a broad perspective on many aspects of the living habits of the elderly including housing, income, transportation and lifestyle factors. It should be kept in mind that it is difficult to summarize specific lifestyles of the elderly, as in all societies diversity among people increases with age. People are less similar in all aspects of old age than they were as young adults or children raies et. Consequently, overly broad gerieralizat ions about the elderly should be avoided. Researchers, managers, and policy makers should think in terms of segments of the elderly population. Canada has lagged behind most industrial nations in the growth of their elderly population. It is expected however that by the late s the proportion of elderly in the Canadian population will be comparable to that of Europe. There are a number of factors which influence the increase in the proportion of elderly within a population. Immigration, fertility rates and mortality rates are among the most significant of these factors. For instance immigration to Canada increased sharply after World War 11 and continued through the 60s. Moreover, the post World War II "baby boom" which reflected the increase in fertility rates combined with immigration to provide a significant increase in the population base. The third variable, increased life expectancy, has been an ongoing phenomenon since the turn of the century. Medical technology has played a major role in the decreasing mortality rate. The result is an.. The median age of those over 65 increased 7. By the year it is expected to have increased to As the population has aged the proportion of women has increased. In there were equal numbers of men and women among the elderly. However, by the ratio had become five women to four men and by the year it is forecast to be seven women to four men Tales et al. This ratio increases sharply with age, for example in the 75 to 79 age group the ratio is women to men U. Factors such as the World Wars and work related accidents being more prevalent among me n have influenced this increasing imbalance. In , men were expected to live 48 years while women had a life expectancy of 51 years. By those figures had changed to 69 and 76 respectively emphasizing the increasing disparity. There are also urban-rural differences in the elderly population. Over 50 percent lived in areas of , people or more, 20 percent resided in rural nonfarm locations and less than three percent resided on rural farms Stone ana In the various regions of Canada, consistently more elderly women than men lived in urban areas whereas men tended to live in rural areas Tales et al. Many minority groups find themselves concentrated in particular areas as well. This may be attributed minority groups find themselves concentrated in particular areas as well. This may be attributed to social, language, and educational barriers. Many of the elderly feel secure by living within a cultural area they are familiar with. Many of the elderly today have lived in rural and small urban areas during the earlier stages of their lives. An observed shift towards urbanization among the elderly has therefore developed since the early part of the century and is expected to continue. An increasing elderly population is forecast to continue well into the twenty-first century, when the baby boom begins to enter the senior citizen category approximately Stone and Fletcher, By , unless there is a change in the birth rate or the immigration trends, there will be approximately 33 older adults to every younger adults, thus increasing our dependency ratio the number of nonworking

