Aging in Community

by

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Abstract

Baby Boomers are on the brink of retirement. According to U.S. Census Bureau projections, the number of people aged 65 and over will more than double in the coming decades, growing from 35 million in 2000 to 72 million in 2030.

The current housing stock in the United States is incapable of accommodating the particular needs and demands of this burgeoning population of older adults. In the next decade, many seniors will move from their homes into new environments, ranging from independent living communities to assisted living facilities and nursing homes, each offering a different level of support and range of services.

In recent years, a more comprehensive option for seniors seeking long-term housing has grown in popularity – the Continuing Care Retirement Community (CCRC). CCRCs encourage active independence while offering a continuum of care options from short-term rehabilitation to long-term care services. Physical, sensory, and/or cognitive abilities commonly decline with age. CCRCs meet these changing health care needs in one location, enabling an individual to age – dignity and sense of belonging intact – within the community, thereby precluding the need to relocate and adapt to a new setting.

This research investigates the performance of the CCRC model as an approach to housing the growing population of seniors. What has been the experience of these communities to date, and what can be learned from them that might influence their planning, design, and management in the future? Specifically, in what ways do CCRCs connect residents, both socially and physically, to the people, facilities, and services that comprise community? Two case studies located in the Greater Boston area – one a large, privately developed and managed community, the other a comparatively small, college-affiliated community – are analyzed to identify successes and limitations. This analysis leads to a set of “good practices” aimed at improving senior housing such that an aging population can thrive and age in one place.

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01. INTRODUCTION & RESEARCH BACKGROUND

Defining the Challenge

Addressing the booming demand for senior housing will be a critical challenge for planners, architects, and developers for the foreseeable future. The approximately 78 million Americans born between 1946 and 1964, called the baby boom generation, are retiring and, in some cases, looking for new living arrangements; over the next 25 years, seniors will more than double in number to 72 million and will come to be 20 percent of the population – a first in the United States.¹

![United States Population: Baby Boomers and Age 65+](source: adapted from MetLife Mature Market Institute, 2008)

Not only are seniors growing in number, but also – given advances in medicine and other factors – living longer, maintaining healthier lifestyles, and expecting more supportive, engaging communities. As the baby boom generation ages, there will be a substantial need for places in which seniors can age actively, healthfully, and gracefully – where both health care and meaningful lifestyles can be provided and supported.
“The Quiet Crisis” and a Need For Housing Solutions

In its 2002 report to Congress, the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century characterizes the growing needs of the increasing numbers of seniors, and the critical lack of appropriate housing and services, as a “quiet crisis.” Nearly ninety percent of baby boomers claim they want to grow old in their own homes, but many communities cannot support the challenge of adapting the existing housing stock or mandating new standards of appropriate housing, health and social services, and transportation for older adults to realize this desire. Though home remodeling or community based solutions may be both preferable and feasible for some individuals, many seniors increasingly will be compelled to consider supportive housing options in their retirement years.

Seniors: The Next Generation

Retirement and New Expectations

Common perceptions of the retirement “golden years” often include visions of ample leisure time, growing life expectancy, and ever-increasing disposable income. But many researchers predict that baby boomers’ expectations for their retirement will be notably more elaborate than their predecessors. Living spaces, neighborhoods, and services will be increasingly customizable, and seniors will demand instant access to technology, wellness, work, and community. In response and anticipation, the marketplace is emerging to offer seniors a plethora of housing options, including master-planned communities, high-rise developments in urban settings, and university-affiliated housing for lifelong learners. Indeed, the desires of new legions of retirees will continue to transform the design of senior communities and the types of housing available.

As they reach retirement, baby boomers are likely to face an array of lifestyle opportunities and an important question to address: “How do I choose to define the setting for next several decades of my life?” Choice is, and will continue to be, the dominant theme in senior housing, at least for those who have the financial means to choose (acknowledging that many seniors are on fairly small fixed incomes). Some
seniors will stay at home, for better or worse depending on location and availability of resources, and attempt to “age in place.” Others, depending on health and circumstances, will move into one or more slices of the eldercare housing continuum, including independent senior apartments, assisted living, and nursing homes. An increasingly popular option is the continuing care retirement community (CCRC), typically a development where a range of housing forms and care options, from independent living to skilled nursing, are available at one location.

Retiring to the Village: Continuing Care Retirement Communities as One Choice

CCRCs encourage active independence while offering a continuum of life care services in one setting. In many cases, CCRCs appeal to seniors because they meet changing health care needs in one facility or setting, often called a “village,” enabling an individual to age gracefully within the community, thereby precluding the need to relocate and adapt to a new setting.

Why Focus on Continuing Care Retirement Communities?

In part, retirement communities emerged in response to the often clinical, institutional settings which for years comprised the predominant form of senior housing in the United States. The demand for retirement communities in general, and CCRCs in particular, by a small but increasing number of seniors suggests that these communities and their menu of facilities, services, and lifestyle amenities are appealing – in some cases more appealing, supportive, or appropriate, in fact, than people’s current or former neighborhoods. Given the evident demand, researchers are focusing increased attention on both community function and the resident experience. Some research (and most community marketing, of course) suggests that the CCRC model is appealing because of the provision of an active lifestyle, “sense of community,” and opportunity for rich social interaction. Indeed, these and other factors are crucial, as connections to place and to people – to community and home – become ever more important with age.

But is the CCRC model a panacea for the senior housing crisis? More and more seniors find themselves facing the disconnect between the limiting physical factors of the places
they currently live and the often inevitable complexities associated with aging; for a
variety of reasons, such as health, security, difficulty managing the home, social
isolation, inadequate transportation, and desire for a different lifestyle, many seniors are
contemplating whether or not to replace the community of their past with one that better
suits their present and future needs.7

Defining Key Terms & Themes in Senior Housing

Elderly/Seniors

When we speak of the “elderly” or “seniors” we do not intend to simplistically imply a
homogeneous, undifferentiated population. Quite to the contrary, this population is as
diverse and complex as any other, if not more so. Diane Carsten, author of Site Planning
and Design for the Elderly, writes: “Those we call ‘elderly’ present a great diversity of
physical and mental abilities, preferences, and lifestyles. To design for older people
requires an understanding of how the aging process can affect the way in which an older
person perceives, interprets, and negotiates the environment.”8

Community

Pastalan and Schwarz, researchers in the field of architecture and aging, address the
ambiguity of the term “community.” They cite anthropologist George Hillery who, in his
classic 1955 article “Definitions of Community: Areas of Agreement,” reviewed ninety-
four definitions of community found in literature. Hillery found that the three most
commonly mentioned elements were social interaction; common ties in the sense of
shared values; and a geographical area.9 In the context of communities designed for an
aging population, these notions of “community” are of great significance, especially
when considering the place and nature of social and physical connections experienced by
residents. From a planning perspective, Hillery’s findings may be translated into such
features as dwelling units and shops, places for work and education, meeting and
recreation, and the broader context within which all of these take place.10

“Community” is by no means a static phenomenon, but rather one constantly forming and
re-forming with broader societal shifts. Toward the end of the 20th century, scholars began to observe both deterioration and change in social networks and community engagement in the United States. Robert Putnam, author of *Bowling Alone: The Collapse and Revival of American Community*, describes what he sees as the erosion of “social capital” and the decline of active civic involvement in the U.S. since the 1950s. People, he argues, have become increasingly disconnected from family, friends, and neighbors, as well as politics, and this disconnect is changing the nature of our social networks and communities. Changes in work and family structure, spreading suburban living patterns, and ever-evolving technology, for example, have fueled this disconnect. Putnam’s research reveals a decline in membership of many civic organizations. Using bowling as an example, he points out that while the number of individual bowlers has increased in the last few decades, the number of people who are members of bowling leagues – bowling in community – had decreased. Solitary bowlers miss out on the socialization that could emerge from bowling together rather than bowling alone.

In *The Spirit of Community: The Reinvention of American Society*, sociologist Amitai Etzioni, founder of the “communitarian movement,” advocates for a re-balancing of citizens’ individual rights and broader societal responsibilities, noting that our culture’s preoccupation with individualism often muddies the notion that citizens have responsibilities to one another, to their communities, and to a shared public interest. Though he describes the status quo as “too many rights, too few responsibilities,” Etzioni is mindful of the challenges that arise when individual rights are weighed against the needs of community and society.

While some scholars argue that civic engagement is breaking down, Robert Wuthnow, author of *Loose Connections: Joining Together in America’s Fragmented Communities*, contends that involvement in our communities is changing rather than simply declining. Although certain traditional forms of civic engagement are less popular now, new patterns of community membership are emerging. These new forms, which he calls “loose connections,” represent a type of community involvement that is more flexible, with shorter-term commitments, and thus better suited to the complexities of
contemporary daily life. In particular, Wuthnow cites the role of information technology in facilitation of community connections, as well as participation in more informal social networks.

**Age-Segregated v. Age-Integrated Community**

Most retirement communities are age-segregated (also called “age-restricted”). Though our knee-jerk instinct may be to scoff at the prospect of age-segregation in community planning and design – a reaction which is appropriate in many instances – we also must consider that for some seniors this form of community organization is both satisfying and desirable. Many seniors want to share interests, capabilities, and lifestyle with their neighbors; others may choose to live in retirement communities simply because they enjoy living, socializing, and participating in organized activities with peers their own age.11

**Medical v. Social Models of Housing**

A research project based at the University of Arkansas Community Design Center (UACDC) entitled *Veranda Urbanism*, clearly distinguishes between traditional medical models and progressive social models of senior housing, noting that social care for the aging population is just as important as medical treatment.12 The report characterizes the two models as follows:

**Traditional Medical Model**

- Institutional settings are organized for medical treatment and efficiency in staff operations.
- Monolithic care strategy targets median needs, resulting in “overcare” for many residents.
- Fiscal model is singularly governed by managed health care, guaranteeing high health costs.
- Institutional residential setting is inflexible and lacks accommodations to support family interactions.
- Institutional model does not accommodate privacy and choice for resident.
Progressive Social Model

- Unbundling of health care services from room-and-board deinstitutionalizes residential setting.
- Assisted living care provides flexibility and treatment at the margins of one’s needs.
- Individualization of care responsive to specific needs, family support, and therapeutic programs involving the social and physical context.
- Social context, rather than health care delivery protocols, determines relationships among residents, staff, and the environment.
- Social model is consumer oriented, promoting independence, privacy, choice and dignity for a heterogeneous residential population.

These key themes – the diversity of the elderly population, perceptions and forms of community, levels of age segregation, and environments and programs facilitating social interaction – are fundamental to mindful analysis of cases, further described in the following section.

Methodology

Research Objectives

The primary objective of this thesis research is to investigate the facilities and services, as well as the activities, which comprise the opportunities available to support the daily lives of CCRC residents, specifically those residing in independent living units. It is intended that this investigation of both social and physical aspects of community will lead to proposal of “good practices” for the design and development of CCRCs in the future, and that lessons learned from this analysis may be applicable to other forms of senior housing and community design for the aging population.

The research is made up of the following elements:

1. Review of pertinent gerontology resources and literature, particularly practical material related to the range of senior housing options on the market as well as research in the field of aging-environment theory.
2. Investigation of residents’ use of facilities, services, activities – and the associated social and physical connections – at two CCRCs.

3. Case study analysis to determine the impact of different community models and living environments on social and physical aspects of community experienced by residents.

4. Through analysis of cases, propose a catalog of good practices for the planning of CCRC and other senior housing arrangements in the future.

Identifying Case Studies

The case study method is employed in this research because of its applicability to the investigation of built environments, particularly the qualitative investigation of resident behavior and activity within the community.

The thesis will review two CCRCs, each representing a slightly different typological model. Brooksby Village, located in Peabody, MA, is a large-scale, “town within a town” community, whereas Lasell Village, located in Newton, MA, is a specialized, small-scale college-affiliated community. These two case studies will be used to evaluate key social and physical community elements, notably the degree community integration in terms of social networks, intergenerational mixing, and physical connectivity. Such integration will be analyzed with regard to both connections within the CCRC itself and between the CCRC and its extra-campus context. Selection of case studies was guided by several factors, notably: community design, physical context, demographic profile, provision of amenities and services, institutional affiliation, and geographic proximity to Boston. Both cases identified for research are located along Boston’s inner ring highway, Route 128 / Interstate 95.
Exploration of these cases involved focus group interviews of residents; individual interviews with community administrators and project architects; on-site observation; and review of community plans and reports. Given the limited scope of this research project, there are several avenues of inquiry that were not pursued, though future work along these same lines would benefit from their exploration. These limitations, and directions for future research, include the following:

- Interview subjects at both case studies were hand-picked by administrators. These residents were charming, talkative, and fully engaged in their respective communities, often involved with various committees. The next stage of research ideally would include interviews with a broader sample of residents, as well follow up interviews with selected residents.
- Community observation was deliberate and reflective, but limited in scope and time. A research project designed to unfold over a longer span of time would result in greater absorption into the community, and hopefully a more nuanced understanding of residents’ social interactions within the communities’ public spaces.
- Given the importance of intergenerational mixing at both case studies (though in very different capacities), it would be useful to speak with the younger generations present in both communities in order to better understand the mutual benefits, as well as particular challenges, to purposeful generation mixing and exchange.

Evaluating Case Studies

Just as Kevin Lynch asked “what is the good city?” it may also be asked “what is the good community?” It is unlikely that a clear and irrefutable answer will emerge; places, people, and their interrelationships are far too complex. That said, there is value in identifying key elements of community “performance” and analyzing communities with regard to these criteria for success. In this spirit, CCRC evaluation criteria have grown out of a synthesis of some of the key ideas addressed in gerontology literature, filtering of Kevin Lynch's ideas of a “good city,” and distillation of compelling themes from resident interviews. A description of each of these elements appears below, followed by
convergence into a single criteria set. This set is then used to reflect upon the experience of Lasell Village and Brooksby Village as communities from both social and physical perspectives. A more detailed explanation of evaluation criteria can be found at the beginning of Chapter 5.

*Evaluation Criteria: Classic Texts in Gerontology*\(^\text{13}\)

Much of the literature addressing aging and environment issues focuses on building-scale considerations rather than site- and community-scale considerations. M. Powell Lawton is widely regarded as a pioneer in the field of aging and environment theory. For the purpose of this evaluation, Lawton’s study of the meanings of community are used as a starting point for CCRC evaluation.

Lawton’s work addressed the attributes of communities essential for successful aging. Community planning was a central feature of his research which often sought to identify the fundamental characteristics of community important to older adults. His research in the late 1970s identified resident agreement on the most important community attributes across a spectrum of age groups community sizes. Researchers grouped these community attributes into three categories:

- **System Maintenance** (including high quality medical care, educational enrichment, volunteer opportunities, variety of stores and businesses);
- **Relationship to Others** (being near friends and relatives, having a voice in community affairs); and
- **Personal Development** (including recreation, entertainment, social organizations).

*Evaluation Criteria: Kevin Lynch’s Dimensions of Settlement Performance*\(^\text{14}\)

Lynch offers five basic dimensions of city performance – vitality, sense, fit, access, and control – plus two meta-criteria, efficiency and justice.\(^\text{15}\) These criteria are adapted from evaluation of the “good city” to evaluation of the “good community” and used to inform a CCRC criteria set developed for this paper. In summary, the criteria for a good community can be characterized as follows:
• **Vitality:** a vital community successfully fulfills the daily human needs of its inhabitants, and provides a safe environment for their activities.

• **Sense:** a sensible community is organized so that its residents can perceive and understand the community's form and function.

• **Fit:** a community with good fit provides the buildings, spaces, and networks required for its residents to pursue the activities of their daily lives successfully.

• **Access:** an accessible community allows people of all ages and backgrounds to engage the activities, resources, services, and information that they need.

• **Control:** a community with good control is arranged so that its residents have a say in the management of the spaces in which they work and live.

As Lynch explains, the two meta-criteria are components of each of the five primary dimensions, not independent criteria: “They are repetitive subdimensions of each of the five. In each case, one asks: (1) What is the cost (in terms of anything else we choose to value) of achieving this degree of vitality, sense, fit, access, or control? and (2) Who is getting how much of it?” Efficiency is the criterion which balances the gains among different values, whereas Justice is the criterion which balances the gains among persons.

**Evaluation Criteria: CCRC Composite**

The following CCRC evaluation criteria are grounded in the author’s understanding of the gerontology literature and Lynch’s measures of settlement “goodness,” but also are shaped by the author’s personal experiences at the two case studies speaking with residents and observing key facets of dynamic community function.

**Social Sustainability / Soft Infrastructure**

• Socialization / Building Social Infrastructure

• Intellectual Fitness & Lifelong Learning

• Intergenerational Exchange

• Appropriate & Flexible Health Care

• Resident Mixing & Levels of Care

• Security & Independence
• Affordability & Resident Shed
• Community Control & Resident Participation
• Community Connections

Physical Environment / Infrastructure
• Sustainable Location
• Development Replicability
• Living Environment
• Community Contributions

Chapter 5: Community Analysis explores Brooksby Village and Lasell Village using these criteria of social sustainability and physical infrastructure. Chapter 6: Aging in Community then builds on this analysis, including a proposed set of “good practices” in community planning and design for the aging population, as well as settlement and programming scenarios based on these good practices.
Endnotes

2 Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century. “A Quiet Crisis in America.” Available at <http://govinfo.library.unt.edu/seniorscommission>
5 Ibid., xii.
7 Grant, Bevan C. “Retirement Villages: An Alternative Form of Housing on an Aging Landscape.” Social Policy Journal of New Zealand 27 (March 2006), 100.
10 Ibid.
11 Ibid., 170.
15 Ibid.
16 Ibid., 119.
CCRCs and the Menu of Elderly Housing Options

Brief History of Elderly Housing in the United States

Private homes for the aged were first established en masse in the late 1930s, largely in response to the Social Security Act of 1935 which created a program known as Old Age Assistance (OAA). This program provided federal matching grants to states for “old age” assistance expenditures. In 1946, the Hospital Survey and Construction Act provided funding for new hospitals. Shortly thereafter, with the goal of raising elder care quality nationwide, federal law provided grants for the construction of nursing homes “in conjunction with a hospital,” resulting in the medical model of design and architecture of the 1950s.¹ In 1965, President Lyndon B. Johnson’s signed Medicare into law. The social insurance program extended health care coverage to most Americans age 65 and older and spurred construction of nursing homes nationwide, in large part because Medicare provided the first mechanism for nursing home care to be paid for by a third party.

For nearly three decades following the introduction of Medicare, the nursing home industry was entrenched in the production of a narrowly-focused model, one that embraced the following characteristics:

• Institutional design that served many in the same economically efficient way, resulting in a dehumanizing resident experience;
• Medical model of service that provided room, board, and nursing care but only limited social services, activities, and community contact;
• Culture of dependency promoting the institutional concept of “we can take care of you by making all your decisions for you” and
• Management philosophy of command and control involving all aspects of the resident’s life.²
In the late 1980s, assisted living featured more prominently as a nursing home alternative. With resident choice becoming an increasingly integral aspect of senior living arrangements, assisted living facilities provided a menu of services to accommodate different needs and lifestyles. More so than the nursing home, assisted living made it possible to offer individualized health care (though often limited in scope) within residential environments.³

The Existing Elderly Housing Continuum

The continuum of housing options available to seniors includes several different typologies – ranging in both form and function – that have been created to maintain or improve seniors' quality of life. Increasingly, living arrangements for the aging population are offering comprehensive amenities, marketed as part of an “active lifestyle” in order to lure residents. Despite recent lifestyle marketing approaches to entice baby boomers, for years the continuum has been defined by the level of personal and medical support, with each stage providing an increased level of assistance.

Individuals typically do not use all four steps of the housing continuum. Each stage of the continuum seeks to meet needs at particular levels of independence such that an individual requiring any level of care can be matched with a facility to meet that specific need, without running the risk of significant undercare or overcare. Residents are expected to move to the next step in the continuum when medical needs can no longer be handled at the current place of residence.⁴

Brief descriptions of each of the four primary steps of the elderly housing continuum are provided below, adapted principally from the MIT Workplace Center’s Family Caregiver Handbook.⁵

Aging in Place / Home Care

Aging in place is the concept of remaining within the same residential setting throughout various stages of aging without the need to relocate to other facilities, even as the residents may experience age-related cognitive and physical changes. The term is often
used to describe aging in one’s own home and within one’s own community. For this to be feasible, it is necessary that a network of support be available within the community to respond to changing needs. This support may include medical care and assisted living at home, or other programs such as social activities, exercise opportunities, or home maintenance services. The overarching goal of the aging in place approach is to allow individuals to live at home safely, fully, and independently for as long as possible, forestalling institutionalization.

Traditional approaches to aging in place involve delivery of care services to the home based on a tailored care plan. Recently, a different approach to home care is being explored through the realization of “naturally occurring retirement communities” (NORCs). One early example, Beacon Hill Village, is a neighborhood-grown membership organization that helps clustered aging residents in Boston’s Beacon Hill, Back Bay and West End neighborhoods live independently for as long as possible. The organization provides members with access to cultural activities, home maintenance assistance, and health care services at home. Some services are included with the membership, while others are fee-for-service, typically at a reduced rate.

**Independent Living**

Independent living facilities are designed for seniors who are able to live on their own, but desire the security and conveniences of community living. Some facilities offer organized social and recreational programs as a part of everyday, while others provide housing with only a minimal amount of amenities or services. Independent living facilities may offer housekeeping services, laundry facilities, linen service, meals or access to meals, local transportation, and planned social activities. Health care is not provided, but many facilities allow a home health aide or nurse to come into an apartment to assist with medicines and personal care. Because these facilities are not licensed by local, state or federal agencies, there is no formal regulation.
Assisted Living

Assisted living provides a combination of residential housing, personalized supportive services and healthcare, but it does not provide skilled nursing care. Assisted living is intended for adults who may require help with activities of daily living and who would like the security of having assistance available full-time in a residential environment. The underlying philosophy of assisted living is to enhance the autonomy, privacy and individuality of elders. Assisted living residences are regulated and licensed at the state level.

Nursing Homes / Long-Term Care Facilities

Nursing Homes are licensed by the state and provide 24-hour care. There are three general types of facilities that fall under this description; they offer different levels of care but are generally all called nursing homes.

- A Residential Care Facility or Rest Home provides 24-hour supervision and supportive services for individuals who do not routinely need nursing or medical care.
- A Nursing Facility is a residential facility providing 24-hour nursing care, rehabilitation services and activities of daily living to the chronically ill who require nursing care.
- A Skilled Nursing Facility provides 24-hour skilled nursing care and extensive rehabilitative care and services to the chronically ill, as well as short-term care for individuals who have been hospitalized and need rehabilitation before returning home, or specialty care for individuals with physical and neurological disabilities. Facilities provide room and board, personal care, protection supervision, and may offer other types of therapy.

Nursing Homes are licensed and regulated by the state (in Massachusetts, by the Department of Public Health), individually certified by the state for Medicare and Medicaid, and must also meet federal requirements. They offer a staff of licensed and registered nurses, nursing aides, and administrators as required by licensing standards. Residents’ health care is supervised by a physician.
Environment-Aging: Theory & Design

Research about the relationship between people and the built environment has produced a literature bridging the social sciences, philosophy, psychology, architecture, and planning. The following sections selectively review environment-aging literature with the goal of providing a theoretical foundation for the research study of continuing care retirement communities and a sensitivity to the complexities of community design for the aging population.

Relevance to Community Design: Theoretical Impact

Environment-behavior research and design have emerged from both the need for theoretical understanding of the relationship between people and their surroundings (buildings, communities, etc.) and a practical concern over the mismatch between people, institutions, communities and the built environment. In many respects, the field is rooted in the ideal that incorporating a deeper understanding of environment-behavior relationships in the design process will yield better places and spaces for residents. The sub-field of environment and aging developed from the same awareness of the relationship between and individual and the built environment; from its early stages, it dealt with the reality that the elderly are, in general, more vulnerable to environmental pressures than the young, rendering the impact of incompatible environments all the more significant.

Evolving Theory: The Relationship Between the Built Environment and Users

Early theories in the field of environmental psychology emerged through the works of Henry Murray in 1938 and Kurt Lewin in 1951; Murray was the first to coin the term “environmental press,” which he used to delineate the demand that the built environment placed on a user in concurrence with the user’s requirements. In 1951, Kurt Lewin advanced a model based on the equation $B = f (P, E)$, an assertion that behavior (B) is a function of both the user or person (P) and the environment (E).
Lawton and Nahemow’s Competence-Press Model

In accordance with the latter approach, Lawton and Nahemow viewed the relationship as distinct sets of personal competence juxtaposed with environmental demands. From this research emerged the competence-press model which showed a positive correlation between the user’s competence level and the amount of demand the environment placed upon the user. That is, each individual has a level of environmental demand that permits maximum comfort and performance. Where competence and press equalize is called the “adaptation level.”

In the competence-press model, demands that match an individual’s ability level result in positive emotional response and adaptive behavior, while demands that are weak or strong lead to negative emotional response and less effective behavior. Ultimately, in Lawton’s view, an individual requires a particular range of environmental challenge to remain engaged and function optimally within their environment. Looking specifically
at the diagram, one can see that immediately to the left of the adaptation level is the “zone of maximum comfort,” characterized by low energy output and relaxed behaviors. In contrast, to the right of the adaptation level is a “zone of maximum performance potential,” in which an individual is pressed by a more demanding environment. Lawton hypothesized that press levels in this zone were associated with learning, novel behaviors, and high energy output levels.13

**Kahana’s Person-Environment Congruence Model**

Building upon Murray’s theories about user needs and environmental demand, as well as Lawton and Nahemow’s competence-press model, Eva Kahana proposed a “congruence model,” identifying seven areas in which environmental resources may be congruent or incongruent with personal needs.14 In her view, when the characteristics of an individual are congruent with the contextual environment, favorable outcomes are most likely. In a case where incongruence exists, an individual may utilize adaptive strategies to find congruence. That is, psychological well-being derives from congruence between personal needs and environmental context.15

**Influences of Person, Environment, and Person-Environment Fit**
[source: adapted from Kahana, 2003]
Carp and Carp’s Complementary/Congruence Model

Carp and Carp introduced their complementary/congruence model of well-being in 1984, a model which described a separation of lower-order and higher-order personal needs. Lower-order needs related to the competence-press model of Lawton and Nahemow, evaluated by performance; higher-order needs related to environmental attributes and the degree to which they match with personal needs. Carp and Carp identified seven higher-order needs: harm avoidance, nox avoidance, order, affiliation, similarity, privacy, and aesthetic experience. In particular, Carp and Carp stressed that the primary determinant of personal well-being was the degree to which environmental resources matched personal needs.

Gerontopia

A more compassionate ideology has developed from the Carps’ original postulation. Ruth Brent defines “gerontopia” as “a place to grow old and die.” While this definition may at first seem a bit harsh, Brent’s ideology is decidedly compassionate; she advocates for a humanistic approach to the design of environments, one sensitive to notions of dignity, individuality, independence, privacy, and familiarity. Brent tells a series of “stories,” based on real-life experiences and observations, from which she explains the need for psychologically supportive environments – both the places in which people age and the places where life meets death – and draws two key conclusions about housing and community design for aging. First, “personal autonomy” stresses the psychological importance of autonomy, personalization, and individuality in living environments. Second, “dignity in domicile ‘til death” articulates a need to devote equal attention to design across the spectrum of aging, based on the assertion that a resident deserves to live with dignity throughout the aging process, and the place in which one wants to die is likely to have the same environmental attributes as the place one wants to live.