adults being supported by working adults to. Growth in the elderly population proportion is expected to peak at over 18 percent in Canada, and 14 percent in the United States. This will take place by around Stone and Fletcher, Starting in , the proportion of the elderly who are 74 and above will increase, and by the year the over 75 group will account for percent of the elderly. At present this group accounts for approximately 37 percent of the elderly Statistics Canada, As Canada grows older, so does its population. Section II - Lifestyles and the Elderly In all societies, a point is reached in the aging process, at which further usefulness is over and the person is regarded as a living liability. In previous historical ages, very few lived to this stage of life. Today, many live to this stage and beyond. There are two points at which an individual could be defined as a living liability. One is based on physical disability, when the burden of life for the older person outweighs the potential release through death. The second is based on societal values. Unfortunately the latter of the two statements is more often than not regarded as the norm in North American society It is unjust to stereotype those people over the age of 65 as deteriorating, mindless entities. As the technological revolution evolves, and cultural values continue to change, stereotypes fail away, and what we are left with is a new generation of elderly whose wants, needs, and offerings differ from those of their ancestors 50 years ago. Today, education levels of those individuals presently over 65 fall short of those individual, in the age bracket. Comparable figures for those in the age bracket are 6. Thus, one can see that many of the elderly population lack the education which makes it easier to deal with our increasingly technological society. Future predictions given present enrollment in academic institutions indicate this situation will not continue. By the year , the percentage of elderly men with post-secondary education will climb to 19 percent while for elderly women it will be eleven percent. Over 50 percent of men and 65 percent of women will have secondary education, while those with only elementary schooling will drop to 31 and 24 percent. In other words the future will lead to higher levels of education for both men and women Tales et al. The ability to maintain an active social life in old age depends upon accessibility to family and friends as well as access to recreational and cultural activities. A research study of the retired indicated that social interaction with family and friends is important to both retired and working people Health and Welfare Canada, It could be that given the lifestyle they already have, retired people may be more aware of the need to see friends and family. The same study also noted the importance of living area to a retiree. Given that a good proportion of their time is spent at home, the immediate environment and consequently the type of home and neighbourhood appears to be an important factor to retired people. This might result from a perception of the physical ability and health needed to do such things. However, it may also indicate an increasing trend among young people towards energetic and health oriented activities. Again, the implication is that a certain degree of mobility is needed. Reading was an important activity to the elderly with over 50 percent reading daily newspapers and over 70 percent reading the Sunday paper Bernhardt and Kinnear, This was higher than the under 35 age group but slightly less than the age group. Overall, the elderly appear to read selectively and prefer to get their news from newspapers and broadcast media. Elderly people exhibit certain shopping patterns which distinguish them from other groups. For instance, only one in six elderly possess a store credit card while other age categories have at least twice this proportion. Gas credit cards are utilized somewhat more with 25 percent of the elderly possessing one. However, other age groups vary from 37 to 48 percent Bernhardt and Kinnear, Elderly consumers exhibit more cautious buying behaviour than their younger counterparts. They are generally more set in their preferences and buy nationally advertised brands "The Power of Aging," However they do shop comparatively and this may explain why they are willing to travel to the downtown shopping district where the much-favored large-chain department stores are located Bernhardt and Kinnear, The buying decision process is often difficult for the elderly, and common variables such as income, education level, or occupation, have frequently been used to predict receptivity to new products. However, Howard and Sheth found that, in the case of the elderly, time pressure was more important than any of these Bickson et al. Because the decision to make a new choice requires more time, this pressure may lead to repetitive product choices, perhaps resulting in brand loyalty. Another factor which leads to the difficulty experienced in decision making is the lack of feedback from other individuals. Older consumers of ten do not know where to obtain reliable consumer information or help with consumer problems. Older people however, are often isolated from

communication opportunities of this type Waddell, In fact personal judgment and experience are among the most relied upon sources of consumer information for old people Schultz, Baird and Hawkes, Not all elderly are fully retired, with at least ten percent still working full or part-time. Thus, social security or pensions are not the only source of income for those above the age of The following chart indicates that 50 percent of all elderly men have income provided principally by government transfer payments 73 percent for women Tales et al. TABLE Of those dependent primarily on government transfer payments, 21 percent of the men and 51 percent of the women depend solely on this source. It is significant to note that 25 percent of men have employment as their major source of income, while 24 percent obtain revenue from other sources, namely private pensions. Women are quite obviously more dependent on government support than are men. This might be explained by the lack of employment opportunities for elderly women during the last 50 years. Possibly, dependence on government transfer payments might decline in the future for both men and women, with the increase in private pension plans. Furthermore, the trend towards female participation in the labor force -will also provide increased revenue for that particular segment of the population. As stated earlier, most post-retirement incomes are approximately one-half to two-thirds of pre-retirement incomes.

Poor lifestyle choices are linked to many chronic illnesses that plague older adults. Thus, chronic conditions like cardiovascular disease and diabetes provide a strong incentive for action among older adults, with treatment for this population accounting for a majority of the U.S. healthcare budget.