Personal Rituals and the Three Dreaded Rs: Reduce, Reorder, Replace

Pastalan and Barnes address the role of personal rituals as repetitive behaviors that individuals harness to cognitively assert control, provide order to daily life, and establish
self identity. Disruption of these “life-centering activities,” some of which may be as basic as personal grooming, reading the newspaper in the morning, or meal-time routines, causes a loss of self identity. This loss corresponds to lowered self esteem and decreases the sense of relationship between self and community. Interruptions of personal rituals, particularly when resulting from long-term (not short-term) environmental changes, are of primary significance. Pastalan and Barnes name these long-term disruptions the “dreaded three Rs: reduce, reorder, and replace.” Reductions (in personal possessions), reordering (of common routines), and replacement (of the familiar with the unfamiliar) are often experienced by individuals who, for example, are relocating to senior housing facilities.
Endnotes

2 Ibid.
3 Ibid.
7 Ibid.
10 Ibid.
12 Ibid., 11
18 Ibid., 77-78.
20 Ibid.
03. CASE STUDY: BROOKSBY VILLAGE

Project Background

Brooksby Village is a continuing care retirement community designed to fill the housing, health care, and service needs of middle-income seniors. Built in three phases from 1999-2007, the Brooksby campus contains 1,350 units of independent housing, 190 assisted living units, and 320 skilled nursing beds. It is located in Peabody, Massachusetts, approximately eighteen miles north of Boston near the intersection of Route 114, Route 1, and I-95. Throughout its history, the City of Peabody has been a regional employment center and today continues to play an important role in the North Shore economy.¹

Brooksby Village Site and Context

[source: Google Earth]

The areas surrounding Brooksby Village are characterized largely by auto-oriented strip retail and big-box commercial development, with some scattered multi-unit residential planned development. The Village’s immediate abutter to the east is Brooksby Farm, a 275 acre working farm and conservation area managed by the City of Peabody.² A variety of entertainment, service, and shopping options are proximate to Brooksby
Development Summary

Brooksby Village was developed and is managed by Erickson Retirement Communities (ERC), a company which began building large scale CCRCs in 1983. John Erickson, founder, chairman, and CEO of ERC, embarked on his first project in Maryland, where he redeveloped an abandoned college campus into the ERC community “Charlestown.” Like all new ERC projects, Brooksby Village was designed and developed according to a set of strict neighborhood guidelines established by ERC’s in-house architects, planners, and engineers. While necessarily adapting to the particular characteristics of the site, Brooksby consists of the standard physical elements and arrangements that ERC reproduces from community to community. In ERC’s own words, “successful standardization provides for a predictable and reliable product for… residents and staff.”

According to the ERC Design Standards Manual, a typical campus includes 1,000 to 1,500 independent living units arranged in two to four “neighborhoods,” and each neighborhood consists of four or five mid-rise residential buildings surrounding a clubhouse. Clubhouses contain the common facilities for the neighborhood as well as uses that appear once on the campus (medical clinic, chapel, aquatics center, auditorium, etc.). Assisted living and skilled nursing units are housed in a separate complex typically named “Renaissance Gardens.”

Brooksby Village was built in three primary phases: neighborhood one (completed 2002); neighborhood two (completed 2004); and neighborhood three (completed 2007).

Eligibility, Entrance Fees, and Refund Plans

Brooksby Village operates on a two part financial arrangement: entrance deposit and monthly fee. Brooksby Village residents secure their dwelling unit with an entrance deposit that is 100% refundable to the resident or the resident’s estate once the resident’s unit has been reoccupied. Prospective residents are assured that whether they decide to
move out of Brooksby or live on campus for the rest of their lives, this substantial sum of money will be returned in full. Residents also pay a monthly fee, which Brooksby refers to as a “monthly service package.” This monthly fee covers “the same living expenses paid in your house,” including utilities, cable television, routine maintenance, repairs, and one meal per day.

The entrance deposit and monthly fee are tied to the size and features of the dwelling unit desired. An entrance deposit can range from $179,000 to $466,000, while monthly fees range from $1,372 to $2,194. Individuals must be at least 62 years of age to move to Brooksby.

Community Marketing

Brooksby Village markets itself as a community offering a maintenance-free lifestyle for active seniors, highlighting the community’s amenities, opportunities to spend time with friends and pursue interests, and built-in health care, all wrapped up in an attractive, intelligent financial package.

The marketing literature is transfused with warm, inviting expressions such as “welcome to the neighborhood,” “Brooksby means no more worries,” “an enviable lifestyle,” and “great food, good company.” Select excerpts from the Brooksby Village “Information Kit” are included below to provide a sense of how the community presents itself to prospective residents.

“Welcome to the Neighborhood”

- Brooksby Village is the sort of place where neighbors and staff know you by your first name, and where everybody takes pride in their community.
- It’s a destination unto itself. A dynamic social community. An experience that inspires living life to its fullest.
- You can be as busy as you’d like, whether it be through working, volunteering, participating in on-site activities, taking off-site excursions, or simply being a valued and helpful neighbor.
“Brooksby Means ‘No More Worries’”

• The single biggest advantage to moving to Brooksby is the ability to pursue your passions – whatever they may be.
• No more worries about home maintenance, security or safety, and no more worries about those health care “what ifs.”
• At Brooksby, you’ll have the freedom to engage in anything and everything that interests you both inside and outside of the community. And all this is available to you at a price you won’t find anywhere else.

“An Enviable Lifestyle”

• Gain access to a world of service and convenience that frees you to enjoy life to the fullest.
• Nourish your mind, body, and spirit.

“Great Food, Good Company”

• Dining at Brooksby is more than just a good meal, it’s a social experience.
• The next best thing to our tantalizing cuisine is the company with which you enjoy it.

Community Design

Site Layout

The ninety acre Brooksby Village site had previously been used as a quarry and landfill. As a result, some soil was not stable enough for building. A process called deep dynamic compaction was used to pound the soil, thereby creating adequate bearing capacity for the Brooksby development. One of the site’s major green spaces was constructed on the capped landfill.

Zoning, wetland setbacks, and a stream bisecting the site contributed to the layout of Brooksby Village. In addition to these factors, however, site layout was governed by ERC’s design standards and building prototypes and arrangements, standards which are
applied to every Erickson community. Accordingly, the Brooksby Village campus is planned with three “neighborhoods,” each of which includes a cluster of four or five mid-rise residential buildings, ranging from five to seven stories high, surrounding a central community building and a courtyard. Assisted living and skilled nursing facilities are located in a fourth “neighborhood” on site, separate from the independent living neighborhoods.

Brooksby Village Site Plan
[source: Steffian Bradley Architects]

The entire campus is connected via a series of climate-controlled corridors. These physical links reinforce the concept of “Main Street,” an interior circulation level within a neighborhood that contains major amenities, activities, and services. For example, neighborhood dining facilities are always located on Main Street. As a rule in all neighborhoods, the maximum walking distance between the most remote apartment and the clubhouse dining room hostess station does not exceed 750 feet.
Healthcare Facilities

In addition to the independent living neighborhoods, Brooksby Village contains assisted living and skilled nursing units in a separate complex known as Renaissance Gardens. These units are built in phases as the need for assisted living and skilled care demands.⁵

Brooksby Village, like each Erickson community, has its own Medical Center on site, with dedicated full-time doctors. “Erickson Health” is a network of health care programs and professionals geared toward the aging population on campus. Within this network, doctors care exclusively for residents of communities built and managed by Erickson. The goal of Erickson Health is to help residents “remain independent, stay out of hospitals and nursing homes, and live even better.”⁶ Presently, approximately 60% of Brooksby residents utilize an on campus doctor as their primary care physician, though the goal for Erickson Health is 80% participation.⁷

Architect’s Design Objectives

- Establish a strong sense of community within a residential development;
- Encourage a healthy and active lifestyle for residents;
- Engage and respect the existing environment and natural surroundings; and
- Create a variety of scale and spatial relationships, giving the campus a residential feel.⁸

Steffian Bradley Architects (SBA) is the local architecture firm which designed Brooksby Village in partnership with ERC. SBA describes the salient characteristics of the project as follows:

Drawing inspiration from the traditional villages and college campuses of New England, Brooksby Village was designed…with community buildings serving as centralized ‘town halls’ for the surrounding residential buildings and providing a common meeting spot for the residents. Central courtyards unite each neighborhood’s residential and community buildings with unique vegetation themes. Interior and exterior color schemes distinguish one neighborhood from the next and give the campus a varied scale and massing…. The entire campus is
joined together with a series of climate-controlled, glass-enclosed walkways. Regardless of rain or snow, hot or cold exterior temperatures, residents can enjoy the ample opportunities available in their community building – or the community buildings of the other two neighborhoods – with easy and accessible travel.”

As previously noted, ERC provides local architecture firms with detailed neighborhood design standards which are reproduced from campus to campus. From ERC’s perspective, “standardized programs, concept plans and design intent convey the fundamentals of the Erickson product, thus allowing the team to concentrate on that which varies from site to site.” In this context, then, the primary design responsibilities of the project architect include exterior building design and material selection, and adapting ERC’s design prototypes to fit Massachusetts building codes.

Community Amenities & Activity Spaces

Each clubhouse is social hub containing its neighborhood’s common facilities: dining room, lounge, classroom, craft room, beauty salon, convenience store, and bank. The Brooksby Village campus also contains the following amenities and activity spaces:

- Five dining locations
- Indoor aquatics center and fitness center
- Creative arts studio
- Woodwork and hobby shop
- Computer lab with high-speed internet, e-mail, and beginner and advanced classes
- Billiards and game room
- Classroom
- Medical center staffed by a full-time physician
- Pharmacy
- Convenience store
- Banks with ATMs
- Postal center
- Hair salon and barbershop
Educational & Intergenerational Infrastructure

Educational Opportunities

Though there is no formal continuing education program at Brooksby Village, interviews indicate that residents consider lifelong learning to be present in their lives on campus. This learning occurs in both programmed and informal ways. For example, new skills are learned through participation in the array of activities available. Residents also feel intellectually stimulated when guest speakers, such as authors, are invited to campus, or during resident-initiated discussion groups which may cover topics ranging from politics to sports to culture. Beyond discussion groups, residents are encouraged to organize and lead activities on topics of their interest or expertise. In one particular instance, a resident taught Mahjong to nearly one-hundred villagers. One resident reflected a sentiment that was echoed by many: “This is the education of my older years. We learn from each other.” Much of this informal education germinates in the dining room, where residents, often seated with individuals they do not know, engage in conversations of inquiry and discovery. Through these regular conversations, residents learn that the people sitting across the table led significant, interesting “previous” lives: “We don’t abandon our previous existence here at Brooksby Village.”

The distinctions between formal lifelong learning programming and the more informal opportunities for intellectual and interpersonal engagement present at Brooksby were addressed by one resident who offered a unique analysis of his learning at Brooksby: “We have some opportunities to learn and apply new skills. Mostly, though, we use skills that we learned early in life which we may have let go of for several years but spring forth now that we are at Brooksby.” In this sense, residents may not be challenged regularly by wholly unfamiliar endeavors, but the environment created at Brooksby does spark the residents’ arsenal of skills, summoning them out of dormancy and encouraging a more active engagement in life in the community.

Purposeful Mixing

The dining rooms at Brooksby are the primary settings of regular interaction across the
generations on campus. Brooksby Village engages in an active hiring and training program for local Peabody High School students. If a student works five-hundred hours per year for two consecutive years and maintains at least a “B” average at school, Brooksby Village residents sponsor that student with a $1,000 tuition grant for each of the student’s four years of college. Student demand for part time employment at Brooksby is very high; only one in ten applications for employment is accepted.

The presence of young people generally was not a factor in deciding to move to Brooksby Village, but is considered important to residents now that they live there. One resident noted, “Dining room staff relate to us as grandchildren would to their grandparents.” Residents were proud to note one case in which a resident became an “adopted grandparent” for a girl working as wait staff who had no living grandparents.

In general, residents expressed that they are stimulated by the presence of the younger generation. “It’s a great concept to have wait staff from the high school.” They also described a sense of excitement when, for example, family visits on the weekend bring children and grandchildren to the dining room.

**Resident Profile**

Brooksby Village is designed to be within the financial reach of a middle-income budget; residents generally range from middle- to upper-middle income retirees. As Brooksby itself notes, residents may be, for example, “retired teachers, doctors, firemen, secretaries, professors, swimming instructors, and the list goes on.”

Brooksby’s approximately 1,850 residents range in age from 62 to 99, with an average age of 83. Most have moved to Brooksby Village from within Massachusetts. Forty-nine percent of the resident population is made up of couples. Approximately two-thirds of the residents are women. Brooksby Village’s entrance age is 62, though the “target market” is age 75 and older, and the average move-in age is 78.11
ERC’s Design Standards Manual profiles the typical resident of an Erickson community as follows: “These seniors have worked their entire lives, saved and invested wisely. Most own their own homes and have reasonable incomes from investments, pension and social security. As they age, they are less equipped to handle the care of their homes and they are interested in providing for themselves, and for their loved ones, a place that will care for them as their health needs may change.”

**Moving Motivations**

During interviews, residents expressed several motivations for moving to Brooksby Village. These responses generally can be organized into the following categories, many of which have overlapping influence:

- Independence
- Maintenance & Downsizing
- Mobility
- Socialization
- Safety

In addition to these motivations, two other factors overlaid the ultimate decision to move to Brooksby Village: affordability, and the guarantee of lifelong health care on one campus.

For the majority of residents interviewed, the decision to move to Brooksby Village was self-motivated. Residents made the decision independently, and then notified family and friends. “We wanted to do it ourselves.” In a few cases, children were upset about the move. In other cases, children felt a sense of relief knowing their parents were in a secure and supportive environment. One gentleman also expressed his own feeling of relief upon moving to Brooksby, explaining, “If anything happened to me, my wife would be all set.” Although the residents interviewed were themselves happy with their lives at Brooksby, they did note that residents whose children drove the decision to move to Brooksby are more likely to be unhappy with life at the Village.
Residents spoke of a desire to remain independent, to make their own decisions. “I don’t want to be a burden to my children.” Also related to maintaining independence, the challenge of continuing to maintain a single family home weighed heavily on some residents’ minds. Others reflected upon how appealing the social aspects of Brooksby were to them when they were prospective residents. One woman whose husband passed away several years ago explained that, after months of living alone and eating by herself at restaurants, she reflectively asked herself, “What am I doing?” She, and many of her fellow Villagers, relish the opportunity to make “so many new friends.”

A desire to remain not just independent and safe but also active and engaged was a recurring sentiment. One interviewee explained that her spouse requires a scooter to move around, and Brooksby provides a safe and navigable environment; with mobility challenges mitigated, he is able to focus much of his energy instead on his hobbies and spending time with friends, not simply on “getting around.” Another resident excitedly explained that there are over one-hundred resident-driven activities. In her words, involvement in activities provides an “opportunity for me to be useful.” One resident made a t-shirt that declared “I am not retired…I live at Brooksby,” alluding to the schedule-filling array of daily pursuits present on campus.

While the decision to move to Brooksby was for some an easy one – or a “no brainer” as one resident described it – for others it was less clear. Some residents who had come to terms with the idea of moving from their single family homes to a more supportive residential setting originally felt hesitation about Brooksby Village, often for one of two reasons. For some, questions about the age segregation of the campus came to the fore: “At first I didn’t want to come here with all these old people.” For others, the scale of Brooksby, both in terms of physical size and number of residents, was a jarring contrast to their previous neighborhoods of single family homes. One interviewee related his first encounter with the Brooksby Village campus: “On our first visit, we drove down the main driveway, passed through the gate, and all of a sudden thought, ‘This is a damn city!’” Another resident added, “I had spent 40 years in a single family house. Now all of a sudden I was near all these people.”
Community Transition and “Downsizing”

Several residents spoke of being concerned about maintaining their single family homes where they had lived for decades. “Downsizing” was a difficult and emotional process for most residents, but also one which many residents embraced, explaining that life in their home was becoming a source of frustration, even anxiety. Having decided to downsize, prospective Brooksby residents also investigated the option of living in condominium complexes. Though such a move would have reduced required home maintenance, the CCRC’s healthcare security net – and the promise of aging in one community – in many cases proved to be a primary determinant. As one resident said, “We knew we would have to downsize once. But if we had moved into a condo, we would have needed to downsize a second time at some point in the future and move to assisted living or a nursing home.”

Engaging Community

Tenuous Connections to Former Communities

For many residents at Brooksby Village, connections to their former neighborhoods are tenuous. These connections may persist for a while upon moving, but most residents spoke of an active transition to life at Brooksby, where they are deeply involved. “I was active in my local VFW post when I first moved here, but now I don’t go at all.” Several interviewees reflected that their former neighborhoods, churches, and town politics have changed with the influx of a younger generation. Former social networks have disintegrated as old friends have moved away or passed away. Moving to Brooksby Village was like “moving to a new parish.”

It seems that when Brooksby residents do maintain connection to their former communities, it is largely for pragmatic reasons. As one resident explained, “My infrastructure was nearby – my doctor, dentist, hospital, friends, and church.” The decision to stay connected also appears to be a deeply personal one. Many residents are captivated and engaged by life on the campus (as is the intent of the CCRC), and the Village is designed to provide all the essentials of an active life. So when a resident does
tap into former community networks, it is by choice, not by necessity.

**Extra-Village Connections**

For the most part, residents do not regularly utilize city amenities and services. Brooksby residents, however, do avail themselves of dancing classes at the Peabody Senior Center and also visit the Peabody and Danvers Public libraries.

Noting that Brooksby Village has “the best location,” residents spoke of the plethora of cultural facilities throughout Greater Boston, and the Village’s “active transportation department” which takes residents to destinations throughout New England. “It is easy to get into the city. We just pick up and go. And people who can’t drive can still be independent.”

**“Sense of Community”**

Several residents mentioned Brooksby Village’s “sense of community,” a phrase that can be interpreted to mean many different things. When asked to describe this sense of community, residents’ responses generally related to their interpersonal relationships and strong social networks developed at the Village.

Overwhelmingly, residents’ feelings of community related to the social circumstances at Brooksby Village, often in contrast to the social circumstances where they previously lived. One resident stated plainly, “At Brooksby, I’m able to make new friends and see them every day.” Another resided quipped, “Wouldn’t it be terrible to move back to a single family house!” To some residents, Brooksby Village feels “like a big family.” And while some were hesitant about the campus’ size before they moved in, all interviewed residents seemed to agree that the scale of Brooksby Village is an important asset; because of the size, residents feel that they are more likely to find people who have similar interests. One resident shared an excerpt from a poem she wrote about building her network of friends at Brooksby:
“New friends are silver,
old friends are gold.
If you don’t make new friends,
you’ll have none when you’re old.”

Social connections may be created and nurtured in a variety of contexts. In particular, activities and meal times were cited as venues. Residents also stressed Brooksby’s overall community congeniality. “We bump into each other all the time, and always speak to each other when passing in the halls.”

But not all residents embrace socialization at Brooksby as readily, distancing themselves from daily community activities. As one interviewee noted, “some residents are hermits and don’t want to get involved.” This observation underscores the reality that socialization at Brooksby Village requires self-motivation; social integration is not a residency requirement, and, in fact, can be quite challenging for certain personalities. One resident explained that at dinner, if seated with someone quiet, he will engage that person in conversation to “find out what makes them tick.” In this way, he suggested, “shy people can be pulled into activities,” finding common interests through conversation.

One resident suggested that another indication of community at Brooksby is the Village’s history of participation in political elections. Indeed, Brooksby has its own polling station on site (precinct 3A), and in the most recent state election, there was a 96% participation rate. “Residents are conscientious – a voting block 1,850 strong!”
Project Summary Information

Developer
Erickson Retirement Communities
701 Maiden Choice Lane
Baltimore, MD 21228

Architect
Steffian Bradley Architects
100 Summer Street
Boston, Massachusetts 02110

Land Use Information
Site Area: 90 acres
Dwelling Units: 1,350
Residential Density: 15 units per acre
Parking Spaces: 1,730 (mostly underground)
Parking Ratio: 1.3 spaces/unit

Land Use Plan
Buildings: 8.4 acres 9.3 %
Streets & Parking: 19.4 acres 21.5 %
Landscaping/Open Space: 62.3 acres 69.2 %

Demographic Profile
PERCENT OF ALL RESIDENTS OR HOUSEHOLDS

Gender
Male 34%
Female 66
### Education Level

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### Moved to Brooksby From:

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### Age of Residents

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[Project summary source: SBA 2007 and Personal Interviews]
Endnotes

4 Personal Interview, Steffian Bradley Architects.
7 Personal Interview, Brooksby Village.
11 Ibid.
12 Ibid.
Project Background

Lasell Village is a continuing care retirement community immediately adjacent to the campus of Lasell College in Newton, Massachusetts. Located approximately six miles west of Boston, the City of Newton is known for its quality of life, educated residents, nationally-recognized school system, and high property values. The city is comprised of fourteen villages. Auburndale Village, where Lasell Village is located, contains a range of retail and service establishments, including a grocery store, drug stores, and restaurants. Lasell Village was built next to one of Auburndale’s affluent residential neighborhoods, within walking distance to the Riverside station on the MBTA Green Line, and less than one mile to both Interstate 95 and the Massachusetts Turnpike (I-90). The Newton-Wellesley Hospital is also nearby, approximately three miles from Lasell Village.

Lasell Village Site and Context
[source: Google Earth]
Lasell Village is among a growing number of college- and university-affiliated CCRCs in the United States, but the first to require its residents to embark on a formal, individualized course of study. As such, Lasell Village builds upon typical CCRC amenities with a unique education program; residents commit to 450 hours of study per year, to the extent they remain physically and intellectually able. Part of the active learning requirement involves residents’ participation in intergenerational programs with Lasell College undergraduates, as well as classes at the Village itself. Completed in 2000, Lasell Village’s design as a clustered village for approximately 225 residents supports its educational mission and enables resident interaction. Lasell Village is abuzz with activity. Its residents, by and large, are intellectually engaged, value the convenience and security of a CCRC, and welcome the opportunity to be part of an intergenerational learning community.

Development Summary

In the early stages of development, Lasell College teamed with CareMatrix, a developer that, unbeknownst to the College, was experiencing financial troubles. As development progressed, College administrators found that they were spending increasingly more time running the project, while CareMatrix’s involvement gradually receded. Lasell College was able to negotiate a half-price buyout of the development contract shortly before CareMatrix went bankrupt. Having successfully extricated itself from the original financial agreement, the College took over the project management and guided Lasell Village to its Phase I opening in early 2000, with 162 housing units. Subsequently, the project has been fully built-out with two new buildings built in 2003 and 2006, bringing the unit total to 188 units.

Lasell Village’s lifelong learning program originates not in the idealist musings of College administrators or academics, but rather in series of zoning challenges which began several decades ago. In the 1980s, Lasell first proposed a standard CCRC housed in one large building. As designed and programmed, the project required a special permit from the City of Newton. In response to opposition from the surrounding residential neighborhood, Newton’s aldermen defeated the proposal by a single vote.
Rather than submit to defeat, Lasell adopted a new approach that creatively utilized the Dover Amendment, an obscure part of Massachusetts law that exempts educational institutions from certain zoning restrictions if a proposed development serves an institution’s educational mission. Administrators argued that Lasell Village would fundamentally tie into the College’s educational programs, and that an “educational community” on the site should be allowed by right under the Dover Amendment. In 1991, the College came to an agreement with the city that the project would be developed under the existing mixed use educational institution zoning with a guarantee that the property would be used for non-profit educational purposes. Massachusetts Land Court upheld this agreement two years later, but five years of legal challenges ensued, culminating in an unsuccessful appeal by neighbors to the state supreme court. Only then was Lasell allowed to proceed with the development of its redesigned educational village.

Eligibility, Entrance Fees, and Refund Plans

Residents invest in Lasell Village with an entrance fee ranging from $242,000 to $900,000 depending on unit square footage. Should a resident move out or pass away, they or their estate will be refunded ninety percent of the entrance fee. Once at Lasell Village, residents pay a monthly fee which, similar to the entrance fee, is calibrated based on unit size. This monthly fee, which covers standard CCRC services (housekeeping, maintenance) as well as education program expenses (books, studio supplies) is $2,800 to $7,100.

To qualify for residency, prospects must be at least 65 years old, have earned a high-school diploma or its equivalent, have the physical and intellectual capacity (at least at the beginning of their residency) to participate in the Village’s educational programs, and be financially qualified.

Community Marketing

Marketing materials identify Lasell Village as “the unique living and learning community” offering both the security and convenience of a CCRC as well as an active, intellectually enriched lifestyle. At Lasell Village, learning is not a chore but rather a
“way of being – an approach to life in which [residents] pursue interests and new experiences that enrich [their] lives.” In pursuit of this mission, the Village is committed to providing the following: lifelong learning, retirement living, support services, short-term rehabilitation, and long-term care.

Typical residents are characterized as senior “active learners” who want to be part of an engaged intellectual community and who are willing to make a commitment to their own ongoing education. A pre-opening survey of prospective residents revealed that the development’s location, college affiliation, education program, and opportunities for intergenerational interaction were its biggest draws. Subsequent interviews with residents yielded similar findings.

Lasell Village currently has a waiting list of approximately one-hundred people and correspondingly does not advertise actively. According to the marketing department and resident interviews, most prospective residents hear about Lasell Village by word of mouth, often through the referrals of current Villagers.

**Community Design**

**Site Layout**

The first phase of Lasell Village included fourteen three-story apartment buildings, each containing at least one classroom, art studio, computer laboratory, or other learning space in accordance with the project’s zoning designation as a mixed use educational project. These buildings are arranged into two clusters, or “campuses,” along Seminary Avenue, the Village’s main roadway. They buildings are connected by open and enclosed pathways and are designed to the maximum allowable height within FAR designations and setback requirements.

The southern cluster is anchored by a three story building known as “Town Hall,” the heart of the community, which contains a number of uses: dining rooms, educational spaces, a wellness center, skilled nursing (called Lasell House), convenience store, bank,
Lasell Village Site Plan
[source: Steffian Bradley Architects]

multipurpose ballroom, several libraries, and six independent living units. Each cluster surrounds a quadrangle or “village square.” While the southern cluster is organized around a community open space, the northern cluster frames surface parking with quieter outdoor spaces on the periphery. The newer 15th and 16th buildings are located next to the northern cluster. Pathways connect the Village to the College and surrounding neighborhoods, and half the parking is located underground.

The project site includes both significant slope and a small pond and wetlands area. Together these presented some development constraints but also unique opportunities. Because of the wetlands, much of the site’s center could not be developed, leading to the site organization into north and south campuses. The pond area was incorporated as an amenity for residents, with a wood chip pathway and benches installed around its edge.
The “victory garden,” with both raised planting beds and ground plots, was sited on the eastern edge of the northern campus cluster with views to the pond.

**Healthcare Facilities – Skilled Nursing**

CareMatrix originally wanted the nursing facility to be tucked away on a corner of the site, hidden from general view of the independent dwellers. But Lasell House, which the skilled nursing facility came to be called, is centrally located in Town Hall. The ultimate decision on its location was not dictated by philosophical ideas as to where it was best suited, but rather by pragmatic economic and code issues. By law, nursing facilities must be housed in buildings made of non-combustible materials, and Town Hall is the only Lasell Village structure not built of wood-frame. Additionally, given the setback constraints on the site, Town Hall is the only building with a substantially larger footprint, rendering it the only suitable building for nursing facilities which function optimally on a single floor.

However it came to be, the central location of Lasell House on the second floor of Town Hall has yielded palatable community benefits. After a meal in the dining room or café, committee meeting in the conference room, gardening at the raised planters, or event in a central activity room, independent dwellers can easily – and regularly – visit a spouse or friend who may have moved to the skilled nursing facility. From the perspective of the individual dwelling in the nursing facility, the central location facilitates continued involvement in community activities, both actively and passively.

**Care Gap**

Formalized assisted living is conspicuously absent at Lasell Village. In interviews, residents expressed concern about this potential health care gap, particularly a scenario in which a resident needs one-on-one care, but not full-time skilled nursing care. While Lasell Village does not have formalized assisted living, the community does have provisions for “assisted care” in place. In many cases, though, residents who require assistance will pay extra to bring that service into their independent living unit. As common “orientation” practice, Lasell Village administrators encourage each resident to
take out long term care insurance upon moving in, with the intention that this insurance could cover assisted living costs if needed.

There are several potential explanations for the lack of an assisted living facility at Lasell Village. It may have been excluded due to the increase in regulations associated with provision of assisted living, or the significant change in staffing patterns and need for greater 24-hour nursing staff visibility. It is also likely, given site constraints, that the College wanted to maximize the number of independent units, as the existing number of units is uncharacteristically small for a CCRC, even at full build-out.