Moreover, a major shift has occurred in the leading causes of death from infectious diseases and acute illnesses to chronic diseases, with two out of three older adults having more than one chronic disease. Poor lifestyle choices are linked to many chronic illnesses that plague older adults. Thus, chronic conditions like cardiovascular disease and diabetes provide a strong incentive for action among older adults, with treatment for this population accounting for a majority of the U. Risk factors for cardiovascular disease include obesity, poor nutrition, decreased physical activity, social isolation, and older age. Disparities in cardiovascular health are prominent among members of socioeconomically-disadvantaged communities. In a study funded by the Aeta Foundation and published in *Family and Community Health*, we evaluated a community-based health promotion intervention to improve nutrition and exercise in older adults. Our interdisciplinary team of investigators at Duquesne University School of Nursing, reasoned that our nurse-run Community-Based Health and Wellness Centers, located in disadvantaged neighborhoods, would be the ideal place to reach vulnerable older adults. Our Centers began in with a mission to provide wellness-oriented health care services to vulnerable populations by delivering holistic and culturally-competent care. From one site in , the Centers have expanded to 10 sites serving older adults within the lower-income, ethnically-diverse neighborhoods of the greater Pittsburgh area. The weekly, minute group sessions focused on the following dietary and physical activity areas over the course of 12 weeks: Each session began with a weigh-in and ended with a group walk. Each participant received a t-shirt and was entered into two drawings to win a gift basket during the course of the program. Participants reported that they found the guidance and group support to be very engaging. The faculty, staff and students involved in the program found it to be rewarding and motivating too. Assessment of outcomes was completed pre- and post-intervention. In our publication, we documented increases in fruit, vegetable, and whole grain intake; pace of walking; number of city blocks walked; daily steps walked; functional mobility; and self-rated general health, including bodily pain and physical functioning. Additionally, we had excellent retention of participants through the end of the program. These findings suggest that a relatively low-intensity lifestyle intervention can effectively be implemented for community-dwelling older adults to promote healthy lifestyle behaviors. Development and dissemination of similar approaches is warranted in wellness or community centers. Creative partnerships among key stakeholders are needed to move this work forward and have a major public health impact. Ultimately, providing accessible services in the community can facilitate healthy aging in place and preventing transition to a higher level of care. For sound information on healthy lifestyles among older adults, see:

Chapter 5 : Questionnaire-based evaluation of everyday competence in older adults

A & O: Support Services for Older Adults' 11th Annual 55+ Housing & Active Lifestyles Expo took place on May 8, and provided older Manitobans and their families with a variety of housing options, active lifestyle opportunities, and support services necessary for successful aging.

The data, however, suggest that this is as yet a small “ but growing “ phenomenon. Of the older adults who share homes, , lived only with a roommate who also was age 65 or over, while nearly , lived with a younger person. An additional 71, people lived as a group of older adults in a household that also included a younger non-family member. In contrast, nearly These figures exclude more complicated arrangements such as older couples, families, and siblings who also live with nonrelatives including roommates. Though the number and share of older adults living with unrelated roommates is small, both grew dramatically between and Over that time, when the older population grew from 38 to 50 million, an increase of 33 percent, the segment of the older population sharing their homes grew from 1. The first is housing affordability. Single-person households are more likely to be cost-burdened because they typically have lower median incomes than their married and partnered peers. Indeed, in , Living with a roommate can help alleviate these cost pressures. In fact, only Moreover, while a quarter of older single-person households were severely cost-burdened, paying more than 50 percent of their income on housing, only A second motivation is social. While living alone does not in itself lead to loneliness, studies have shown that living alone is a predictor of loneliness among older people. And loneliness is a risk factor for a number of health issues , including depression, cardiovascular disease, and cognitive decline. Sharing a home can bring companionship and support, as well as an increased sense of safety. A third motivation is that roommates can sometimes help with chores and maintenance, particularly in cases where younger and older people share a home. For all these reasons, a growing number of initiatives are helping to pair older people with a roommate or long-term guest. Silvernest , which operates in parts of Colorado, California, Arizona, and Florida and is planning to expand to New York, Boston, and Seattle, has had 40, renters and homeowners use its screening and matching services since it began in Senior Homeshares , which operates nationally, has enrolled over 17, members since Guests may exchange work around the house for lower rents. The growth of these and other entities, as well as the combination of demographic trends and continued high housing costs, make home sharing a trend to watch. And while it may not work for every household or individual, home sharing represents an important additional housing option that can help people afford housing, find companionship, and share household tasks.

Chapter 6 : Promoting Healthy Lifestyles for Older Adults | MD Magazine

Interactive Data Tool. Healthy Aging Data Portal. Provides easy access to CDC data on key indicators of health and well-being, screenings and vaccinations, and mental health among older adults.