Architect’s Design Objectives

- *Create indoor and outdoor spaces that encourage interaction and community;*
- *Relate to the surrounding 19th century neighborhood and college buildings;*
- *Establish comfortable residential buildings with a human scale and abundant natural light; and*
- *Establish a cohesive language among buildings on the campus.*

Steffian Bradley Architects (SBA) is the local architecture firm which designed Lasell Village in partnership with CareMatrix (originally) and Lasell College. SBA describes the salient characteristics of the project as follows:

“Unlike traditional CCRCs, Lasell Village is designed as a community of many smaller buildings, consistent in scale with large homes and linked together by enclosed bridges and walkways. The arrangement of the buildings creates gateways, vistas, and intimate courtyards, while engaging and respecting the existing natural landscape. The thoughtful design for Lasell Village generates indoor and outdoor spaces for interaction, provides natural light to units and public spaces, and reduces the perceived size of the buildings with over-scaled materials and details. A varied kit of parts was created to provide a cohesive language and repeating elements among the buildings.”
Community Amenities & Activity Spaces

A range of amenities, services, and activity spaces are available to Lasell Village residents, from formal to informal, including:

- Restaurant-style dining in formal and casual settings
- Private dining room
- Use of Lasell College facilities
- Scheduled local transportation
- Wellness and exercise programs
- Fitness room
- Art and dance studios
- Raised bed gardening and potting room
- Ping pong room
- Heated indoor lap and aqua therapy pool
- Banking and postal services
- Beauty parlor/barber shop
- Garage and surface parking

Educational & Intergenerational Infrastructure

Lasell Village is at the forefront of connecting academic instruction, eldercare management, and lifelong learning. Residents take courses at the College and Village and provide significant historical perspective and energy to the classroom. Thomas de Witt, past president of Lasell College, reflects on the growing number of seniors who want to stay physically and intellectually engaged, aptly noting that “for many of these residents, continued learning was a prerequisite to their professional success and people like that do not shut off their minds at 65.”

Educational Programs – Sustaining Active Learners

The 450 hours of active learning each year required of residents can be met through a variety of activities and programs, both inside and outside the classroom. Paula Panchuck, the College-appointed Dean of Lasell Village, works with each resident to
craft a unique personal learning plan. She characterizes the role of the lifelong learning program: “A lot of what counts is already in residents’ lifestyles. We don’t create active learners. We sustain them.” Lasell Village reports that residents rarely exercise their option for exemption from the learning requirement, even in the face of health difficulties; according to an in-house survey, 90% of residents participate in lifelong learning activities, with 85% participation in academic courses as well as activities. Some of the ways residents can fulfill the learning program requirements include the following:

- Participation in courses and educational events at Lasell Village
- Enrollment in intergenerational courses at Lasell College
- Enrollment in courses at other educational institutions
- Teaching or tutoring (residents may propose, design, and teach classes in areas of their expertise
- Mentoring Lasell College students or advising student groups
- Engaging in community service or volunteer activities
- Leadership or involvement in organizations at Lasell Village or elsewhere
- Travel study through groups such as Elderhostel
- Activities in the arts (visual arts, music, drama, literature) and presentation of one’s own artistic work
- Physical fitness activities
- Independent study or research
- Continued employment

Each building contains at least one space to support residents and their lifelong learning coursework. These spaces include classrooms, a computer lab, art studios, reading rooms, a fitness studio, and a gardening room. The scattering of classroom and activity spaces in multiple buildings throughout campus has the added benefit of encouraging unplanned resident interaction as they move from one space to another.

**Purposeful Mixing – Intergenerational Learning and Return Enthusiasm**

The Center for Research on Aging and Intergenerational Studies, founded at Lasell College in 2001, is conducting an ongoing a research study at Lasell Village assessing
intergenerational exchange between college students and CCRC residents. In particular the study asks the question: “What benefits occur for independent retired older adults as a result of intergenerational exchanges with college students?”15 The findings include the following:

• All residents described their interactions with college students as a contributing factor to their satisfaction with retirement living at Lasell Village.

• Half of residents who responded to the survey identified the intergenerational connections, along with Lasell Village’s unique lifelong educational program, as the primary reason for choosing it as a retirement community.

• Participants reported that the frequent presence of students, faculty, and other college staff at the CCRC enhance their living experience and make Lasell Village “more of a real, full-fledged community rather than an age ghetto.”16

Lasell Village residents may enroll in specifically designated intergenerational classes at Lasell College, or may join any other class at the College with the instructor’s permission. They have the option to take a class for credit with the same requirements as undergraduates, or as “participating students” with a pass/fail grading system and a waiver on major term papers and exams. This purposeful mixing has educational and experiential benefits for Villagers and undergraduates alike, each group with its own perspective but both working toward a common goal within an academic context.

With three generations of students at Lasell – The Barn and Rockwell Nursery Schools, Lasell College undergraduates, and Lasell Village residents – there exists a broad range of intergenerational opportunities. Residents are frequent participants in campus cultural, social, and athletic events. It was apparent in interviews that residents thrive on interactions with the younger generations on or near Lasell Village, be it in classes, walking through campus, or waiting on tables in the dining room. One resident even exclaimed that the Lasell College library is “too quiet during the summer!” Truly, Villagers are excited about the wide selection of classes. “We are great students, very lively.” Residents were also keen to note the presence of what one termed “return enthusiasm,” referring to the reciprocal educational excitement between generations.
Intergenerational interaction occurs primarily in three contexts. The most substantive mixing of the generations, of course, is in the classroom. Other active opportunities take place in Lasell Village dining facilities and other departments where college students comprise a majority of the part-time staff (Lasell Village is the largest student employer). Some Village residents also enjoy a more passive observation of the college students as they walk along Seminary Avenue through Lasell Village, between campus and the MBTA Riverside station.

**Resident Profile**

Residents range in age from sixty-nine to ninety-six, with an average age of eighty-four. Most have moved to Lasell Village from within Massachusetts, with thirty-eight percent moving from elsewhere in Newton. Forty percent of the resident population is made up of couples, along with fifty percent single women, and ten percent single men. Approximately three-quarters of the residents are women. Lasell Village’s entrance age is sixty-five. Residents are mostly upper-middle income, highly educated, retired professionals.

**Why Move to a CCRC? Why Lasell Village?**

When asked generally why they chose to move to a CCRC, residents cite several reasons, including a desire to be near people like them, to remain independent, and to have a certain level of security. Though there is some conceptual overlap, residents describe somewhat different reasons for deciding to move to Lasell Village in particular, including the opportunity to take courses, the convenient location in Newton, and proximity to family. In the majority of cases, either residents previously lived in Newton or immediately surrounding towns; or, if they lived elsewhere, their children live nearby and urged their parents to move closer.

In general, children often play a key role in their parents’ move to Lasell Village. One interviewee moved from New York with her husband; their children live nearby and encouraged them to move into a CCRC (although they themselves were attracted to the intergenerational aspects of life at Lasell Village). Another resident said her children are
“relieved” that she is living in a CCRC. Residents feel a sense of relief as well, noting the comfort associated with knowing that most health care needs can be taken care of on campus. Villagers also relish the independence that living in such a community, with built in support networks, provides: “We want to make our own decisions.”

Community Transition and the Three Bins: Take, Goodwill, Junk

A survey of Lasell Village residents showed that approximately sixty percent lived in their previous home for thirty or more years. Given the extraordinary rise in real estate values in the Newton area over that time period, it is no wonder how many residents can afford Lasell Village’s hefty fees. Though the transition to a new living environment is complex and personal, many residents express a feeling of relief and of being “well received” upon moving to Lasell. Admittedly, these feelings of relief were often tempered by feelings of missing their homes.

The difficulty of moving out of one’s house is a recurring theme. Residents discussed how hard it was for them to move out of their houses, for reasons that are both sentimental and pragmatic. Not only was the process of selling the home challenging, but the emotional component of leaving a special place, and by necessity parting with “things” in the process of downsizing living space, was resoundingly trying. One resident described a process of setting up three bins – take, goodwill, and junk – and working with her daughter to sort a life’s worth of belongings, often with items hopping from one bin to the next, a by-product of sentimental indecisiveness.

Engaging Community

Enduring Connections to Former Communities

Many residents maintain strong ties to the communities they lived in before moving to Lasell Village, a phenomenon uncharacteristic of most CCRCs. These enduring social networks are in large part facilitated by the fact that many residents lived in Newton and surrounding communities, meaning that friends, organizations, and activities are relatively close at hand.
The types of connections that people maintain are varied. For some retired or semi-retired professionals, consulting or pro-bono work may take them out of Lasell Village to previous professional networks. Approximately eight residents still work full time. On the social end of the spectrum, Villagers return to their former communities as active members of groups such as book clubs or women’s clubs. Many maintain ties to particular religious organizations. It is evident that Lasell Villagers are generally civic minded and remain connected to volunteer and service groups as well.

More fundamentally, residents carry with them to Lasell Village strong connections to friends and family. One interviewee described frequent visits and trips with friends who come to Lasell to pick her up. Another resident, with a maternal glint in her eye, spoke of “tending” to her children and grandchildren.

In a recent Metro West Daily News article, one Lasell Village resident spoke of her ties to the greater Newton community: “While it’s wonderful to go downstairs, turn left to the studio space they’ve given me, and find the gymnasium machines and the swimming pool all in one building, I enjoy painting at the Newton Art Centre and hope the programs offered here will be enlarged to form even stronger ties with the Newton community at large.”

How, and the degree to which, residents interact with their former communities depends largely on whether or not they drive. Residents who maintain automotive independence are freely able to nurture former community ties. Others address diminishing automotive autonomy with proximate friends or family who are willing to come to Lasell to pick them up. But what happens to these community ties when a resident can no longer drive, and personal social networks are unable to fill the transport gap, is less clear. The Village provides scheduled mini bus and car service to necessities such as doctor’s appointments or to the supermarket. But such a service does not cater to each individual’s intricate web of extra-community connections.
Village Activities

The monthly fee paid by residents is inclusive. A resident can partake of any exercise programs, classes, lectures, concerts, housekeeping services, and the like. Residents are in constant contact via email about the various social activities available on a given day or week.

This all inclusive monthly fee acts as a means of encouraging (or not discouraging) participation in a wide array of activities. In other facilities, activities are often paid for a la carte, an approach which, in simple terms, encourages residents to question each and every activity choice – to be selective based on cost. The potential barrier introduced by the question, “do I want to pay for this class or activity?” is removed at Lasell Village, and residents seem to dive right in, engaging in as many activities, classes, programs, and committees as their schedules can hold.

“Sense of Community”

Several residents spoke of Lasell Village’s “sense of community.” But this nebulous and decidedly subjective expression can mean different things to different people. When asked to describe this sense of community, residents provided interesting responses. These responses generally fell into one of three categories, which in some cases overlap: interpersonal, programmatic, or informal.

The majority of responses described the interpersonal aspects of community. One gentleman said enthusiastically, “We have a tremendous sense of community. Lasell Village is like an extended family.” A second response related sense of community to size of community: “Lasell Village is small enough that everyone knows everyone else, which promotes a familiarity.” Another resident characterized the sense of community by expressing a “we’re in this together” attitude: “There are so many resident committees that work to make this a good community. We all work to help each other.” To an extraordinary degree, residents stressed their active role in the “operation of the community” – and the fact that such involvement was encouraged – as fundamental to their community cohesion.
In some cases, the sense of community was shaped by cultural programming – events and activities that residents could share as common experiences. These feelings seemed strongest when a resident had a personal connection to the particular program. For example, this connection may occur when a resident with a passion for opera suggests that Lasell Village invite a noted opera singer to perform. Alternately, a sense of community might resonate powerfully when a resident with a particular area of expertise organizes, leads, or teaches as part of a program or class.

One resident reflected that a sense of community also has to do with “informal things” – or unplanned interactions – in addition to those which are planned and programmed. As he expressed it: “If you have been working all day at home and go outside and see someone you know walking by, that’s community…meeting people in the corridor. We’re all busy doing one thing or another. Often when I see someone in the hall I have to say ‘I’m running to class now…let’s catch up later!’”

**Project Summary Information**

**Developers**
Lasell College
1844 Commonwealth Avenue
Newton, Massachusetts 02466

CareMatrix Corporation (initial phase)

**Architect**
Steffian Bradley Architects
100 Summer Street
Boston, Massachusetts 02110

**Land Use Information**
Site Area: 13.2 acres
Dwelling Units: 181 units
Residential Density: 13.7 units per acre
Parking Spaces: 242 spaces
Parking Ratio: 1.4 spaces/unit

Land Use Plan
Buildings: 2.2 acres 17%
Streets & Parking: 1.7 acres 13%
Landscaping/Open Space: 9.3 acres 70%

Demographic Profile
PERCENT OF ALL RESIDENTS OR HOUSEHOLDS

Gender
Male 29%
Female 71

Education Level
High School or Equivalent 15%
Post High School 8
Bachelor’s Degree 37
Master’s Degree 19
Doctorate 21

Household Type
Married Couples 40%
Single/Widowed Men 9
Single/Widowed Men 51

Moved to Lasell From:
Newton 38%
Elsewhere in Massachusetts 46
Elsewhere in New England 4
New York 6
Other 6
<table>
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<tr>
<th>Age of Residents</th>
<th>PERCENT OF ALL RESIDENTS OR HOUSEHolds</th>
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<td>Range</td>
<td>69-96 years</td>
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<tr>
<td>Average</td>
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[Project summary source: Tarnay 2005 and Personal Interviews]
Endnotes

4 Ibid.
6 Lasell Village marketing brochure.
8 Ibid.
14 Ibid.
16 Ibid.
17 Personal Interview, Lasell Village.
19 Personal Interview, Lasell Village.
CCRC Evaluation Criteria

In *A Theory of Good City Form*, Kevin Lynch asks “what is the good city?” Similarly, it may be asked “what is the good community?” Though a tidy answer will elude us – places, people, and their interrelationships are far too complex – there is value in identifying key elements of community “performance” and analyzing communities with regard to these criteria for goodness. In this spirit, CCRC evaluation criteria have grown out of a synthesis of some key themes from gerontology literature, filtering of Lynch's ideas of a “good city,” and reflection on compelling ideas offered during resident interviews. A description of these elements appears below, followed by convergence into a single criteria set. This set is then used to reflect upon the experiences of Lasell Village and Brooksby Village as communities from perspectives of both social sustainability and physical environment and infrastructure.

Evaluation Criteria: Gerontology Literature

Review of gerontology literature, including texts in aging-environment theory and environmental psychology discussed in Chapter 2, provided a foundational sensitivity to the complex physical, psychological, emotional, and social aspects of housing environments for an aging population. This review inspired not only an approach to interviews with residents at Brooksby Village and Lasell Village, but also informed the criteria through which the cases are examined.

There exists no definitive criteria set within the gerontology literature for the study of senior communities. Much of the literature addressing aging and environment issues focuses on building-scale considerations rather than site- and community-scale considerations. M. Powell Lawton is widely regarded as a pioneer in the field of aging and environment theory. For the purpose of this evaluation, Lawton’s study of the meanings of community are used as a starting point for CCRC evaluation.
Lawton’s work addressed the attributes of communities essential for successful aging. Community planning was a central feature of his research; he often sought to identify the fundamental characteristics of community important to older adults, especially those characteristics which enabled older residents maintain their lifestyles in their communities. Research in the late 1970s led to the development of what was called the “perceived community function scale” which assesses community attributes that impact residents’ well-being. In the research, older and younger adults described an “ideal community” and evaluated satisfaction with their own communities. Findings identified agreement on the most important community attributes across age groups and for communities ranging in size from large cities to small towns. For the purposes of this research, the attributes will be utilized to assess the two cases – planned retirement communities, large and small.

Researchers grouped community attributes into three dimensions previously proposed by Insel and Moos in 1974:

- System Maintenance (including high quality medical care, educational enrichment, volunteer opportunities, and variety of stores and businesses);
- Relationship to Others (being near friends and relatives, having a voice in community affairs); and
- Personal Development (including recreation, entertainment, and social organizations).

Evaluation Criteria: Kevin Lynch’s Performance Dimensions

Lynch proposes that five dimensions and two meta-criteria are the inclusive measures of settlement quality. While people may value different aspects of the dimensions and assign them different priorities, Lynch contends that examining a place through these criteria enables a group to judge the relative “goodness” of their place, and provides the clues necessary to improve or maintain that goodness.
Following each of Lynch’s dimensions is a notation of key elements of community design for an aging population that relate most clearly to the given performance dimension. Lynch’s five basic performance dimensions are:

1. **Vitality**: the degree to which the form of the settlement supports the vital functions, the biological requirements and capabilities of human beings – above all, how it protects the survival of the species.
   
   *the community provides a safe environment; supports active, healthy lifestyles; enables optimal personal function, even given physical limitations; engages mind and body, with opportunities for learning and/or working while aging; includes a diversity of community participants; and provides overall fit between the person and the environment*

2. **Sense**: the degree to which the settlement can be clearly perceived and mentally differentiated and structured in time and space by its residents and the degree to which that mental structure connects with their values and concepts – the match between environment, our sensory and mental capabilities, and our cultural constructs.
   
   *the community is physically legible and intuitively navigable, with understandable neighborhood organization; provides a supportive, respectful environment for aging with dignity and grace; feels like “home” and reinforces personal identity; and is physically distinct from other places, with its own special character*

3. **Fit**: the degree to which the form and capacity of spaces, channels, and equipment in a settlement match the pattern and quantity of actions that people customarily engage in, or want to engage in – that is, the adequacy of the behavior settings, including their adaptability to future action.
   
   *the community comprises built form that matches resident behavior; supports behaviors particular to the aging population; and comfortably and efficiently facilitates movement and activity, such as opening doors, walking, working, resting, eating, and exchanging*
4. **Access:** the ability to reach other persons, activities, resources, services, information, or places, including the quantity and diversity of the elements which can be reached.

   *the community supports resident access to facilities, services, and spaces; facilitates access to social networks (friends and family), work, activities, shopping, and information; mitigates mobility barriers and supports diverse resident needs; and is affordable and inclusive*

5. **Control:** the degree to which the use and access to spaces and activities, and their creations, repair, modification, and management are controlled by those who use, work, or reside in them.

   *the community provides a mechanism for resident participation in community operation; bundles housing and health care to provide support throughout the aging process (when individual capacity for control may diminish); shares community facilities and services, balancing individual interests with the greater community good; and contributes to the larger community in which the facility is located*

While these five dimensions comprise all the principal dimensions of settlement quality, Lynch adds two meta-criteria, which are “always appended to any list of good things”: **Efficiency** – the cost, in terms of other valued things, of creating and maintaining the settlement, for any given level of attainment of the environmental dimensions listed above; and **Justice** – the way in which environmental benefits and cost are distributed among persons, according to some particular principle such as equity, need, intrinsic worth, ability to pay, effort expended, potential contribution, or power.

**Evaluation Criteria: CCRC Composite**

While several of the following criteria are based on the author’s understanding of the gerontology literature and Lynch’s measures of settlement “goodness,” others are shaped by personal experiences at the two case studies speaking with residents and observing
key facets of community function. This is by no means an exhaustive list. It is but one
diligent attempt at thoughtful reflection and analysis.

Social Sustainability / Soft Infrastructure

- Socialization & Building Social Infrastructure
- Intellectual Fitness & Lifelong Learning
- Intergenerational Exchange
- Appropriate & Flexible Health Care
- Resident Mixing & Levels of Care
- Security & Independence
- Affordability & Resident Shed
- Community Control & Resident Participation
- Community Connections

Physical Environment / Infrastructure

- Sustainable Location
  - Scale
  - Contextual Fit
  - Mobility
- Development Replicability
- Living Environment
  - On-Campus
  - Extra-Campus Context
- Community Contributions

Social Sustainability / Soft Infrastructure

Socialization & Building Social Infrastructure

In general, CCRCs have the potential to reduce social isolation by providing easy
opportunities for residents to interact. Regular social interaction has palatable benefits for
many seniors and their quality of life. Both Brooksby Village and Lasell Village provide
these opportunities.
Interviews with residents at both communities suggest that there is a relationship between satisfaction with life at the CCRC and the degree of social activity. That is, residents who were more actively involved with social activities were more happy living in the community. At both Brooksby and Lasell, resident-led activities are encouraged. This structure of activities, on the surface, seems to cater to the self-motivated and outgoing who gravitate toward community involvement.

Although the residents interviewed at both projects were themselves involved, active community members (many of whom served on various committees), it is reasonable to generalize that residents who are less involved in social activities, less engaged in the daily life of the community, may be less satisfied with life at the CCRC. Residents who do not take part in activities may not desire to do so, or may not be able to do so for health reasons. Whether due to diminished health or introspective personality, those who do not engage in activities may feel quite isolated, even in the CCRC context which actively promotes socialization.

Lasell Village’s mandatory lifelong learning program is a particularly effective approach to the problem of social isolation. Those residents who may not be inclined to engage in activities and coursework full time are at least compelled to participate part time. Durable relationships are forged as residents engage and work together toward common academic and other goals. As learned in resident interviews, many of these relationships persist, even as individuals’ health may decline and they may move to Lasell’s skilled nursing facility, Lasell House.

Still, some residents might not want to participate in the community. It is unlikely that such residents, then, would find the Lasell Village model appealing because of its requirement for involvement. Given the pervasiveness of enthusiastic participation at Lasell Village, residents there may be a self-selecting group of eager learners who highly value community engagement.
At Brooksby Village, the dining facilities on campus were described by residents as primary social venues, places where residents were able to meet new people regularly. It is unclear the ways in which these meal-time encounters translate into more substantial relationships. In some cases, residents were able to encourage others to join them in activities, but the frequency with which this type of transfer happens is unknown.

**Intellectual Fitness & Lifelong Learning**

The success of Lasell Village’s lifelong learning program raises important questions about the benefit of continuing education in the lives of seniors, about promoting active minds as well as active bodies. Practical and intellectual programming appears to promote community involvement and feelings of purpose and contribution. But the challenges of bringing these two worlds – education and senior communities – together are complex. Colleges are not in the business of running CCRCs, and those who are in charge of running CCRCs are not necessarily in tune with education. Surely this knowledge gap can be addressed proactively.

Learning while aging may also provide certain health benefits to seniors. A 2000 research study by the Institute for Employment Studies in the United Kingdom looked at the impacts of continuing education for older people. Of people age fifty to seventy-one surveyed, seventy-four percent of those who said their health was “excellent” or “very good” were engaged in some form of learning. Additionally, the research showed that learning provided benefits in terms of people’s overall enjoyment of life, self-confidence, and ability to cope; more than a quarter of those surveyed reported increased involvement in social and community activities as a result of learning while aging.³

When college or university adjacency is not feasible, the option of an academic overlay may be considered. The Bernard Osher Foundation, a philanthropic organization headquartered in San Francisco, supports a growing national network of lifelong learning institutes for seniors located at nearly 120 colleges and universities. Each Osher Institute reflects the culture of its own university and its learning community.
Locally, the Osher Lifelong Learning Institute at Tufts University provides any senior the opportunity to enroll in on-campus study groups and on-line courses. Course offerings cover a range of subjects, including modern art, the world economy, and memoir writing. There are no examinations, course credits, or degrees awarded. A $25 annual membership fee provides access to many of Tufts’ facilities and eligibility for study groups and online courses. A partnership between Osher and Brookhaven, a life-care community in Lexington, MA, was established in 2003. Brookhaven residents shuttle to the Tufts campus on Mondays and Fridays for study groups. The program became so popular that Brookhaven became a satellite campus in 2006, hosting additional study groups on Wednesdays.

**Intergenerational Exchange**

Most retirement communities are age-segregated. For some seniors, this form of community organization is both satisfying and desirable. Resident interviews at both communities revealed that residents value living with like-minded people who have had similar life experiences. They not only share interests and lifestyle, but also enjoy socializing and participating in organized activities with peers their own age.

It is important to note that although both of these communities are age-segregated, their residents’ ages span decades: at Brooksby, sixty-two to ninety-nine; at Lasell, sixty-nine to ninety-six. But despite the clear appeal of some aspects of an age-segregated community, intergenerational interactions were cited repeatedly as highlights of residents’ days and weeks. At both CCRCs, the dining facilities provide a premier venue for interaction with the younger generation, as area students serve as wait staff. Beyond the serving capacity, however, intergenerational interactions are a more integral, programmed element of life at Lasell. Residents describe their interactions with Lasell College students as a contributing factor to their satisfaction with the community; in tandem with the lifelong learning program, these interactions add vitality, excitement, and purpose to residents’ lives in the community.
Appropriate & Flexible Health Care

Interviews showed that residents are comforted by the combination of housing and health care. The presence of the care safety net was in many cases the key factor that drove the ultimate decision to move to a CCRC. Though both Brooksby Village and Lasell Village purport to provide a housing and care community enabling residents to age in place, the two communities provide these services in different ways. In some cases, a gap in care may threaten the security and continuity of aging in community. Brooksby’s inclusive spectrum of on-campus health care and support services more reliably guarantees aging in the community than do the services at Lasell.

There remains a question about Lasell Village’s ability to address certain stages of aging that residents may encounter. There are two primary care gaps at Lasell. First, the lack of assisted living facilities and services for residents who need full or even part time assistance, yet do not require full time skilled nursing. Though additional assistance may be brought into the independent living unit, the resident takes on significant additional costs under this approach, rendering this option feasible only for those with the means to afford supplementary care.

Lasell’s care spectrum also lacks provision for individuals with dementia, unless the resident is also at a level of physical health requiring skilled nursing care. That is, relatively mobile, functioning seniors exhibiting cognitive impairment issues which require specialized care will not find that care at Lasell, often necessitating a move to another facility. Any gap in care that requires a resident leave the community erodes the accumulated benefit of aging in a single place and fails to deliver the promise of continuous care.

Resident Mixing & Levels of Care

Brooksby Village and Lasell Village take opposite approaches to the mixing of independent and dependent residents on their campuses. ERC’s approach with Brooksby, as with its other retirement communities, isolates assisted living and skilled nursing care in a separate quadrant of the site, out of view of the independent dwellers. This decision
is based largely on the idea that mixing independent, active adults with the more frail residents is problematic; the developer worries that the central presence of this more frail contingent would present image problems when trying to market the community to active retirees. Marketing’s focus rests squarely on living vibrantly; the visibility of residents with declining health complicates this marketing pitch. From this perspective, independent residents would not want to be in an environment in which they are confronted with the frail and visibly aging.

It seems reasonable to suggest that the segregation of assisted living and skilled nursing facilities could lead to a greater likelihood that residents living in these facilities experience social isolation as well. This is tragic, especially when one considers the tremendous capacity for residents to support and help each other.

In contrast to the Brooksby model, Lasell Village’s skilled nursing facility, Lasell House, is located in Town Hall, the physical and social hub of the community. As described in Chapter 4, the location of Lasell House has yielded real benefits for both independent and dependent members of that community. Independent dwellers, who are in Town Hall regularly for meals and activities, are easily able to visit friends or spouses who reside at Lasell House. For those living in Lasell House, the central location facilitates continued socialization and involvement in community activities, so crucial to maximizing quality of life for those experiencing health complications.

**Security & Independence**

One of the main reasons for moving to a CCRC cited by residents of both Brooksby Village and Lasell Village is security. This feeling of security manifests itself in two notable ways: campus security in a physical sense, and personal security in terms of the proximity and convenience of health care services. Interestingly, a second major reason for moving to a CCRC is a desire to remain independent for as long as possible.

In some ways, security and independence seem to be conflicting desires. In most cases, though, residents are asserting their independence by proactively planning for anticipated
future health needs. This is a phenomenon encountered at both communities. While in a few cases children were the driving force behind the move to the CCRC, in most cases the resident initiated the decision, aiming to avoid burdening and depending upon family and friends in the future if their health were to decline.

Physical security is provided in both similar and different ways at the two communities. Both, for example, have watchful staff on campus twenty-four hours per day, and residential buildings and individual rooms are accessible only to authorized community members. Yet Brooksby Village is further secured by a perimeter fence and gate on its access road, while the Lasell Village campus’s main driveway remains open to the surrounding community. The debate over gated communities is heated and complex; reasons for gating may relate to context, demographics, development marketing, and a host of other issues that cannot be resolved here. It can be suggested, however, that the presence of a physical gate reinforces the notion that the CCRC is an island of aging – an isolated, age-segregated community. This relates very much to the question of how a CCRC physically addresses the wider community in which it resides, to be addressed later in this chapter.