Advertisement A senior living community is a place where older adults live. There are many types of senior living communities. Each one provides different services. The services are based on the lifestyle and health care needs of the residents. Below are some options for senior living.

Active adult communities Active adult communities are neighborhoods made for older adults. They can be made up of houses or townhouses. Or they may include apartments, condos, or mobile homes. In most communities, adults have to be 55 years of age or older to live there. Residents are fully independent. They have no trouble living on their own. They take care of themselves and manage their homes. This option allows active and able older adults to live on their own but near each other. Many of these communities offer a range of social, recreational, and educational activities.

Independent living communities Independent living communities are known as retirement communities or homes. Older adults can rent or buy their own units in one of these places. Meals often are included in retirement homes. Housekeeping, laundry, and transportation may be available as well. Most residents can take care of themselves. They do not need help with daily tasks, such as bathing, getting dressed, or taking medicine. This option may be a good fit for older adults who feel lonely living alone. Residents enjoy community living with others. They are fairly active and independent, but enjoy services such as housekeeping and prepared meals.

Assisted living residences Assisted living residences are similar to independent living communities. However, they also offer personal care services to residents in need. These may include bathing, getting dressed, or taking medicine. Some residences include special units for people who have early- to middle-stage dementia. This option might be a good fit for older adults who are somewhat active but need help with daily tasks.

Nursing homes Nursing homes are also known as skilled nursing or extended care facilities. They provide services as well as medical care. Nursing homes are staffed with nurses and other health professionals 24 hours a day. Some older adults stay here temporarily. This could be to recover from a fall, health condition, or surgery. Other adults may need to stay long-term. This option is for people who need hour personal and medical care.

Continuing care retirement communities Continuing care retirement communities meet the needs of a lot of older adults. They feature a variety of residences on a large campus. Residents can choose independent living, assisted living, or nursing home services. As their needs change over time, they can move to a residence that offers more assistance or medical care. This option can work for many older adults. It lets them benefit from services right away while planning for their future. These communities allow older adults to live in one place for the rest of their life. This is the most expensive of all senior living options. Residents must be able to sign a contract and pay for services now, to be used at a later date.

Path to improved health People choose to move into senior living communities for many different reasons. Some move because they are lonely and want to be around other older adults. No matter what the reason is, moving to a senior living community can be hard. You should include others in the decision. Your doctor can help discuss the pros and cons of senior living options. They can help you decide when and where to go. Some older adults may be unable to decide due to health reasons. In this case, family or other caregivers will have to make the best choice.

Things to consider There are a lot of things to consider in choosing a senior living community. It must fit your needs and finances. The following steps can help in this process. Set a realistic financial budget. Be sure to consider the finances of any family members who will be contributing. Make a list of all of your physical, medical, and emotional needs. Decide which senior living community meets these needs. Schedule a tour with local residences. Read the housing contract carefully. You may want to review it with a lawyer. After completing this process, talk over all options with your family. They can help you choose a residence that is right for you. What types of medical care or assistance do I need? Do I need to be in a senior living community short-term or long-term?

Chapter 7 : Senior Lifestyle Articles | Senior Living & Assisted Living Articles

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The article suggests that having options such as co-housing, intergenerational housing, and accessory dwelling units would "better meet the diverse needs and lifestyles of older persons." It is suggested that such zoning changes be a part of a community's age-friendly initiatives and certification.

Chapter 8 : 11th Annual 55+ Housing & Active Lifestyles Expo – Presenting Media Sponsor: Wellnesne

Goal Improve the health, function, and quality of life of older racedaydvl.comewAs Americans live longer, growth in the number of older adults is unprecedented. In , % (million) of the US population was aged 65 or older and is projected to reach % (98 million) by Aging adults experience higher risk of chronic disease.

Chapter 9 : Housing for Older Adults, Livable Communities

The move to senior housing years ago was primarily made due to need. Typically, a health crisis forced the issue. But more active older adults are making the move to senior living communities as a lifestyle choice, so they can take advantage of the services, amenities and opportunities now, and know they have access to health services before they need them.