Affordability & Resident Shed

Although both Brooksby Village and Lasell Village were noted by some residents to be expensive, most of those interviewed felt that they were receiving good value for their money in their respective communities, especially in terms of facilities and services. A few residents pointed out the relatively high cost of other forms of senior care, such as nursing homes. One of the financial benefits of CCRCs, if within reach, is the certainty with which the cost of housing and care can be planned for the future. In contrast, should an individual need to unexpectedly move from a single family home into a nursing home, exorbitant monthly fees could devour a life’s worth of savings and investments in a relatively short amount of time. Thus, should a senior have enough housing equity to be able to afford the sizeable entrance deposit, the CCRC becomes an appealing option.
Many seniors, because of their fairly small fixed incomes, do not have the luxury of selecting from the menu of senior housing choices, including CCRCs. There is a legitimate argument that CCRCs often are out of financial reach. Brooksby Village is targeted to middle- and upper-middle income seniors, while Lasell generally attracts upper-middle to high-income residents. These incomes are measured in comparison to incomes in the areas surrounding the CCRC. When assessing the market of prospective CCRC residents in a given region, developers often will consider what may be called a “resident shed” – a particular radius from the project from which the community will attract a majority of its residents.

The residents of both Brooksby Village and Lasell Village are somewhat homogenous populations in terms of race and education, for example. All must pass a financial screening to qualify for residence. As noted in the case studies, Brooksby’s entrance and monthly fees are, for the “average” unit, affordable for middle income seniors. Furthermore, Brooksby’s entrance deposit is fully refunded, while Lasell’s is ninety percent refunded to the resident’s estate. To simplify what surely is a complex calculation, Brooksby is able to achieve its increased affordability through economies of scale; the campus houses nearly ten times as many residents as Lasell. Is there a next step that can be taken to create communities such that they are more within the reach of people with lower and moderate incomes, while still maintaining the rich level of services and amenities for residents and yielding a profit for developers?

Community Control & Resident Participation

Brooksby Village and Lasell Village both have elected resident committees and a host of sub-committees. Interviews at each community indicated that residents generally think it is important that those who live in the community be involved in the organization and decision-making. Few conclusions can be drawn from this interview revelation, however, because the vast majority of residents interviewed were themselves actively involved in community committees. In a general sense, however, we can suggest that involving seniors in the decisions that affect them can yield community policies, services, and
activities which cater, to the greatest extent possible, to the needs and desires of the resident population.

Community Connections

Although an independent elderly lifestyle is based on a desire to control one’s own daily life, this independence is predicated on a fundamental network of community connections. In former communities, residents’ social ties to their neighbors may have developed over decades. In new CCRC developments comprised largely of individuals who formerly lived elsewhere in the state, or sometimes even country, this organically grown network is largely absent, especially upon arrival. Attentive planning, though, can help foster such social networks. An active, fulfilling, and healthy life of the independent elderly hinges on proximity to an array of facilities, services, and relationships (such as friends and family; goods and services; health care; transportation; open space; recreational facilities; entertainment). This network may include access to food, shopping, a community center, or a bench under a favorite shade tree.

CCRCs, of course, are designed to fulfill or facilitate all of these needs, but sometimes the elements which add up to “quality of life” are not so easily addressed wholesale on campus. At Lasell Village in particular, several residents expressed that it was important for them to maintain ties outside the Village, often to the communities where they lived previously. This behavior contradicts the assumption that CCRC residents abandon their former communities and transition wholly to their new living environment. That said, residents at Brooksby Village seem more likely to subscribe to the self-sufficiency of the CCRC model, less frequently leaving campus for the same purpose.

This distinction appears to have little to do with the geographic proximity of the CCRC to residents’ former communities. Similar percentages of residents from Brooksby Village and Lasell Village moved from relatively proximate communities. In the case of Brooksby Village, six percent of residents moved from Peabody, and seventy-three percent from elsewhere in Massachusetts. In the case of Lasell Village, thirty-eight of residents moved from Newton, and another forty-six percent from elsewhere in
Massachusetts. In both cases, the majority of residents have moved to the community from Massachusetts, typically eastern Massachusetts.

**Physical Environment / Infrastructure**

**Sustainable Location**

Interviews at both Brooksby Village and Lasell Village revealed residents’ feeling that their community had a desirable location and that this made the community especially appealing. In both cases, residents noted the proximity of cultural and commercial amenities, both in their respective municipalities and in the Boston metro region. Residents who were interviewed, as is the case with most independent dwellers, used their cars to access such amenities. Though there is an MBTA Green Line station within walking distance of the Lasell Village campus, a minority of residents at Lasell utilize transit.

A sustainable location may be characterized as one which is close to an existing town or city center, is served by public transportation, was previously developed, or is surrounded by existing development. In contrast, most CCRCs in the United States are built in sprawling suburban contexts surrounded by low-density commercial and housing uses, accessible primarily by automobile. If this is the norm, then Brooksby and Lasell are better than most, but for different reasons.

The contexts of Brooksby Village and Lasell Village exhibit different development patterns. While Lasell is surrounded by a well connected street system, high level of permeability, and mix of uses and services within nearby Auburndale Village, Brooksby’s context drives a more introspective campus development, with programs and services clustered within the confines of the project and a more tenuous physical connection to the surrounding community.

Lasell Village is mindfully slipped into an established residential neighborhood, adjacent to the college campus with which it is affiliated. By happenstance rather than deliberate design, it is within easy walking distance to public transit. Its relatively compact-footprint
buildings are tucked sensitively into the existing topography of the site. Access to nearby amenities in Newton for the most part requires automobile use, be it residents’ own cars or one of the Village’s shuttle services.

Brooksby’s location may be deemed “sustainable” because of its use of a challenging and disturbed site, one which previously operated as both a quarry and trash dump. Brooksby is surrounded by existing development, though the nature of this development could be characterized as highly unsustainable – primarily auto-oriented strip-style and big-box retail, with some scattered condominiums and apartment communities and low-density single family residential uses. In a context devoid of a humane public realm, Brooksby does little – from a wider community perspective – to change this. But given the context, is it reasonable to expect it to, other than within it’s own gate and for its own residents?

Scale

Residents at Brooksby Village and Lasell Village argued vociferously that their respective communities were the ideal size. Who is right? These two CCRCs are on opposite ends of the size spectrum. Brooksby is the largest CCRC in Massachusetts with some 1,850 residents, while Lasell has just over 200 residents.

Administrators at both Brooksby and Lasell spoke of a desired “critical mass” of residents needed to support the intense program of services and amenities provided on campus. In some respects, Lasell was feasible for development because Lasell College owned the land (and therefore did not have the expense of land acquisition) and because of the unique arrangement described in Chapter 4 whereby the College purchased development rights at “half-price” from soon-to-be bankrupt CareMatrix. It was suggested by a few administrators that Lasell Village might ideally be one or two residential buildings larger, though this is not possible given site constraints. Lasell’s high resident cost is at least partially attributable to its relatively small size for a CCRC.

Scale, in this case referring to size of development and number of residents, is not merely a physical phenomenon (despite its allocation to this “physical” section). Rather, it affects
many aspects of community, including affordability, socialization, comfort, and familiarity. In the case of Brooksby Village, for example, ERC argues that it is able to achieve affordability for middle-income retirees through economies of scale – by developing large CCRCs. Lasell, as noted above, was feasible at a small scale for a number of reasons particular to that case, but the maintenance of the community at this small scale, as well as other factors, translated into higher fees for residents.

The social implications of scale are especially important to consider. Intuitively, the smaller the community, the greater the likelihood that residents will know a greater percentage of their neighbors. This familiarity may breed feelings of comfort and neighborliness, but says nothing of the quality of the social bonds formed. At both Brooksby and Lasell, residents praised the friendliness of their fellow residents, often relating experiences of walking through hallways and saying hello to each other, even strangers. Counter-intuitively, though, it can be argued that larger communities may provide not just increased opportunities for socialization among a broader mix of people, but that residents’ social networks may actually be stronger in this larger setting. These durable social networks may be due to the increased likelihood of finding a contingent of peers with similar interests, and the potential that a larger site may have greater facilities and resources to support the collective endeavors of a given group.

*Contextual Fit & Integration*

Lasell Village’s location is more conducive to physical extra-community connections. Its adjacency to Lasell College and the shared educational mission of the two institutions fosters a fundamental neighborhood continuity. The Village is also strategically sited between the College and the MBTA Riverside station; as such, the Village’s main driveway is used as a primary walking route for Lasell College students.

Resident interviews at both CCRCs suggest that residents at Lasell Village are more likely to identify with both on and off campus communities. In contrast, Brooksby residents seem likely to transfer identity more wholly to life within the CCRC. This observation may relate to Brooksby’s notable physical introspection and Lasell’s programmatic
commitment to life beyond the CCRC. The distinction also may emerge in response to the regional commercial scale surrounding Brooksby versus Auburndale’s neighborhood scale surrounding Lasell.

Brooksby Village’s gated and fenced campus renders the prospect of successfully integrating with the wider community nearly unfathomable. The gate serves a purpose – it reinforces the feeling of a safe environment for those who live there. One could say that Brooksby is entirely in keeping with the surrounding, low-density, auto-dependent development patterns. Given the context, what is there to be open to? The question, then, is: would Brooksby function better for its residents if it were located in an area where it feasibly could connect to surrounding neighborhoods? And if it were in this alternate area, could feelings of safety be reinforced by means other than physical gating? If the case of Lasell Village and its neighborhood context are any indication, the answer may be yes.

But why should one care about physical integration with the surrounding community? From the perspective of the resident, a compact, walkable, and connected community has measurable benefits, especially in terms of maintaining a healthy lifestyle. An environment assembled with the walker in mind, with opportunities to access services and interact with a range of populations, may result in both physical and mental stimulation. Brooksby residents, however, indicated no interest in physical connections with the surrounding community. Understandably, most noted instead how much they enjoyed the quantity and quality of landscape on campus. With a walkable, connected community created within the gate, there is little incentive for residents to dream of more.

**Mobility**

CCRCs are designed to provide the majority of necessities on campus in a functionally supportive environment. Both Brooksby Village and Lasell Village have comprehensive transportation services which residents can take to a variety of destinations off campus on regular routes, ranging from the supermarket to medical appointments. The majority of independent dwellers at both sites have at least one car. Because of their suburban
locations, Brooksby and Lasell do not present residents with off-campus, non-auto-dependent access to areas for shopping, social activities, or other services. There is no adjacent “town center” which residents can easily walk to. In the case of Brooksby Village, Wal-Mart is located on an adjacent parcel, though the Brooksby sidewalk ends at the edge of the Wal-Mart parking lot. On a morning of observation, the author observed one intrepid Brooksby resident ploddingly navigating the Wal-Mart parking lot. Massive parking lots are not hospitable senior walking environments!

Though it is clear that most residents drive their own cars, ride the CCRC shuttle, or both, it is still intriguing to question whether increased transportation choice would have any impact on residents’ travel choices. If a CCRC were located near a town center, for example, would residents be more apt to leave the car in the garage and ride the bus or walk – if physically able – to the corner store?

**Development Replicability**

Development replicability relates to the ease with which the characteristics of a particular CCRC may be replicated in a new development. Would it be feasible to develop a similar community, one with similar aspects of social sustainability and physical composition, in different settings? This is a particularly important consideration when discussing CCRCs, because these facilities typically draw the majority of their residents from a proximate geographic range, or resident shed. If the CCRC is to be considered a desirable model for senior housing and care, and most seniors who move in are close by, then it is important for CCRCs to be adaptable to different physical settings. Location is a key concern for the aging population; seniors, given the option, often want to remain close to their home communities, family, or both when selecting a new community.

In addition to the number of potential residents, replicability is also dependent upon proximity to cultural and commercial facilities, a site that can accommodate housing and care structures as well as significant open space amenities, provision of convenient access to major transportation networks (ideally both automotive and transit), and nearby hospital. Given the importance of these aspects, the availability of desirable sites within a
given region may be somewhat limited. Replicable development, then, must be flexible enough to adapt to different settings.

Are Brooksby Village and Lasell Village replicable communities, and should they be replicated? Brooksby, as noted in Chapter 3, is itself a replication, based on prototypical building arrangements, programming, and design standards established by ERC. But how will Brooksby adapt its prototype in the future if there is increasing demand for housing and care communities closer to downtowns, where such large sites may not be as readily available, and where land is likely more expensive? Lasell Village might be perceived as a more agile development because of its smaller size, both in terms of its compact site area and building footprints. While it might be easier to find sites suitable to the physical Lasell model, it is important to remember that Lasell Village is not only quite expensive for its residents, but was financially viable as a project largely because of its unique development circumstances.

The CCRC as we now know it may not be a feasible model at every scale or every setting, especially if it is to remain affordable. For example, a CCRC in an “urban” or downtown context could end up being rather redundant. Why redundantly bundle intensive services and facilities within the CCRC itself if these same services and facilities are readily available in the surrounding urban neighborhood? In this context, it would make most sense to develop appropriate senior housing and to form strategic partnerships with area health care and other service providers to effectively provide continuous care in a neighborhood through multiple entities, without necessitating that it all take place under one roof or on one campus.

Living Environment

On-Campus

In terms of physical site planning, both Brooksby Village and Lasell Village buildings are laid out in a “core and cluster” arrangement. In this layout, a central building (often community building or “town hall”) contains shared facilities such as dining, and residential buildings are arranged – or clustered – around the core. At Brooksby, each of
these core and cluster arrangements is called a “neighborhood.” At Lasell, north and south residential “campuses” cluster around a central Town Hall facility, which also contains skilled nursing.

Resident interviews at both Brooksby Village and Lasell Village revealed that site landscaping and the opportunity to step outside and be in natural surroundings was very important. At Brooksby, residents spoke of the variety of courtyard spaces and the multitude of walking paths. The pond, paths, and gardens were favorites at Lasell. In both cases, the landscape provides opportunities for physical exercise, reflection, socialization, dog walking, and engagement in hobbies, especially gardening.

Extra-Campus Context

Both Brooksby Village and Lasell Village are physically contextual (similar patterns of development to those surrounding), though the hospitality of that context for resident involvement is vastly different. The environment outside the Brooksby Village campus offers little to residents in terms of habitable, accessible public realm. As previously noted, Brooksby is sited along a regional commercial corridor dominated by auto-dependent uses.

The physical context surrounding Lasell Village is more hospitable to residents, but not necessarily more purposefully useful. Lasell is hemmed in by neighborhoods of single family homes to its east and west, the Lasell College campus to the north, and a few office and apartment developments to the south (between the Village and the MBTA station). With continuous sidewalk connections, these surroundings are accessible from a pedestrian mobility standpoint. Yet with the exception of programming at the College, or use of the MBTA (which is used infrequently by residents), this immediate context does not provide residents with a compelling reason to venture off campus; broader community amenities are not immediately proximate, and there are ample opportunities on campus for walking in a supportive environment.
Community Contributions – the Village and Surrounding Community

Brooksby Village and Lasell Village are providing benefits to the wider community, but both are missing opportunities to integrate further and truly become community assets. On the positive side, both communities have provided a number of jobs to area residents, most notably students. Many of the services on campus have alleviated strain on similar local municipality services. For example, CCRC on-site health care facilities and medical staff are typically first responders in case of emergency. A similar story could be told in terms of on-site security personnel.

But there is so much more that Brooksby Village and Lasell Village could be sharing with the wider community. At present, extensive CCRC facilities are available to the select few who live on campus. Is there a way that community facilities and services could be shared, understanding that this sharing is a most delicate balance? For example, could seniors who live in surrounding towns purchase monthly “membership passes” to the CCRC, allowing them join an activity group, use the aquatic center and gym during certain hours, enjoy coffee and a pastry at the café, or lunch in the dining room? Such an arrangement could make great strides in forging lasting relationships, both between the CCRC and its host community, and among a broader group of seniors. This, of course, would require very careful planning. It is easy to image a scenario in which CCRC residents would be miffed at the prospect of sharing, especially considering the hefty entrance deposit and monthly fees being paid. Great care would have to be taken to ensure that a community influx would not strain facilities, services, and staff. Concerns about security, founded or unfounded, may also be raised given the prospect of inviting “outsiders” on campus.

Though Brooksby Village was never intended to become part of the wider community of Peabody, at the very least it can be said that Lasell Village is part of the wider Lasell College community. But Lasell Village’s educational programming sparks the idea of broader community integration and educational programming for seniors. One can imagine the next iteration of lifelong learning at Lasell Village involving not just Lasell seniors and undergraduates, but area residents who are willing to pay to join courses. This
“Lasell Academy” concept, with a more open enrollment, could lead to greater social connections across community bounds, and would provide a dynamic, meaningful, and crucially important resource to the wider community’s aging population.
**Endnotes**

Despite the contextual, programmatic, design, and other distinctions between Brooksby Village and Lasell Village, many of the same phenomena are present at both facilities. We must be cautious with our conclusions. Interviewees were cherry picked by administration. They were charming, chatty, and very involved. Community observation was deliberate and reflective, but limited in scope and time. In general, the picture painted was a distinctly positive one, but certainly these communities, like all communities, have their discontents. Perhaps they were hiding from this curious graduate student in their rooms!

**Sense of Community**

Residents’ “sense of community” is impacted by issues of social sustainability and physical environment. There are many factors contributing to feelings of community, both social and spatial. Distinctly, though, social factors seem to carry most weight in residents’ perceptions of community. Resident satisfaction with the community is closely tied to the degree to which it functioned as a social resource. Spatial factors are important insofar as they support and facilitate residents’ social pursuits, and provide a beautiful, accessible environment in which these pursuits can take place.

Although “community” is a decidedly subjective expression, residents at Brooksby Village and Lasell Village agree on several aspects of its meaning, namely the social and informal, both of which are key to community cohesion and feelings of home and belonging. Residents’ unplanned interactions on campus reinforce feelings of neighborliness and congeniality. Spatial arrangements, physical connectivity, and accessibility can encourage these informal interactions.

**Reflections on the Present**

In Brooksby and Lasell Villages, many of residents’ primary physical and social needs are met successfully. These communities are appealing to seniors who can afford the
price of admission; waiting lists for both stretch into the hundreds. Brooksby and Lasell residents share the following feelings about their respective communities:

- Overall, residents are very satisfied with their lives in the community, particularly aspects of independence, socialization, and security.
- Residents feel a great sense of security living at the CCRC, both physical campus security and personal security in terms of the proximity and convenience of health care services.
- Residents and their families are often “relieved” upon moving to the CCRC, shedding the burdens of home maintenance and worry about the uncertainty of future health care needs.

Additionally, both Brooksby Village and Lasell Village share the following attributes, noted by residents:

- Facilitate access to and provision of facilities, services, and activities.
- Deliver tailored health care to address a range of resident needs in one place.
- Encourage fitness of body and mind.
- Enable residents to assert and maintain their independence.
- Comprise a community of peers of similar age, potentially facilitating social interactions, enabling residents to form meaningful friendships more easily, and reducing feelings of social isolation.
- Stimulate residents, to varying degrees, through deliberate intergenerational interactions.
- Provide supportive, navigable physical environments that allow residents to focus on living their lives, rather than dwelling on personal mobility limitations.

**Good Practices for the Future**

Retirement communities in the future must exhibit the best of what we know, design, and build – embracing, engaging, and enabling seniors to age, with dignity and grace, in community. The following good practices are inspired by the CCRC case studies, but can – and should – be applied more broadly to the spectrum of senior living arrangements in the future.
• **Social Sustainability**: create supportive, stimulating physical environments and programs for all residents which facilitate the formation of meaningful social networks.

• **Intergenerational Exchange**: program active, purposeful intergenerational mixing, especially in contexts where different generations are working collaboratively toward a common goal, such as an educational endeavor.

• **Lifelong Learning**: create dynamic continuing education opportunities, be they lifelong learning programs or partnerships.

• **Community Mix**: integrate all members of the community *in the community*. Respect the frail and aging; do not isolate and stigmatize.

• **Inclusive Community**: Diligently pursue options to increase affordability such that supportive communities are affordable to seniors of all income levels.

• **Health Care Continuum**: ensure equitable access to a full continuum of care, including assisted living, dementia care, and skilled nursing.

• **Sustainable Location**: prioritize selection of sustainable sites, including those which are proximate to existing town or city centers, adjacent to existing development, served by public transportation, or were previously developed.

• **Agile Development**: consider a range of property sizes and locations, including urban sites, coupled with strategic partnerships, to increase geographic reach and meet the needs of a broader demographic.

• **Open Resource**: be a community resource in the broadest sense possible, strategically providing facilities and programs for the wider community.

**Promising Models for Further Exploration**

The demand for supportive environments for aging will not be served by facilities like Brooksby Village and Lasell Village alone. A more diverse catalog of coordinated housing types, partnerships, and programs will be needed to reach the broadest possible spectrum of the aging population in the decades ahead. Three models which show promise for further exploration may be characterized as follows: academic overlay; workforce overlay; and urban neighborhood service overlay. Each of these builds upon the good practices exhibited by the CCRCs studied, but incorporates elements of
increased flexibility to allow for greater ease of replicability, and thus a greater chance of meeting the needs of more seniors. Any appropriate solution necessarily holds firmly to these ideals, providing access to a continuum of care, opportunity to age in one community, and the promise of robust social infrastructure.

**Academic Overlay**

College affiliation and lifelong learning programs provide notable benefits to the aging population. While adjacency to a college or university may be an ideal scenario for a retirement community, it is not always feasible given the necessity for an appropriate, adjacent site, preferably one owned by the academic institution itself. The concept of an academic overlay holds promise for broader implementation because of its comparative ease of replication. If there exists an academic institution within the community (such as a university, college, community college, or secondary school) which is a willing partner, then this community overlay of academic programming for the senior population is very much within reach.

An example of a successful application of an academic overlay is the growing network of lifelong learning institutes supported by the Bernard Osher Foundation (first discussed in Chapter 5). In the Boston metropolitan area, for example, the Osher Lifelong Learning Institute at Tufts University provides any senior the opportunity to enroll in on-campus study groups and on-line courses covering a range of subjects, all paid for by a $25 annual membership fee. In addition to serving the senior community at-large, a partnership between Osher and Brookhaven, a life-care community in Lexington, MA, was established in 2003. Brookhaven residents shuttle to the Tufts campus on Mondays and Fridays for study groups. The program became so popular that Brookhaven became a satellite campus in 2006, hosting additional study groups on Wednesdays.

The Osher example highlights several of the benefits of an academic overlay to the aging population. First, the Osher program can be plugged into the campus of nearly any willing academic institution. Second, it provides open enrollment to any senior member of the surrounding community who desires to participate. And third, the program
demonstrates successful partnership with an area retirement community. This experience suggests that the academic overlay program, after identifying a willing host institution, may link seniors from diverse community contexts – including those “aging in place” in single family homes, NORCs, CCRCs, assisted living facilities, and even nursing homes – through an educational network. The host institution serves as the hub of a flexible, far-reaching, purposeful vehicle for learning while aging in the community.

Workforce Overlay

The next generation of seniors, described by one CCRC administrator as the “now generation,” is widely expected to demand instant access to technology, wellness, community, and other services. Despite this generalization, there will be many seniors intent on giving as well as demanding. The characteristics that define many retiring seniors (healthy, well educated, etc.) may fuel a desire to remain substantively involved. How can this contingent contribute to their communities in meaningful ways and form dynamic and reciprocal relationships?

True community may be built around the structure of senior workforce – a structure in which independent seniors move beyond solely asking what their communities can do for them to ask what they can do for their communities. Much as the concept of an academic overlay seeks to flexibly reach as many seniors as possible, a workforce overlay provides promise for a coordinated relationship between a community’s seniors and a host of under-resourced community initiatives set to benefit from their expertise. A workforce overlay program may be organized in numerous senior living contexts, from NORCs to CCRCs and assisted living communities.

A version of such a program is the Next Chapter initiative developed by San Francisco-based nonprofit Civic Ventures. Civic Ventures is working to engage baby boomers as a vital workforce, harnessing their experience to address society’s greatest challenges, including education, the environment, health care, and homelessness. The Next Chapter initiative assists community groups across the country which are helping seniors “find pathways to significant service.” Research conducted and compiled by Civic Ventures
shows that seniors who plan to continue working or rejoin the workforce care deeply that their work in retirement gives them a sense of purpose, keeps them involved in meaningful relationships with their peers, and helps them use their skills and experience to improve the quality of life in their communities.²

A workforce overlay, such as the one suggested by the Next Chapter initiative, could be established within exiting senior social networks, be they community or facility based, to create both paid and volunteer work and public service opportunities for seniors. Such an overlay would yield not only benefits for community organizations and initiatives in need, but also would provide a venue for seniors and other community members to build diverse social networks.

Urban Neighborhood Service Overlay

CCRCs appeal to seniors because they meet changing health care needs in one facility or campus, enabling an individual to age gracefully within the community, thereby precluding the need to relocate and adapt to a new setting.

To date, suburban and semi-urban sites are most commonly identified for CCRC development, while urban CCRCs are relatively uncommon. Most suburban CCRCs are introspective “campus” style developments, with programs and services clustered within the confines of the project and a more tenuous physical connection to the surrounding community. Brooksby’s model of bringing a self-contained “mini city” to suburbia may work in certain markets with appropriate suburban or rural sites, but if retirement communities are to reach the broadest spectrum of the aging population, creative ways of weaving senior living arrangements into more urban settings will need to be explored. In order to allow seniors to remain within familiar surroundings when they leave their homes, new senior communities must be feasible in different layouts, on various property sizes, and in a range of locations.

One likely reason that so few CCRCs have been built in urban settings is that the land is too expensive. CCRCs are packed with services and facilities, and a large site – or tall
structure on a small site – needed to accommodate such a program would be costly. A more likely urban solution in the future is the provision of a membership-based, highly-integrated network of neighborhood-rooted services and facilities, parallel to those provided in a CCRC. This service overlay would be available to seniors living in the urban neighborhood’s range of housing forms and care facilities, from NORCs to skilled nursing.

In this scenario, the urban neighborhood is the community of continuing care. The full range of services and facilities provided within a typical CCRC is not provided under one roof in the urban context. Such an approach would be redundant, as some services and facilities will be available within the neighborhood. The key to the success of the urban service overlay is the complex coordination of multiple service entities into a strong partnership. Much like the social networks formed in the CCRC’s context of supportive social infrastructure, the physical and social infrastructure of the urban retirement community must coalesce into a smooth and supportive experience for residents. This is no easy task.

The critical mass of residents needed to support a rich program of amenities and services is supplied not by a single residential compound, but by a contingent of adjacent neighbors who participate actively in the community. Rather than being monolithic island of aging, this context yields patches of aging, carefully stitched together in the urban neighborhood.

**A Final Word on Social Sustainability**

A community is as much a social environment as it is a physical environment. Social care for the aging population is as important as medical care, and social infrastructure is as important as traditional physical infrastructure. Ideally, community form should support the formation of social networks in dynamic, accessible environments so crucial to seniors’ vitality.
Addressing the demand for senior housing will be a critical challenge for planners, architects, and developers for the foreseeable future. As the baby boom generation ages, there will be a substantial need for places in which seniors can age actively, healthfully, and gracefully – where both health care and meaningful lifestyles can be provided and supported. In the quest to provide housing, though, we must be mindful of, and plan for, the informal, less tangible structures that comprise community for seniors. Hopefully this paper has provided some insight into how this can be accomplished. May future research build upon the surface so lightly scratched in the preceding pages.
Endnotes

2 Ibid.
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## Interviews

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<td>14 March 2008</td>
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<td>13 March 2008</td>
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<td>Sciegaj, Mark</td>
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<td>Deng, Don</td>
<td>Principal</td>
<td>12 February 2008</td>
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<td>Silsby, Jana</td>
<td>Principal; Lasell Village Project Manager</td>
<td>28 February 2008</td>
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<td>Silveria, Mary</td>
<td>Principal; Brooksby Village Project Manager</td>
<td>20 February 2008</td>
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